

GuideStar®

Final Expense

Agent Guide



The American Home Life Insurance Company

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OUR HISTORY

American Home Life Insurance Company (AHL) was founded in 1909 in Topeka, Kansas under the name Kansas Home Mutual Life Insurance Company. In 1912, the Company merged with American Mutual Life Insurance Company of McPherson, Kansas and adopted its current name – American Home Life Insurance Company – which the Company has operated under for over 100 years. Throughout the last century, American Home Life’s mutual corporate structure, conservative investment philosophy, and Midwestern value-oriented culture have enabled AHL to grow and prosper through multiple World Wars, epidemics, and recessions while fulfilling its commitments to its policyholders, agents, and employees.



AHL was founded and operates today as a Mutual insurance company. A mutual insurance company is simply a company that is owned exclusively by its policyholders; it has no shareholders and is not publicly traded on any exchange. This distinction is very important because it means AHL can solely operate in policyholder’s long-term interest without having to weigh the effects company decisions may have on shareholder’s short-term interests. As a result, AHL is superiorly positioned to navigate its way through unexpected future financial or political events and is ultimately better able to fulfill its obligations to its policyholders both on time and in full when we’re needed most.

A long-term and conservative investment management philosophy has always been the foundation of AHL’s financial strength and stability. AHL’s asset management team deploys capital into the marketplace under a highly customized, conservative investment strategy which prioritizes ongoing, long-term financial solvency above all else. AHL’s past and present performance has earned the company a “Stable Outlook” rating from AM Best, the industry’s leading ratings agency.

AHL’s portfolio is currently and will remain well positioned to continue fulfilling its obligations to policyholders now and into the future, regardless of the financial climate of the day.

As a 100+ year old Kansas Company, Midwestern values are deeply rooted into the corporate culture of AHL. Honesty, integrity, courtesy, are qualities we believe our policyholders expect and deserve from AHL when they choose to entrust us with their life insurance needs. We strive to demonstrate these values every day and at every level of our business operation. From the cordial conversation you’ll encounter when calling in, to the ease you’ll experience when buying our simple, transparent products, we believe these values will be immediately apparent to our policyholders both on the surface, and in the ‘fine print.’



AMERICAN HOME LIFE *GUIDESTAR* FINAL EXPENSE INSURANCE

GuideStar Final Expense Insurance is designed to protect clients of ages 50-85 from the high cost of settling their final expenses. These expenses may include funeral and burial expenses, medical expenses, or outstanding debt that could burden the client's loved ones when death occurs.

The *GuideStar* product guarantees a low, monthly payment that will never increase, and a guaranteed death benefit that can never go down, so long as the premiums continue to be paid. Also, the policy cannot be canceled due to age. The policy offers guaranteed cash value, as well as a reduced paid up option, should the client wish to quit paying premiums after the first year.

	Level	Graded
Death Benefit (Subject to 2 year contestability period)	Immediate 100% Death Benefit	25% Year 1, 50% Year 2, 100% Year 3+ *100% Benefit if Accidental Death In Year 1 & 2
Underwriting Class	Non-Tobacco; Tobacco	Non-Tobacco; Tobacco
Issue Ages	50-85 (Nearest Age)	50-80 (Nearest Age)
Minimum Face Amount	\$1,000	\$1,000
Maximum Face Amount *Note - All policies over \$20,000 are subject to mandatory APS	Ages 50-75 (Nearest Age) Max \$35,000 Ages 76-80 (Nearest Age) Max \$15,000 Ages 81-85 (Nearest Age) Max \$7,500	Ages 50-75 (Nearest Age) Max \$10,000 Ages 76-80 (Nearest Age) Max \$5,000
Riders: Accidental Death Benefit Nursing Home Rider Accelerated Benefit Rider	ADB: 50-74 (Nearest Age): Terminates at 80 NHR: 50-85; No Termination ABR: 50-85; No Termination	ADB: Not Available NHR: 50-75; No Termination ABR: 50-75; No Termination
Note State variations may apply	FL: NHR Not Available	FL: NHR Not Available

ADDITIONAL RIDERS AND BENEFITS

ACCIDENTAL DEATH BENEFIT – AVAILABLE ON LEVEL PLANS ONLY

For an additional monthly cost, the client has the option to add the Accidental Death Benefit rider which provides additional benefits in the event of accidental death. The maximum amount available to the client is the amount equal to but no greater than the face amount of the base policy. The rider is available for purchase from age 50-74 (nearest age) and is in effect until the policy anniversary nearest the client's age 80. The annual rates per 1,000 for the benefit are as follows:

Accidental Death Benefit				
For Level Benefit Plans Only Annual Rates per \$1,000				
Issue Ages		Premiums		
	50-59		\$1.20	
	60-69		\$1.80	
	70-74		\$2.40	

*Note: In order to arrive at the monthly rate with an accidental death benefit equal to the amount of the base face amount, refer to the pre-calculated monthly rates sheets in the appendix. This prevents you from having to manually calculate.

TERMINAL ILLNESS RIDER

The Terminal Illness Rider is automatically included in both the Level and Graded plans and allows the insured to claim 100% of the death benefit proceeds minus a modest, backend charge which is deducted from the face amount at the time the client exercises the rider. In order to qualify to use the rider, the client must be diagnosed as having a non-correctable medical condition that, with reasonable medical certainty, will result in death within 12-24 months* from the date the benefit is requested. AHL will require a doctor's note certifying the client's illness is terminal in order to exercise the option. For more details, see the Final Expense Application page titled "Accelerated Benefit Rider."

*Time period may vary based on state

NURSING HOME RIDER - NOT AVAILABLE IN FL

The Nursing Home Rider is automatically included in both the Level and Graded plans and allows the insured to claim 100% of the death benefit proceeds minus a modest, backend charge which is deducted from the face amount at the time the client exercises the rider. In order to qualify to use the rider, the client must be permanently and continuously confined to a nursing home. AHL will require a doctor's note certifying the client's need to be permanently placed in a nursing home due to health reasons. For more details see the Final Expense Application page titled "Accelerated Benefit Rider."

CALCULATING PREMIUMS

NOTE* - ALL PREMIUMS INCLUDING FINAL EXPENSE SHOULD BE CALCULATED USING THE CLIENT'S NEAREST AGE! IF THEY HAVE HAD THEIR HALF BIRTHDAY, YOU WILL USE THEIR CURRENT AGE + 1.

You have a number of options for calculating final expense premiums with American Home Life. NOTE THAT SPECIFIC INSTRUCTIONS ON HOW TO USE THESE RESOURCES ARE ON SUBSEQUENT PAGES!

These options include the following:

- **Pre-calculated Monthly Premium Sheets** – Recommended Method - AHL provides pre-calculated monthly premium sheets for your convenience. There are two versions of the rate sheets, one that DOES NOT include accidental death and another that DOES include accidental death benefit in the amount equal to policy's base face amount. Example: \$10,000 Base Face Amount + \$10,000 Accidental Death Benefit (ADB) = \$20,000 Total Death Benefit in the event of an accidental death. **Both versions can be found in the Appendix.**
- **Manually Calculate Rates** - AHL recommends using one of the two other methods in order to minimize mistakes but this option is available if desired. Rates, policy fees, modal factors etc are available in the *GuideStar* Ratebook (GS Rates (Rev. 03.19) on-line in the Agent Zone under the 'Rates & Brochures' tab or a paper copy is available in your supply kit you received when initially contracting.

ISSUE AGE CALCULATIONS – WHY NEAREST AGE?

AHL uses Nearest Age to determine policy premium because it provides our policyholders with rates that are *more fair and reflective of their actual age*. Nearest Age is simply the age the prospective client is nearest to at the expected effective date of the policy; this may be their current age (if they **HAVE NOT** had their half birthday) or it may be their current age + 1 (if they **HAVE** had their half birthday). Don't make this more complicated than it needs to be!

CALCULATING NEAREST AGE

1. Obtain Client's Current Age & Birthday
2. Determine # Of Whole Months Past Since Last Birthday (1-11)
 - a. If # Of Whole Months Since Last Birthday is LESS THAN OR EQUAL TO 5, Then Nearest Age Is Current Age
 - b. If # Of FULL Months Since Last Birthday is GREATER THAN OR EQUAL TO 6, Then Nearest Age Is Current Age + 1

Here are a couple of examples to help get you more comfortable. If you still don't feel comfortable, you can go over a few more examples in the Appendix CPS page or always download a generic 'Age Calculator' application to your phone or laptop.

Example 1: Client's Birthday 3/10/1950 ; Date Policy Becomes Effective = 6/15/2015

1. Current Age = 65
2. # Full Months Since Last Birthday = 3...(March 10 - April 10, April 10 - May 10, May 1 - June 10)
3. Since 3 IS LESS Than OR Equal To 5, Use Client's Current Age = 65

Example 2: Client's Birthday 3/10/1950 ; Date Policy Becomes Effective = 9/15/2015

1. Current Age = 65
2. # Full Months Since Last Birthday = 6...(March 10- April 10, April 10 - May 10, May 1 - June 10, June 10 - July 10, July 10 - August 10, August 10 - September 10)
3. Since 6 is Greater than or Equal to 6, Use Client's Current Age + 1 = 66

GUIDESTAR PRE-CALCULATED MONTHLY PREMIUM RATES

REMINDER*- ALL RATES ARE BASED ON CLIENT’S NEAREST AGE! (NOT CURRENT AGE)

The Pre-calculated Monthly Premium Rate Sheets are designed to help you quickly and easily obtain rates for the most commonly sold face amounts. A copy of the rate sheets can be found in the appendix of this Guide Book, the ‘Rates & Brochures’ section of the Agent Zone, or simply see www.amhomelife.com/rates. When accessing the rates from the website above, you must enter that web address into the address bar. That page is not accessible through the main site or by “googling.”

HOW TO USE PRE-CALCULATED MONTHLY PREMIUM RATE SHEETS

There are two versions of pre-calculated monthly premium rates. One version of the pre-calculated monthly premium rates assumes the client DOES NOT want to add any **Accidental Death Benefit (“NO ADB”)**, and the other version assumes the client wants to add an Accidental Death Benefit equal to the amount of the base plan face amount, effectively doubling the amount payable upon death if the insured’s death meets the rider’s criteria for Accidental Death. Please note that the Accidental Death Benefit is not available on the Graded plan.

BOTH versions of the pre-calculated monthly premium rate sheets display the monthly bank draft amounts required to purchase specified face amounts of insurance at different ages. There are no other calculations required to arrive at the final rate. You will also notice that the pre-calculated monthly premium rate sheets are color coded (**pink for female**, **blue for male**, **green for tobacco**) to help you quickly find the appropriate pre-calculated monthly premium rate sheet for each client. The pre-calculated monthly premium rate sheets are also marked at the top of each sheet for verification. Certain columns are also highlighted in yellow to help make it easier for you to scroll the rates without losing your place; they do not mean you need to do anything else! You will also notice the 2nd column from the left, it is simply the annual rate per thousand, ignore it.

To find the monthly bank draft amount for a certain client, simply find the appropriate pre-calculated monthly premium rate sheet (ADB OR NO ADB, then male or female, then tobacco or non-tobacco, then level or graded). Next, find the appropriate nearest age for the client, which is the far left column on all of the sheets. Then, scroll from left to right until you find a monthly bank draft amount that fits the client’s budget.

You will also notice that some rates are not available (“N/A”). For the version of rate sheets that DOES NOT include Accidental Death (“NO ADB”), this indicates that AHL does not sell that specific face amount at that specific age. For the version of rate sheets that DOES include Accidental Death (“ADB”), the “N/A” rates may indicate that AHL does not offer Accidental Death at those ages (Accidental Death is not offered after 74).

Examples – Check To See If You Know How To Use The Rate Sheets

Ex 1 – Male, Nearest Age 57, wants 10,000 face amount + 10,000 Accidental Death, Non-Tobacco, Qualifies for Level Product

- Monthly rate = \$52.10

Ex 2 – Female, Nearest Age 74, wants 9,000 face amount & NO Accidental Death, Non-Tobacco, Qualifies for Level Product

- Monthly rate = \$75.11

Ex 3 – Female, Nearest Age 52, wants 9,000 face amount & NO Accidental Death, Tobacco, Qualifies for Graded Product

- Monthly rate = \$75.97

ACCESS PRE-CALCULATED MONTHLY PREMIUM RATE SHEETS ON YOUR SMARTPHONE OR TABLET

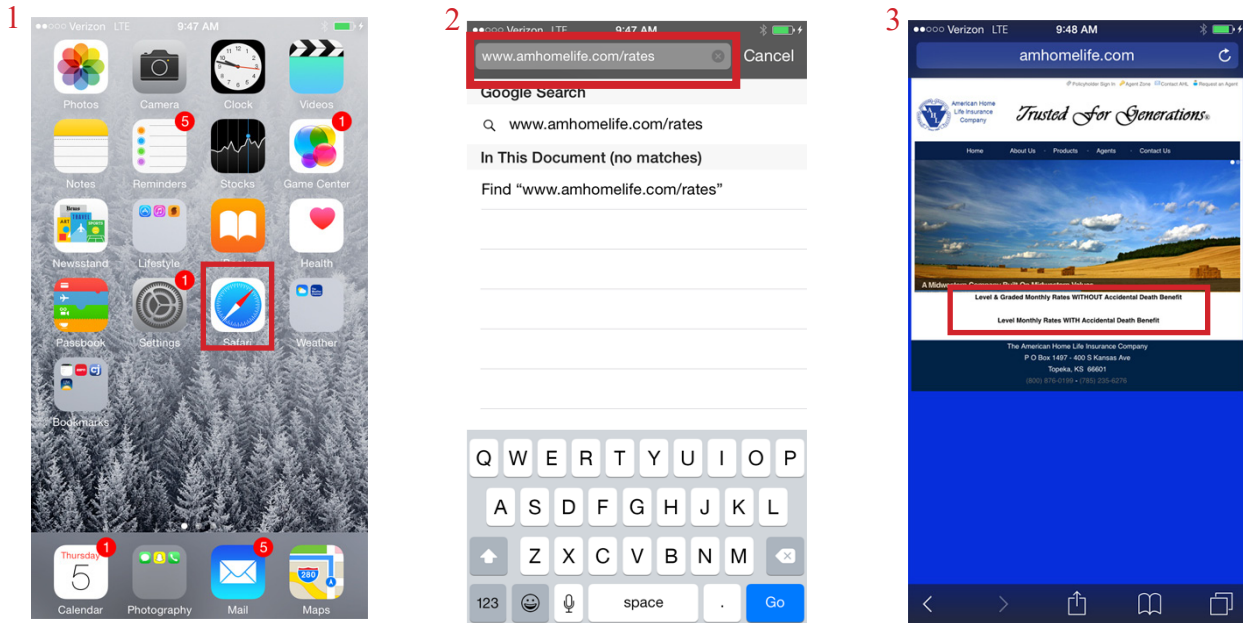
If you would like to have easy access to these pre-calculated monthly premium rate sheets using a smartphone or Tablet (including the Ipad), you can add a “shortcut” icon to the website, www.amhomelife.com/rates to the home screen of your respective device. This will allow the pre-calculated monthly premium rate sheets to be electronically available and only one click away.

There are many different brands and versions of smartphones and tablets in the marketplace today, so it would be nearly impossible to cover the specific instructions on how to set up a shortcut on every device. However, we do provide tap by tap instructions with pictures on how to set up the shortcut on the most popular device, the iPhone 6, on the next page!

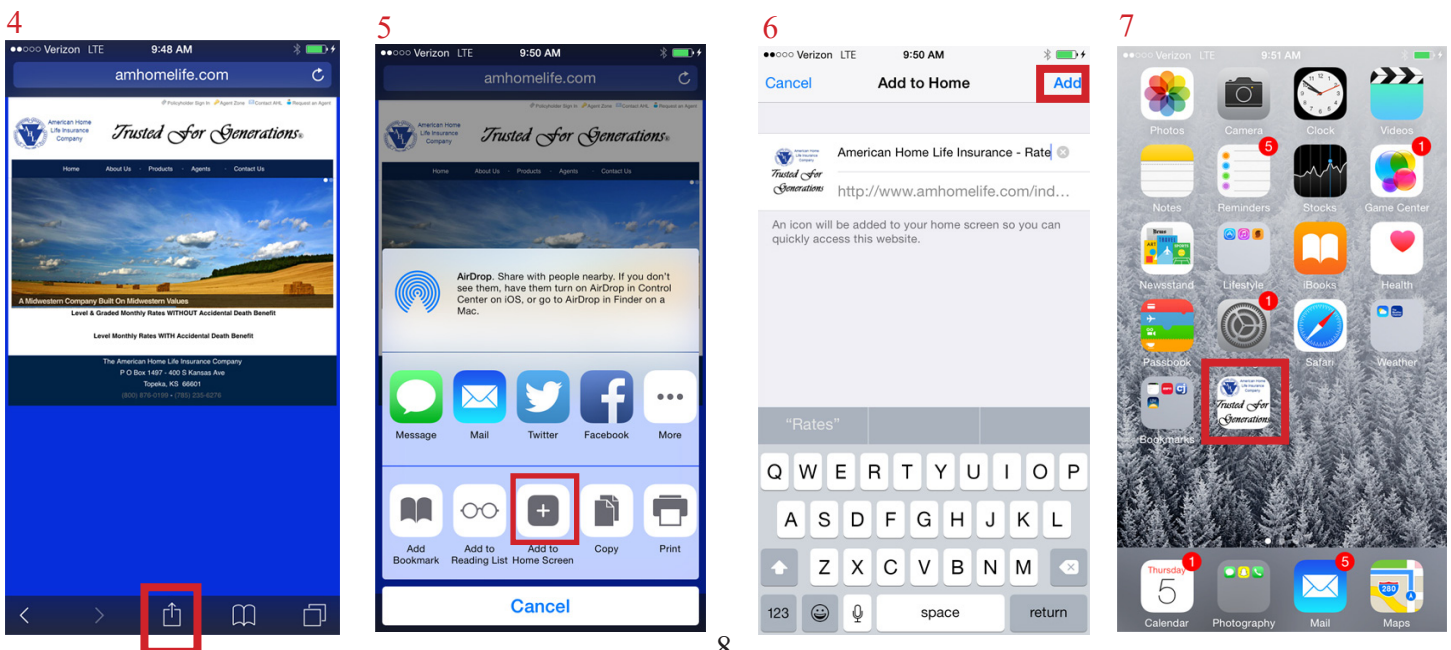
If you are trying to get the pre-calculated monthly premium rates sheets on a different device, the best and easiest way to get quality instruction is to simply Google or go to Youtube and search, “How to create a website shortcut on my [insert your device here].” Almost all companies will have detailed instructions on how to accomplish this. If you are still having trouble, you can contact the Home Office Marketing Department for help (800) 876-0199.

TAP BY TAP GUIDE – IPHONE (6)

1. Find and Tap the Safari Icon
2. Enter www.amhomelife.com/rates into the ADDRESS BAR. Make sure you are not simply “searching” on Google for the website; it will not appear that way.
3. The following website will appear. You will notice it is NOT the regular www.amhomelife.com website. This website has 2 links to the 2 different versions of rates (one with ADB and one without ADB).



4. Click the option icon at the bottom of page. Note that this option appears on your phone, not the website, when you begin to scroll down.
5. When you click the option icon, the following options will appear. Find and click the Add to Home Screen icon.
6. When you click Add to Home Screen icon, the following page will appear. Click Add in the top right corner.
7. You're finished! Go to your home screen and find the American Home Life Icon. Clicking this icon will take you directly to the rates page.



MANUAL CALCULATION

Although AHL does not recommend manually calculating the rates from scratch due to the increased risk of error and because it can be very time consuming, we do offer all the tools you need to calculate the rates correctly.

MANUAL CALCULATION INSTRUCTIONS

The equation to calculate rates is as follows:

$$\text{Annual Premium} = [(\text{Annual Rate Per Thousand}) \times (\# \text{ of Thousands}) + (\text{Policy Fee})]$$

Once you have the Annual Premium, calculating the semi-annual, quarterly, and monthly rates are easy. Simply multiply the calculated monthly premium by the appropriate mode (listed below).

Annual (100% of Annual Premium) = 1; (No additional calculation)

Semi-Annual (52% of Annual Premium) = .52

Quarterly (26.5% of Annual Premium) = .265

Monthly Automatic (.0875 of Annual Premium) = .0875

Example - see Annual Rates Per Thousand on the next page.

Ex. 1) Male, Level, 50, NT, \$10,000 Death Benefit

$$\text{Annual} = [(\text{Rate Per Thousand}) \times (\# \text{ of Thousands}) + (\text{Policy Fee})] = [(36.98) \times (10) + (\$120.00)] = \$489.80$$

$$\text{Monthly} = [(\text{Annual Premium}) \times (\text{Monthly Processing Factor})] = [(\$489.80) \times .0875] = \$42.86$$

Accidental Death Benefit			
For Level Benefit Plans Only Rates per \$1,000			
Issue Ages		Premiums	
	50-59		\$1.20
	60-69		\$1.80
	70-74		\$2.40

Accidental Death Benefit (ADB)

Ages of Issue 50 -74
Minimum Amounts \$1,000

Maximum Amount

An amount equal to but no greater than the face amount of the base policy. In no event will the benefit exceed \$35,000.

Benefit Termination

Policy anniversary nearest age 80.
When the base policy is surrendered.

To Calculate Monthly ADB Rates...

Formula to calculate Monthly Price of ADB

$$=[(\text{Annual ADB Rate per Thousand}) \times (\# \text{ of Thousands})] \times .0875$$

Ex. 1) Male, Level, 50, NT, \$10,000 D B + \$10,000 ADB

Mo. Rate without \$10,000 ADB = \$42.86 (See Ex. 1)

$$\text{Mo. Rate with } \$10,000 \text{ ADB} = \$42.86 + [(1.2) \times (10)] \times .0875 = \$43.91$$

Annual Premium = [(Annual Rate Per Thousand) x (# of Thousands) + (Policy Fee)]

LEVEL & GRADED RATE CHARTS

Level				
Annual Premium Rates Per \$1,000				
Minimum: \$1,000 Policy Fee: \$120.00				
A G E	MALE		FEMALE	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	\$36.98	\$49.24	\$28.46	\$42.91
51	38.83	51.10	29.31	44.81
52	40.77	53.21	30.19	47.08
53	42.41	55.52	31.10	49.50
54	44.10	57.99	32.03	51.97
55	45.42	60.61	32.99	54.47
56	45.88	63.38	33.98	57.01
57	46.34	66.31	35.00	59.64
58	47.26	69.43	36.05	62.39
59	48.68	72.76	37.49	65.31
60	50.63	76.33	38.99	68.42
61	53.46	80.18	40.03	71.74
62	56.23	84.34	41.44	75.28
63	59.02	88.85	43.17	79.00
64	61.90	93.75	45.18	82.89
65	64.92	99.09	47.45	86.91
66	68.16	104.90	49.97	91.04
67	71.70	111.25	52.73	95.26
68	75.59	118.17	55.76	99.57
69	79.91	125.74	59.08	103.98
70	84.74	134.02	62.74	108.55
71	90.14	143.09	66.79	113.36
72	96.19	153.04	71.30	118.51
73	102.97	163.96	76.35	124.15
74	110.54	175.98	82.04	130.45
75	118.98	189.22	88.48	137.59
76	128.37	203.82	95.78	145.75
77	138.79	219.93	104.09	155.11
78	150.31	237.73	113.55	165.80
79	163.01	257.39	124.32	177.87
80	176.97	279.13	136.58	191.29
81	191.13	303.14	148.87	205.86
82	206.42	329.65	160.78	221.20
83	222.93	358.87	172.04	236.65
84	240.77	391.04	184.08	251.23
85	260.03	426.39	195.12	263.57

Graded				
Annual Premium Rates Per \$1,000				
Minimum: \$1,000 Policy Fee: \$120.00				
A G E	MALE		FEMALE	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	57.44	\$81.81	46.87	73.42
51	62.64	86.58	48.81	78.28
52	69.05	91.35	50.75	83.14
53	74.60	96.12	52.68	88.00
54	79.59	100.89	54.62	92.86
55	83.45	105.66	56.56	97.72
56	86.13	111.50	58.44	102.91
57	88.12	117.34	60.33	108.10
58	89.47	123.18	62.21	113.30
59	90.23	129.02	64.10	118.49
60	90.45	134.86	65.98	123.68
61	91.31	143.12	68.49	131.61
62	92.18	151.37	71.01	139.53
63	93.04	159.63	73.51	147.46
64	93.91	167.88	76.04	155.38
65	94.77	176.14	78.55	163.31
66	101.51	187.24	83.74	171.92
67	108.25	198.34	88.94	180.53
68	114.98	209.44	94.13	189.13
69	121.72	220.54	99.33	197.74
70	128.46	231.64	104.52	206.35
71	138.46	248.95	111.76	215.85
72	148.46	266.26	118.99	225.35
73	158.46	283.56	126.23	234.84
74	168.46	300.87	133.46	244.34
75	178.46	318.18	140.70	253.84
76	193.20	351.84	153.14	274.87
77	207.95	385.51	165.58	295.89
78	222.69	419.17	178.02	316.92
79	237.44	452.84	190.46	337.94
80	252.18	486.50	202.90	358.97

UNDERWRITING INFORMATION

American Home Life’s goal is to have the simplest, most transparent and most consistent final expense application process in the industry. We understand when you’re in a new client’s home trying to close the sale, the last thing you want is to spend time filling out the application incorrectly only to find out that we won’t accept your client due to health reasons. In order to minimize these types of events, we offer our agents a Top Frequently Asked Underwriting Questions Guide, a Disease & Medical Impairments Guide, and Medication Guide. Finally, we offer all agents a direct line to our underwriters for pre-consultation before the sale for the tricky ones. All of these tools should provide the agent the highest possible level of confidence that business will be issued as expected.

THE APPLICATION – HEALTH INFORMATION

The application has 2 sets of questions. The 1st set, questions 1-5, are “knock-out” questions. If the client answers any of questions 1-5 “Yes,” do not apply. The 2nd set of questions, questions 6-9, will determine if the client is level, graded, or decline. If the applicant answers 0 questions in the second set (and the first set) “Yes,” the applicant will be eligible for the level plan. If the applicant answers all questions “No” in the knockout section, but either *1 or 2 questions* “Yes” in the second set (questions 6-9), the client will be eligible for a graded plan. If the applicant answers more than 2 questions “Yes” in the second section, they do not qualify for either product. Please take note that the answers to the health questions only make the client “eligible” for coverage. The client must also fit within the Height & Weight Chart. It should be known that the Height & Weight Chart is unisex and very liberal so it will rarely come into play. The chart below helps to clarify how applicants qualify for each plan.

	Knockout Questions (Questions 1-5)	Part 2 Questions (Questions 6-9)	Build Chart
Level	All No Answers	All No Answers	Within Level Range
Graded	All No Answers	All No Answers	Within Graded Range
Graded	All No Answers	1 Yes Answer	Within Level Or Graded Range
Graded	All No Answers	2 Yes Answers	Within Level Range
Decline	All No Answers	3 Or More Yes Answers	Within Level Range
Decline	1 Or More Yes Answers	All No Answers	Within Level Range
Decline	All No Answers	2 Yes Answers	Within Graded Range
Decline	All No Answers	All No Answers	Within Decline Range

HEALTH INFORMATION

If any part of questions 1-5 is answered “YES” do not submit the application.

1. Are you hospitalized, bedridden or confined to a nursing home, hospice or long-term care facility?
 2. To the best of your knowledge and belief, has a medial professional diagnosed you, provided treatment or advised you to receive treatment for any of the following:
 - A. A medical condition that, with reasonable medical certainty, will result in death within 12 months, ALS, Alzheimer’s, Memory loss, mental incapacity or dementia?
 - B. Medication (pills or Insulin) for diabetes accompanied by heart disease (excluding Hypertension), kidney disease, peripheral arterial disease (PAD, poor circulation) or amputation, Transient Ischemic Attack (TIA) or stroke?
 - C. Cirrhosis or liver failure, kidney failure requiring dialysis, Leukemia or organ transplant?
 - D. Current or metastatic cancer, or two or more instances of internal cancer, implantation of a defibrillator, or used or been advised to use oxygen to assist breathing?
 - E. Coronary artery disease (CAD) accompanied by (1) congestive heart failure or (2) cardiomyopathy?
 3. Have you every been diagnosed or treated by a medial professional for an immune deficiency disorder, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?
 4. Have you, within the past 12 months, been advised by a medical professional to have a diagnostic test (excludes HIV or AIDS related tests), surgery, dialysis, home health care, nursing home, hospice or long-term care facility confinement or hospitalization, or other medical treatment which has not yet been started, completed or for which results are not known?
 5. In the last 36 months, have you been convicted of a felony or of operating a vehicle while intoxicated or impaired or been placed on probation or parole?
- — — — —

If two or less of the following questions (6-9) are answered “yes”, Proposed Insured will only be eligible for Graded Benefit. If more than two questions (6-9) are answered “yes”, do not submit the application.

6. Do you have diabetes diagnosed by a medical professional (a) with duration of 20 years or more, or (b) requiring insulin, or (c) diagnosed at any age and that is not controlled?
7. Do you need ongoing assistance with activities of daily living (eating, bathing, dressing, transferring, use of the toilet or the taking of medications) either provided by a family member or third party?
8. In the last 24 months has a medical professional diagnosed you, provided treatment or advised you to receive treatment for any of the following:
 - A. Heart disease (excluding hypertension) or any procedure to improve circulation to the heart including coronary artery bypass or stints?
 - B. Stroke or Transient Ischemic Attack (TIA) or a procedure to improve circulation to the brain?
 - C. Peripheral arterial disease (PAD, poor circulation) or any procedure to improve circulation to the extremities?
 - D. Counseling or treatment for alcohol or substance abuse including taking prescribed medications other than as prescribed?
 - E. Kidney or liver disease, hepatitis C, Lupus, Parkinson’s Disease or Multiple Sclerosis (MS)?
 - F. Any chronic lung disorder excluding intermittent asthma attacks?
9. In the last 36 months has a medical professional diagnosed you , provided treatment or advised you to receive treatment for internal cancer, melanoma or disorder of the blood (this excludes squamous cell and basal cell skin cancers)?
10. In the past 12 months, has the Proposed Insured used any form of tobacco or nicotine products?

MOST FREQUENTLY ASKED UNDERWRITING QUESTIONS

HEART RELATED

“If my client has had a heart attack, does that mean he has heart disease?”

Yes, a heart attack is considered heart disease. Heart diseases also include but are not limited to: Congestive Heart Failure, Cardiomyopathy, Coronary Artery Disease (CAD), and Peripheral Arterial Disease (PAD). Arrhythmias and/or valvular diseases such as Atrial Fibrillation do not qualify as Heart Disease.

MAINTENANCE OR PREVENTIVE MEDS VS. TREATMENT MEDS

“My client was diagnosed with Coronary Artery Disease (CAD) more than 2 years ago but takes Coumadin/Warfarin, is this considered treatment and does he have to answer yes to question 8A?”

Because the diagnosis occurred more than 2 years ago, this would be considered maintenance. Thus, the client can answer “No” to 8a and still be eligible for Level.

“My client had a heart attack more than 2 years ago, but he currently takes Coumadin/Warfarin (blood thinner), is this considered treatment for a heart disease?”

Because the diagnosis occurred more than 2 years ago, this would be considered maintenance. Thus, the client can answer “No” to 8a and still be eligible for Level.

“My client was an alcoholic more than two years ago, but he still attends an AA meeting once a month, is that considered treatment and does he have to answer question 8D yes?”

No, if your client has not had a relapse (drank) in the last 2 years, the attendance of AA meetings is considered preventive and he/she can answer no.

DIABETES RELATED

“If my client had a heart attack/heart disease diagnosis 10 years ago, and was diagnosed with diabetes 2 years ago (or any time before OR after the heart attack/heart disease) does he answer yes to 2B and be declined?”

Yes, it does not matter which comes first, Diabetes or Heart Disease (or Stroke), the client will be a decline.

“What is considered “uncontrolled” for diabetics?”

Blood sugar readings at or above 240, or A1C scores of 10.0 or above, or a Diabetic Coma or Insulin Shock within the last 6 months is considered uncontrolled Diabetes. Client still eligible for Graded.

If my client has not taken medication (pills or insulin) for diabetes in the last 4 months and they have heart disease do they answer yes to question 2B and be decline?

Yes, if any diabetes medication (pills or insulin) has been taken within the last 6 months and has heart disease (excluding hypertension), kidney disease, peripheral arterial disease (PAD, poor circulation) or amputation, Transient Ischemic Attack (TIA) or stroke, the client will be a decline.

LUNG RELATED

“My client has COPD/Chronic Bronchitis/Emphysema, how should he/she apply?”

COPD/Bronchitis/Emphysema can be issued level, graded or a decline. If the applicant is using or has been prescribed oxygen, he/she will be a decline. If the client is using an inhaler such as Spiriva, the client will be graded as this is considered treatment (not preventive or maintenance). If the client was diagnosed more than 2 years ago, and is not using oxygen or inhalers, he/she will be eligible for level.

HELP AT HOME - ACTIVITIES OF DAILY LIVING (ADL) - HOME HEALTH CARE

It can be difficult to determine what distinguishes extra help around the house, ADLs, and home health care. Here is how AHL distinguishes and a couple of the most common examples.

Help At Home - This term applies to an older person who has someone come to their house periodically to help with non-vital household duties such as: cooking, cleaning, laundry etc. The key here is the duties are non-vital to living. Applicants who receive this help are eligible for Level.

Ongoing assistance with Activities of Daily Living (ADL) - ADL's are more vital, daily, self-care activities which are more vital to sustaining one's life and/or function. These activities include: eating, bathing, dressing, transferring, toileting, and taking of medications. Applicants who receive help in one ADL are not eligible for level, but are eligible for Graded.

Home Health Care - Home Health Care is defined as care (checking vitals, making sure the client has eaten, not fallen down, etc.) administered at one's home by a licensed health professional. This level of care is considered vital and life sustaining. Applicants receiving this level of care are Declines.

MISCELLANEOUS

Bad MIB/SCRIPT CHECK Codes

“My client's coded by MIB/Rx Check but swears he's never been diagnosed, what can you do?”

MIB codes and Rx Check are usually very accurate sources of information but sometimes, not often, another carrier reports a code incorrectly to MIB or the wrong Rx is reported by a pharmacy. We are happy to get an APS (medical records) to verify the client's claim, we just need to have the client sign page 3 (Authorization to Obtain Information) of the application and fax it to us so we can request records from his doctor's office.

No Doctor

“My client doesn't have a doctor, does that mean he can't apply?”

If the client is under age 68, he/she doesn't need to have a doctor listed on the application and can apply as usual. If the client is 68 or over, he/she must have a doctor or clinic listed on the application.

Pending Non-Life Threatening Surgery

“My client broke his arm and has to have surgery to remove screws this year, decline because of question 4?”

No, having a screw removed is considered a simple procedure and non-life threatening. The client can proceed to apply as usual. Question #4 has some gray areas so call underwriting before hand if needed.

Sleep Apnea/CPAP Machine

CPAP machines do not count as use of oxygen and applicants are ok to apply Level. Oxygen Concentrators WITH CPAP machines are Decline.

HEIGHT & WEIGHT CHART

The Height & Weight Chart will be used in combination with the health questions to determine product eligibility. The Height & Weight Chart applies to both male and female. In order to qualify for the Level product, the client must answer all health questions “No” and have a height and weight within the acceptable Level weight specifications. In rare cases, clients may not fall within the acceptable Level weights specifications and will either be in the Graded range, or worse, the Decline range. If the client’s height and weight are within the Graded range, this will count as a “Yes” answer on the 6-9 section of the (not knockout section) application, and the client can only answer one health question “Yes” on the 6-9 section of the application and still qualify for Graded.

HEIGHT	DECLINE WEIGHT	LEVEL WEIGHT	*GRADED WEIGHT	DECLINE WEIGHT
5'0"	Below 80	80-240	241-270	271 - up
5'1"	Below 85	85-245	246-275	276 - up
5'2"	Below 90	90-250	251-280	281 - up
5'3"	Below 90	90-255	256-285	286 - up
5'4"	Below 90	90-265	266-290	291 - up
5'5"	Below 95	95-275	276-305	306 - up
5'6"	Below 95	95-280	281-310	311 - up
5'7"	Below 100	100-290	291-315	316 - up
5'8"	Below 105	105-300	301-325	326 - up
5'9"	Below 105	105-305	306-330	331 - up
5'10"	Below 105	105-310	311-335	336 - up
5'11"	Below 110	110-320	321-335	336 - up
6'0"	Below 115	115-325	326-340	341 - up
6'1"	Below 115	115-335	336-350	351 - up
6'2"	Below 120	120-340	341-355	356 - up
6'3"	Below 125	125-345	346-360	361 - up
6'4"	Below 130	130-355	356-365	366 - up
6'5"	Below 130	130-360	361-370	371 - up
6'6"	Below 140	140-365	366-375	376 - up

DISEASE & MEDICAL IMPAIRMENTS GUIDE

Medical Impairment	Coverage Option
Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus (HIV)	Decline
Alcohol/Drug Abuse/Addiction	Graded if treatment or counseling in the last 24 months or emergency overdose medication on prescription report within the last 24 months. Level if treatment and counseling more than 24 months ago.
Alzheimer's Disease	Decline
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)	Decline
Amputation	Graded if unable to independently perform all ADLs. Level if self-sufficient.
Amputation with Diabetes	Decline because the amputation is due to PAD (poor circulation) and Diabetes + PAD = Decline (Q#2B)
Aneurysm	Decline if client has Diabetes. Graded if occurrence or treatment within 24 months (and no Diabetes). Level if occurrence and treatment more than 24 months ago.
Angina	Decline if client has diabetes. Graded if occurrence or treated by "Nitros" or Isosorbide within 24 months. Level if occurrence and last nitro use more than 24 months ago.
Aricept, Cognex, Donepezil, Exelon, Razadyne, Namenda	Decline
Arrhythmia	Arrhythmias are not considered heart disease. Eligible for level.
Atrial Fibrillation	Atrial Fibrillation is considered a type of arrhythmia and thus will not be considered heart disease. Eligible for level.
Basal Cell Skin cancer	Level
Bone Marrow Transplant	Decline
Brain Tumor	Decline if outcome not known or Graded within 36 months or Level over 36 months.
Cancer: Breast	Decline if metastatic ("Stage 2, 3 or 4"). Graded if diagnosis or treatment ("Stage 1" Cancer only) within 36 months, requires APS. Level if diagnosis or treatment more than 36 months ago. Preventive drugs Tamoxifen, Arimidex, Letrozole, and Anastrozole considered preventative (Level).
Colon	Decline if metastatic ("Stage 2, 3 or 4"). Graded if diagnosis or treatment ("Stage 1" Cancer only) within 36 months, requires APS. Level if diagnosis or treatment more than 36 months ago. Preventive drugs Tamoxifen & Arimidex considered preventative (Level).

Lung	Decline if metastatic (“Stage 2, 3 or 4”). Graded if diagnosis or treatment (“Stage 1” Cancer only) within 36 months, requires APS. Level if diagnosis or treatment more than 36 months ago. Preventive drugs Tamoxifen & Arimidex considered preventative (Level).
Lymph Nodes	If removed & not cancerous, ok to proceed. If removed & cancerous, decline due to metastatic. If removed don’t know if cancerous, requires APS.
Multiple Myeloma	Decline
Non-Hodgkins Lymphoma	Decline
Pancreatic/Liver	Decline - Average prognosis is 6 months (yes to Q#2A)
Polycythemia	Decline
Prostate	Decline if metastatic (“Stage 2, 3 or 4”). Graded if diagnosis or treatment (“Stage 1” Cancer only) within 36 months. Level if diagnosis or treatment more than 36 months ago. Preventive drugs Tamoxifen & Arimidex considered preventative (Level).
Ovarian	Decline - Almost always metastatic at diagnosis (yes to (Q#2A)
Skin	Decline if metastatic (“Stage 2, 3 or 4”). Graded if diagnosis or treatment (“Stage 1” Cancer only) within 36 months. Level if diagnosis or treatment more than 36 months ago. Preventive drugs Tamoxifen & Arimidex considered preventative (Level).
Thyroid	Decline if metastatic (“Stage 2, 3 or 4”). Graded if diagnosis or treatment (“Stage 1” Cancer only) within 36 months, requires APS. Level if diagnosis or treatment more than 36 months ago. Preventive drugs Tamoxifen & Arimidex considered preventative (Level).
Cardiomyopathy	Decline if applicant has Diabetes or Coronary Artery Disease (CAD). Graded if diagnosis or treatment (“Nitros” or other emergency meds/procedures) within 24 months. Level if diagnosis and treatment more than 24 months ago.
Cerebral Palsy	Level or Graded if needs assistance with ADL’s
Chronic Bronchitis	Level if diagnosis more than 24 months ago and no treatment. Graded if diagnosis less than 24 months ago or prescription/use of inhaler any time after diagnosis. Inhaler considered treatment.
Chronic Obstructive Pulmonary Disease (COPD) (COPD includes Emphysema, Chronic Bronchitis and Bronchiectasis)	Level if diagnosis more than 24 months ago and no treatment. Graded if diagnosis less than 24 months ago or prescription/use of inhaler any time after diagnosis. Inhaler considered treatment.
Chronic Pancreatitis	Level
Circulatory Surgery	Decline if circulatory surgery and diabetes. Graded if surgery within 24 months and no diabetes. Level if surgery more than 24 months ago and no Diabetes.

Cirrhosis of the Liver	Decline
Congestive Heart Failure (CHF)	Decline if also diagnosed with Coronary Artery disease or Diabetes. Graded if diagnosed within 24 months or taking/have taken within 24 months a diuretic or blood pressure medications. Level if diagnosed over 24 months ago and not taking/have not taken within 24 months any diuretic or blood pressure medications.
Cystic Fibrosis	Decline - Average life expectancy is 38 and product begins at age 50.
Defibrillator	Decline
Dementia	Decline
Diabetic Coma	If Diabetic Coma occurred within the last 6 months, we will consider the applicant's Diabetes out of control, and they will answer question 6 "yes" and get Graded. If Diabetic Coma occurred more than 6 months ago, applicant will be Level.
Diabetic Control	AHL considers a Diabetic controlled if they have had no diabetic comas, insulin shocks or fasting blood sugars at or above 240 or A1Cs at or above 10 within the last 6 months.
Diabetic Nephropathy	Decline (Question #2b). Nephropathy is Kidney Disease
Diabetic Neuropathy (nerve damage due to Diabetes)	Level so long as they can answer no to Questions 2b and 6. Otherwise, may be Graded (6) or Decline (2b).
Diabetic Retinopathy	Level so long as they can answer no to Questions 2b and 6. Otherwise, may be Graded (6) or Decline (2b).
Down Syndrome/Mental Retardation	Level, Graded or Decline, Depends on Self sufficiency or any health conditions
Duchenne Muscular Dystrophy	Decline if using home health care. Graded if applicant is unable to independently perform ADLs. Level is self-sufficient.
Emphysema	Level if diagnosis more than 24 months ago and no treatment. Graded if diagnosis less than 24 months ago or prescription/use of inhaler any time after diagnosis. Inhaler considered treatment.
Heart Attack	Decline if heart attack (ever) and Diabetes. Graded if occurrence less than 24 months ago or Nitro/Isosorbide use within 24 months. Level if occurrence or Nitro/Isosorbide use more than 24 months ago. Also Level if event and Nitro/Isosorbide treatment more than 24 months ago and taking a blood thinner.
Heart Birth Defect	Level

Heart Disease	The application refers to “heart disease” multiple times. Hundreds of heart diseases exist, but the most common diseases are: Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Cardiomyopathy, Peripheral Vascular Disease (PVD). Arrhythmias such as Atrial Fibrillation and other Valvular heart disorders WILL NOT be considered heart disease. Heart Disease + Diabetes = Decline. Heart Disease diagnosis (alone) or treatment (Nitro or Isosorbide) within 24 months = Graded. Level if diagnosis and/or last “Nitro/Isosorbide” (emergency medication) use more than 24 months ago. Coumadin NOT considered treatment.
Heart Surgery	Decline with Diabetes. Graded if surgery within 24 months. Level if surgery more than 24 months ago.
Hepatitis B & C	Decline if disease has caused liver failure. Graded if diagnosis or treatment within 24 months. Level if diagnosis or treatment more than 24 months ago.
Home Healthcare	Decline
Hospice Care	Decline
Huntington’s Disease	Decline
Insulin Shots for Diabetes	Graded
Insulin Shock	If Insulin Shock occurred within the last 6 months, we will consider the client’s Diabetes out of control, and they will answer question 6 “yes” and be eligible for Graded. If Insulin Shock occurred more than 6 months ago, they will be eligible for level.
Kidney Dialysis - due to end stage renal disease	Decline
Kidney Insufficiency	Decline with Diabetes. Decline if requires Dialysis. Graded if diagnosis or treatment (other than blood pressure/cholesterol) within 24 months. Level if diagnosis and last treatment more than 24 months ago.
Liver Disease/Disorder	Decline if liver failure. Graded if diagnosis or treatment within 24 months.
Multiple Sclerosis	Decline if home health care. Graded if treatment or diagnosis within 24 months.
Muscular Dystrophy (other than Duchenne MD)	Decline if using home health care. Graded if applicant is unable to independently perform ADLs. Level is self-sufficient.
Nephropathy (Kidney Disease)	Decline with Diabetes. Decline if ever requires Dialysis. Graded if diagnosis or treatment (other than blood pressure/cholesterol) within 24 months. Level if diagnosis and last treatment more than 24 months ago
Neuropathy	Level
Nursing Home, Hospital, Psychiatric	Decline
Organ Transplant	Decline
Organic Brain Disease	Decline

Oxygen Equipment (Excludes Sleep Apnea)	General Rule is oxygen prescription or use at home (not hospital) a decline. "Oxygen Concentrator" CPAP machines (not regular CPAP machines) are decline. Regular CPAP machines are Level.
Pacemaker	Decline if applicant has pacemaker and a defibrillator. Level if just a pacemaker. Time period is since pacemaker inserted does not have to be greater than 24 months; no time period requirement. Routine battery change considered maintenance and Level.
Parkinson's Disease	Graded if treatment or diagnosis within 24 months.
Retinopathy	Level
Schizophrenia	Level
Sepsis	Graded if diagnosed or treated in the last 36 months.
Shunt in Brain to Drain Fluid	Graded
Sickle Cell Anemia	Level
Spina Bifida	Decline if home health care. Graded if unable to independently perform all ADLs. Level if self-sufficient.
Stroke	Decline if stroke (ever) and Diabetes. Graded if occurrence or treatment within 24 months (if no Diabetes). Level if occurrence or treatment more than 24 months ago (if no Diabetes).
Lupus (SLE)	Graded if treatment or diagnosis within 24 months.
Terminal Illness (life expectancy of 12 months or less)	Decline
Transient Ischemic Attack (TIA)	Decline if TIA (ever) and Diabetes. Graded if occurrence or treatment within 24 months (if no Diabetes). Level if occurrence or treatment more than 24 months ago (if no Diabetes).
Tuberculosis	Graded if diagnosed or treated within 24 months. Level if treatment concluded and cured greater than 24 months ago.
Tuberculosis End-Stage Disease (life expectancy of 12 months or less)	Decline
Ulcerative Colitis	Level

ADL - Activities of Daily Living
CAD - Coronary Artery Disease

MEDICATION GUIDE

Below is a list of the 100 most commonly encountered drugs in *Guide Star's* primary target market. The dot in the product columns indicate which product should be considered if your client is taking a specific medication. As the list explains, some of these drugs have multiple uses. In order to determine the proper coverage for the client, please ask them why they are taking the medication. If you have any doubt about the reason, (or if the reason is unknown), please quote the most conservative product option.

If your client takes a prescription not listed below and you are unsure for which product they qualify, please contact American Home Life's Underwriting Department before calling to begin the application process.

BPH - Benign Prostatic Hypertrophy/Benign Enlarged Prostate

CHF - Congestive Heart Failure

COPD - Chronic Obstructive Pulmonary Disease/Emphysema/Chronic Bronchitis

PD - Possible Decline - In most cases, PD means "Decline" if the applicant has Diabetes + Heart Disease (Question 2B) OR if the client has Coronary Artery Disease + CHF OR + Cardiomyopathy (Question 2G)

HTN - Hypertension/High Blood Pressure

MS - Multiple Sclerosis

If you have any questions, please contact underwriting.

Proposed List	Level	Graded	Decline	Conditions for Which Prescribed
Abilify (Aripiprazole)	•			Bipolar Disorder/Antipsychotic
Accupril	•	•	PD	HTN/CHF/Renal Failure Prevention
Advair	•	•		Asthma/COPD
Aggrenox	•	•		Blood Thinner / Stroke Prevention
Albuterol	•	•		Asthma/COPD
Aldactone	•	•	PD	HTN/CHF/Renal Failure Prevention
Alprazolam	•			Anti-anxiety
Altace	•	•	PD	HTN/CHF/Renal Failure Prevention
Amiodarone	•			Irregular Heartbeat
Anastrozole	•			Breast Cancer
Anora Ellipta		•		COPD
Aricept			•	Alzheimer's/Dementia
Arimidex	•			Breast Cancer
Atenolol	•		PD	HTN/Migraines/Tremors/Angina
Azasan		•		Lupus
Aubagio (Teriflunomide)		•		Multiple Sclerosis
Baclofen	•			Anti-spasmodic/MS/Nerve Damage
Bupropion	•			Anti-depressant
Butrans (Buprenorphine, Belbuca)		•		Overdose Medication
Byetta	•			Diabetes
Caduet	•	•	PD	HTN/CHF/Renal Failure Prevention
Calcitrol (Rocaltrol, Vectical)		•		Kidney Disease, graded if within 24 months
Captopril	•	•	PD	HTN/Cardiac
Cardizem	•	•	PD	HTN/Angina/Cardiac

Proposed List	Level	Graded	Decline	Conditions for Which Prescribed
Cardura	•			HTN/BPH
CellCept		•	PD	Graded if for Lupus; Decline for Organ Transplant
Codeine	•			Pain Reliever
Cognex			•	Alzheimer's/Dementia
Combivent	•	•		Asthma/COPD
Copaxone (Glatiramer)		•		Multiple Sclerosis
Coreg	•	•	PD	HTN/Cardiac
Coumadin	•	•	PD	Blood Thinner
Cozaar	•			HTN
Ctoxan (Cyclophosphamide)		•		Lupus
Cymbalta	•			Major Depression
Decadron	•			Asthma/Arthritis
Demerol	•			Pain Reliever
Denosumab (Xgeva)			PD	Decline if used for Bone Cancer
Depakote	•			Seizure disorders/Bipolar Disorder
Dexamethasone	•			Asthma/Arthritis
Digoxin	•	•	PD	Irregular Heartbeat/CHF
Dilantin	•			Seizure Disorders
Dilaudid	•			Pain Reliever
Diltiazem	•	•	PD	HTN/Angina/CHF
Diovan	•	•	PD	HTN/ CHF / Diabetic Nephropathy
Dopamine		•	PD	CHF/Renal Failure
Donepevil			•	Alzheimer's Dementia
Dronabinol (Marinol, Syndros)	•	•	PD	Cancer, Will Require APS to Proceed
Duopa (Carbidopa/Levodopa)		•		Parkinson's
Enalapril	•	•	PD	HTN/CHF
Evzio		•		Overdose Medication
Fentanyl	•			Pain due to cancer or other severe, debilitating pain
Furosemide	•		PD	CHF/Fluid & Adema
Gabapentin	•			Seizures/Neuropathy
Gengraf		•		Lupus
Geodon	•			Antipsychotic

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Proposed List	Level	Graded	Decline	Conditions for Which Prescribed
Gilenya (Fingolimod)		•		Multiple Sclerosis
Glatopa (Glatiramer)		•		Multiple Sclerosis
Haldol	•			Antipsychotic
Hetz	•	•	PD	HTN/Fluid/CHF/Renal Failure
Heparin	•		PD	Blood Thinner
Hydroxyurea (Hydrea, Droxia)		•	PD	Blood Disorder, Graded if within 36 months; Possible decline if used for Leukemia
Imdur		•	PD	Angina/Heart Disease/CHF
Imuran (Azathioprine)		•		Lupus
Incruse Ellipta		•		COPD
Inderal	•	•	PD	Irregular Heartbeat/Angina/HTN
Insulin		•		Diabetes
Isosorbide		•	PD	Angina/Heart Disease/CHF
Jadenu (Deferasirox)		•		Blood Disorder, Graded if within 36 months
Keppra	•			Seizure Disorder
Klonopin	•			Seizure Disorder
Lamictal	•			Seizure Disorder
Lanoxin	•	•		Irregular Heartbeat/CHF
Lantus		•		Diabetes
Lasix	•		PD	Fluid/HTN/CHF
Letrozole (Femara)	•			Breast Cancer
Lisinopril	•		PD	HTN/CHF
Lithium	•			Bipolar Disorder
Lopressor	•		PD	HTN/Angina/CHF
Lovenox	•	•	PD	Blood Thinner
Lupron		•		Prostate Cancer
Lyrica	•			Neuropathy
Mayzent (Siponimod)		•		Multiple Sclerosis
Medrol	•	•		Asthma/COPD/Inflammation
Megace (Megestrol)	•	•	PD	Cancer, Will Require APS to Proceed
Methadone	•	•		Severe Pain, Overdose Medication

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MS - Multiple Sclerosis

If you have any questions, please contact underwriting.

Proposed List	Level	Graded	Decline	Conditions for Which Prescribed
Methotrexate	•	•		Cancer/MS/Rheumatoid Arthritis
Methylprednisolone	•			Asthma/COPD/Inflammation
Metoprolol	•		PD	HTN/Angina/CHF
Morphine	•			Severe Pain
Naltrexone (Embeda)		•		Overdose Medication
Namenda			•	Alzheimer's/Dementia
Narcan (Naloxone)		•		Overdose Medication
Neoral		•		Lupus
Neurontin	•			Neuropathy
Nifedipine	•	•	PD	HTN/Angina/CHF
Nitroglycerine	•	•	PD	CHF
Norvasc	•			HTN
Ocrevus (Ocrelizumab)		•		Multiple Sclerosis
Oxycontin	•			Severe Pain
Paricalcitol (Zemlar)	•	•	•	Requires APS to proceed, Graded for Kidney Disease, Decline for Dialysis
Plaquenil (Hydroxychloroquine)		•		Lupus
Plavix	•	•	PD	Blood Thinner
Prednisolone	•	•		Asthma/COPD/Inflammation/Kidney Disease
Prednisone	•	•		Asthma/COPD/Inflammation
Prozac	•			Antidepressant
Remeron	•			Depression/Panic Disorder
Requip (Ropinirole)	•	•		Parkinson's/Restless Leg Syndrome
Rheumatrex (Methotrexate)		•		Lupus
Risperdal	•			Antipsychotic
Rytary		•		Parkinson's
Sandimmune (Cyclosporine)		•		Lupus
Sensipar (Cinacalcet)		•		Kidney Disease, graded if within 24 months

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MS - Multiple Sclerosis

If you have any questions, please contact underwriting.

Proposed List	Level	Graded	Decline	Conditions for Which Prescribed
Seroquel	•			Major Mental Disorders
Sinemet		•		Parkinson's
Singulair	•	•		Asthma/COPD
Spiriva	•	•		COPD
Spironolactone	•	•	PD	Fluid/HTN/CHF
Stiolto Respi- mat		•		COPD
Suboxone		•		Overdose Medication
Tamoxifen	•			Breast Cancer
Tecfidera (D'methy Form- anate)		•		Multiple Sclerosis
Tegretol	•			Seizures/Bipolar Disorder
Tizanidine	•	•		MS/Spinal Cord Disorder
Topamax	•			Seizure Disorder/Migraine
Toprol	•	•	PD	HTN/Angina/CHF
Triamterene	•	•	PD	Fluid/HTN/CHF
Trileptal	•			Seizure Disorder
Vasotec	•	•	PD	HTN/CHF/Angina
Ventolin	•	•		COPD/Asthma
Verapamil	•	•	PD	Angina/Irregular Heartbeat
Versed	•			Severe Pain
Viread		•	•	Requires APS to Proceed; Graded if within 24 months for liver disease or Hep B; Decline if for HIV/AIDS
Warfarin	•	•	PD	Blood Thinner
Zoladex		•		Prostate or Breast Cancer
Zyprexa	•			Antipsychotic
Zytiga (Abi- raterone)	•	•	•	Cancer, Will Require APS to Proceed

BPH - Benign Prostatic Hypertrophy/Benign Enlarged Prostate

CHF - Congestive Heart Failure

COPD - Chronic Obstructive Pulmonary Disease/Emphysema/Chronic Bronchitis

PD - Possible Decline - In most cases, PD means "Decline" if the applicant has Diabetes + Heart Disease (Question 2B) OR if the client has Coronary Artery Disease + CHF OR + Cardiomyopathy (Question 2G)

HTN - Hypertension/High Blood Pressure

MS - Multiple Sclerosis

If you have any questions, please contact underwriting.

GUIDESTAR INSURANCE TELEPHONE INTERVIEW

The telephone interview is a valuable piece of the underwriting equation which helps to ensure each applicant is classified appropriately UP FRONT. We have strived to remove as much unnecessary questioning as possible in order to provide the most expedient phone interview as possible, while still maintaining the original intent of gathering and verifying applicants' health information. The ideal phone interview will last approximately 5-7 minutes, provide you with an approval or decline and will ultimately give you the CERTAINTY OF OUT-COME of knowing you have a 'done deal' when you leave the home. You will also receive a policy # at the conclusion of the phone interview, if the application is approved.

***A COPY OF THE SCRIPT IS AVAILABLE IN THE APPENDIX. PLEASE REVIEW THE SCRIPT BEFORE INITIATING THE PHONE INTERVIEW (ESPECIALLY IF YOU ARE A NEW AGENT).**

BASIC STRUCTURE

- **Agent** initiates Call to **AHL**
- **AHL Underwriter** obtains pertinent Client info from **Agent**
- **AHL Underwriter** MAY obtain **Client's** medications from **Client**
- **AHL Underwriter** obtains authorizations from **Client**
- **AHL Underwriter** runs MIB & Script Check
- **AHL Underwriter** asks **Client** 3 Health Questions
- **AHL Underwriter** Approves/Declines/or Refers application and provides **Agent** the Client's policy number

TIPS TO EXPEDITE PROCESS

1. Obtain and have client's basic info handy before calling in. Here's what we'll ask for:

Client Name: _____ Amount: _____ Height: ____ Weight: ____

Agent Name: _____ Level: _____ Graded: _____

Address, City, St, Zip: _____ Telephone #: _____

SS#: _____ Date of Birth: _____ State of Birth: _____

2. **HAVE THE CLIENT'S PRESCRIPTION MEDICATIONS HANDY.** We will not ask for these every time but there will be situations where we do ask. Have them ready.
3. Make sure the client knows and understands the questions we're going to ask before calling. This includes the authorizations to obtain medical records and electronic signature, as well as health questions.
4. IF the client is taking a medication on our prescription guide, but you believe they will still qualify Level, tell our AHL Underwriter the medication in question and explain why they still qualify for Level/Graded up front.

As mentioned previously, AHL's telephone interview is designed to quickly verify health information, and provide the agent with an approval/decline at the point of sale. In the overwhelming majority of cases, this will be possible. However, AHL does reserve the right to "refer the case to underwriting" in the case where we receive conflicting information from the applicant, MIB, and/or Script Check.

TELEPHONE INTERVIEW HOURS

We conduct telephone inspections on all final expense applications.

Home Office Interviews: (800) 298-6020

7:45 AM to 8:00 PM (CST), Monday - Thursday

7:45 AM to 4:25 PM (CST), Friday

Interviews completed on Friday afternoon after (12:15 CST) will be reviewed by underwriting on the following business day. This means you will not get an approval or decline on Friday afternoons.

Spanish Interviews Available:

7:45 AM to 7:00 PM (CST), Monday - Thursday

7:45 AM to 5:00 PM (CST), Friday

If you are unable to complete a Point of Sale Telephone interview during available interview hours, you may:

1. Indicate on the Agent remarks portion of the application (pg 3 for most states) that you have not yet completed the Telephone Interview. Also indicate the best time for us to call the client.
2. Have your customer call the Home Office on the following business day to complete the interview.
3. Call the Home Office and ask our interviewer to contact your customer to complete the interview.

COMPLETING THE APPLICATION CORRECTLY

The purpose of this section is to serve as an aid to filling out the application correctly. The most effective way to accomplish this is not to bury you in pages of instructions and details you already know (write the proposed insured's name in the proposed insured box) but instead is to highlight and explain the "gray areas" of the application where past agents have had questions or made mistakes. Below you will see a screen shot of each application page, and you will notice that certain boxes have red numbers inside or next to them. Beside the screen shot of the application pages you will see the corresponding notes to the highlighted, numbered notes. As always, if you still have questions about how to fill out the application, you can contact your up line, MGA, IMO, marketing or underwriting departments at the home office.

Page 0 – Application Submission Cover Page – (U-ASCP)

This form is NOT part of the application but IS required when submitting an application to AHL, regardless of submission method (fax, upload, regular mail). In addition to telling AHL what forms we should be receiving, this form can also serve as legal authorization for AHL to draft the initial premium (if the client accepts), allowing the agent to provide a conditional receipt and AHL to immediately settle commissions. See Premium Payment Options for more detail.

Page 1 – Client + Policy + Bank Account Info

APPLICATION FOR INDIVIDUAL FINAL EXPENSE LIFE INSURANCE The American Home Life Insurance Company 400 Kansas Avenue • P.O. Box 1497 • Topeka, KS 66601					
<input type="checkbox"/> Whole Life <input type="checkbox"/> Graded	Face Amount \$ _____	<input type="checkbox"/> ADB \$ _____	Premium Submitted \$ _____	Mode of Payment <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Draft	Automatic Premium Loan Yes <input type="checkbox"/> No <input type="checkbox"/>
Proposed Insured	Birthdate	Age	Birthplace	Sex	
E-mail Address	Phone	Height	Weight		
Address (Street, City, State, Zip)			Social Security Number		
Primary Beneficiary	Relationship	Birthdate			
Contingent Beneficiary	Relationship	Birthdate			
Owner (if other than insured)	Relationship	Birthdate	Social Security Number		
Address (Street, City, State, Zip)					
*Contingent Owner	Relationship	Birthdate	Social Security Number		
Address (Street, City, State, Zip)					
*The Owner may designate a Contingent Owner. If the Owner dies while this policy is in force, ownership will belong to the Contingent Owner. If there is no Contingent Owner named or the Contingent Owner dies before the Owner, ownership will belong to the Owner's estate.					
Is there existing life insurance and/or annuity contract(s) on the life of the insured?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will this policy replace or change any existing life insurance or annuity you now carry?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If either question is answered "Yes", give details below and submit all replacement forms required by state regulation:					
Company _____	Policy Number _____	Effective Date _____	Face Amount _____		
Company _____	Policy Number _____	Effective Date _____	Face Amount _____		
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS					
In favor of The American Home Life Insurance Company (hereinafter called the COMPANY), P.O. Box 1497 • Topeka, Kansas 66601 I (we) hereby authorize the COMPANY, to initiate debit entries to my (our) <input type="checkbox"/> Checking <input type="checkbox"/> Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.					
DEPOSITORY NAME _____		BRANCH _____			
CITY _____		STATE _____		ZIP _____	
TRANSIT / ABA NO. _____ ACCOUNT NO. _____					
This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination. For any changes to this authority, including termination thereof, please allow seven (7) business days after COMPANY has received such notification to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.					
PRINTED NAME(S) _____		SSN _____			
DATE _____		SIGNED _____			
Preferred Withdrawal Date: _____ (1st- 28th of each month); OR: _____					
For individuals receiving Social Security Benefit payments, you may elect COMPANY to process all withdrawals on the benefit payment reset date of: <input type="checkbox"/> 1st of month <input type="checkbox"/> 3rd of month <input type="checkbox"/> 2nd Wednesday <input type="checkbox"/> 3rd Wednesday <input type="checkbox"/> 4th Wednesday					
IMPORTANT: ATTACH VOID CHECK TO CERTIFY ABOVE INFORMATION					

1. Plan Box – Whole Life or Graded – “Whole Life” refers to the Level Plan and Graded refers to the Graded plan
2. Face Amount Box – The Face amount of the plan you quoted (\$1,000-\$35,000) NOT including any optional Accidental Death Rider Amount.
3. ADB Box – ADB stands for Accidental Death Benefit. Here we are wanting to know the face amount of ADB you quoted, if any. Typically this amount will match the amount listed in Box #2 (Face Amount Box). Remember ADB is not available on the Graded Plan.
4. Premium Submitted Box – The premium sent with the application or premium quoted by the agent.
5. Premium Payment Options – See Payment Options section of Application Section.
6. Automatic Premium Loan Box – The APL feature is a no cost option that allows us to use the existing cash value (if there is any) as payment to keep the policy in force in the event the client misses a payment. This box is typically marked “yes.”
7. Authorization Agreement For Preauthorized Payments Box – See Payment Options section of the Application Section.

Page 2 – Health Information

For questions regarding how to fill out the health questions correctly, please see the Underwriting section of the Agent Guide.

HEALTH INFORMATION		Yes	No
If any part of questions 1-5 is answered "YES" do not submit the application.			
1.	Are you hospitalized, bedridden or confined to a nursing home, hospice or long-term care facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.	To the best of your knowledge and belief, has a medical professional diagnosed you, provided treatment or advised you to receive treatment for any of the following:		
A.	A medical condition that, with reasonable medical certainty, will result in death within 12 months, ALS, Alzheimer's, memory loss, mental incapacity or dementia?	<input type="checkbox"/>	<input type="checkbox"/>
B.	Medication (pills or Insulin) for diabetes accompanied by heart disease (excluding hypertension), kidney disease, peripheral arterial disease (PAD, poor circulation) or amputation, Transient Ischemic Attack (TIA) or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
C.	Cirrhosis, liver failure, kidney failure requiring dialysis, Leukemia or organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
D.	Current or metastatic cancer, or two or more instances of internal cancer, implantation of a defibrillator, or used or been advised to use oxygen to assist breathing?	<input type="checkbox"/>	<input type="checkbox"/>
E.	Coronary artery disease (CAD) accompanied by (1) congestive heart failure or (2) cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been diagnosed or treated by a medical professional for an immune deficiency disorder, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you, within the past 12 months, been advised by a medical professional to have a diagnostic test (excludes HIV or AIDS related tests), surgery, dialysis, home health care, nursing home, hospice or long-term care facility confinement or hospitalization, or other medical treatment which has not yet been started, completed or for which results are not known?	<input type="checkbox"/>	<input type="checkbox"/>
5.	In the last 36 months , have you been convicted of a felony or of operating a vehicle while intoxicated or impaired or been placed on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
If two or less of the following questions (6-9) are answered "yes", Proposed Insured will only be eligible for Graded Benefit. If more than two questions (6-9) are answered "yes", do not submit the application.			
To the best of your knowledge and belief:			
		Yes	No
6.	Do you have diabetes diagnosed by a medical professional (a) with a duration of 20 years or more, or (b) requiring insulin, or (c) diagnosed at any age and that is not controlled?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you need ongoing assistance with activities of daily living (eating, bathing, dressing, transferring, use of the toilet or the taking of medications) either provided by a family member or third party?	<input type="checkbox"/>	<input type="checkbox"/>
8.	In the last 24 months has a medical professional diagnosed you, provided treatment or advised you to receive treatment for any of the following:		
A.	Heart disease (excluding hypertension) or any procedure to improve circulation to the heart including coronary artery bypass or stents?	<input type="checkbox"/>	<input type="checkbox"/>
B.	Stroke or Transient Ischemic Attack (TIA) or a procedure to improve circulation to the brain?	<input type="checkbox"/>	<input type="checkbox"/>
C.	Peripheral arterial disease (PAD, poor circulation) or any procedure to improve circulation to the extremities?	<input type="checkbox"/>	<input type="checkbox"/>
D.	Counseling or treatment for alcohol or substance abuse including taking prescribed medications other than as prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
E.	Kidney or liver disease, hepatitis C, Lupus, Parkinson's Disease or Multiple Sclerosis (MS)?	<input type="checkbox"/>	<input type="checkbox"/>
F.	Any chronic lung disorder excluding intermittent asthma attacks?	<input type="checkbox"/>	<input type="checkbox"/>
9.	In the last 36 months has a medical professional diagnosed you, provided treatment or advised you to receive treatment for internal cancer, melanoma or disorder of the blood (this excludes squamous cell and basal cell skin cancers)?	<input type="checkbox"/>	<input type="checkbox"/>
10.	In the past 12 months, has the Proposed Insured used any form of tobacco or nicotine products?	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICIAN INFORMATION (U.S. physician required)			
Primary Physician's Name		Address	
		Phone Number	



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8. Physician Information Box – In this box, if the applicant is 68 or over, we have to have the name of the applicant's physician or the clinic the applicant goes to for treatment. If the client is under age 68 and does not have a doctor, simply write "no doctor" and proceed as normal.

Page 3 & 4 – Authorization To Obtain Information + Agent’s Certification + Agent’s Remarks

DECLARATIONS AND AUTHORIZATION DECLARATIONS

I have read and received the Pre-Notices attached to this application. I agree that: 1) all statements and answers are true and complete; 2) this application will be a part of the policy; 3) temporary insurance coverage starts and remains in effect only as provided in the "Conditional Receipt". I certify, under penalty of perjury that the social security numbers shown on the application are correct. I understand that the agent is not authorized to accept risks or pass on insurability, to make or modify contracts, or waive the Company's rights including the requirement that the adult Proposed Insured personally sign this application in the agent's presence.

If the Company does not issue a policy from this application, the application will be cancelled, and a refund will be made. By accepting a policy issued from this application, the owner agrees to any changes made by the Company. I understand that I may attend any and all meetings of the policyholders of the Company. If I do not attend, the Executive Committee of the Board of Directors will act as my lawful proxy, until that proxy is revoked by me, in writing. The annual meeting of policyholders shall be held at 10:00 a.m. on the second Tuesday in March, each year.

I permit the Company to give information about me and any Proposed Insured except HIV test results to MIB, any reinsurer, and other insurer(s) from which benefits have been claimed or insurance purchased. I acknowledge receipt of the Notice Regarding MIB, Notice Regarding Fair Credit Reporting Act and Notice of Information Practices before signing this form. I understand that I may request in writing to be interviewed. If any investigative consumer report is prepared in connection with this application, upon written request, I am entitled to receive a copy. I understand that there is no benefit paid for suicide for the first two policy years.

AUTHORIZATION TO OBTAIN INFORMATION

By this form, I authorize any licensed physician, medical practitioner, clinic, hospital, other medical or medically-related facility, the Veterans Administration, MIB, an employer, consumer reporting agency, any person, organization, other institution or other insurance companies that have records or knowledge about me or any children to be insured (if applicable) to release this information to The American Home Life Insurance Company. This information may be about: (a) employment; (b) occupation; (c) avocations; (d) other insurance coverage; (e) driving record; (f) age; (g) prescription drug usage; (h) any medical history, condition, care or advice relative to the Proposed Insured's physical or mental health; and (i) other personal characteristics. This AUTHORIZATION extends to information on the use of alcohol, drugs and tobacco; and the diagnosis or treatment of HIV (the virus that causes AIDS) infection or other sexually transmitted disease. I understand that this information will be used by The American Home Life Insurance Company, its representatives or reinsurers in the evaluation of this application to determine eligibility for insurance and/or to investigate claims. The American Home Life Insurance Company or its representatives may release information covered by this AUTHORIZATION to the American Home Agent(s) listed in my application for insurance, to its subsidiaries, reinsurers, the MIB, or other insurance companies. The American Home Life Insurance Company may also release this information to others who I authorize in writing or as allowed by law.

This AUTHORIZATION may be used for the period of time allowed by law in the state where the policy is delivered or issued for delivery from the date signed below for collecting information in connection with an application for an insurance policy, policy reinstatement or claim unless sooner revoked. I may revoke this AUTHORIZATION at any time by notifying The American Home Life Insurance Company in writing at Underwriting Department, The American Home Life Insurance Company, P.O. Box 1497, Topeka, KS 66601. My revocation will not be effective to the extent The American Home Life Insurance Company, its reinsurers, or any other person already has disclosed or collected information or taken other action in reliance on the AUTHORIZATION. I understand this authorization will continue to be effective to the extent that The American Home Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest a policy itself and that death nor revocation would void this authorization. I understand that my application for insurance will not be considered unless this AUTHORIZATION is signed and dated. The information The American Home Life Insurance Company or its reinsurers obtains through this AUTHORIZATION may become subject to further disclosure, as required by law. I understand that any information that is disclosed pursuant to this AUTHORIZATION is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed except as authorized by me or as required by law. I agree that a photocopy of this AUTHORIZATION is as valid as the original. I understand that I have the right to receive a copy of this AUTHORIZATION upon request.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE: I have reviewed all answers and responses contained in this application. I certify that all answers and responses contained in this application are true and correct to the best of my knowledge. I UNDERSTAND THAT ANY INCORRECT STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS IN THE APPLICATION WHICH AFFECT THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED BY THE COMPANY MAY RESULT IN THE LOSS OF COVERAGE AND NONPAYMENT OF DEATH BENEFITS SUBJECT TO THE "INCONTESTABILITY" PROVISION OF THE POLICY.

Signed at _____ Proposed Insured _____
 Date _____ Applicant/Owner _____
 Agent _____ Agent _____
 (Signature) (Printed)
 Mail Policy To: Agent Insured Owner

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AGENT'S CERTIFICATION

I hereby certify that, to the best of my knowledge, there is is not existing life insurance and/or annuity contract(s) on the life of the insured. If there is, I have presented and read the applicant a notice regarding replacement, if required by applicable state law. If there is existing coverage, I certify that the insurance hereby applied for will will not replace any existing life insurance or annuity contract. I further certify that: 1) the above answers are full, complete and true to the best of my knowledge; 2) that I know of no factors affecting the insurability of any Proposed Insured except as stated on the application; 3) that the above signatures are those they are represented to be; and 4) that the application was signed by all Proposed Insureds in my presence.

Signed at _____ Licensed Agent _____
 Date _____ Agent Number _____
 Remarks _____

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10 →

AGENT'S REMARKS

Telephone Interview Completed: Yes No Best Time to Call: _____ AM _____ PM
 Premium Notices To: Insured Owner Mail Policy To: Agent Insured Owner
 Remarks/Requests: _____

10a →

10b →

9. Signed At – City, State

10. Agent’s Remarks Section

10a. Premium Notices To – Typically the Insured and Owner are the same, so this is easy. In some cases though, a son or daughter will be the owner and/or payor on their mom or dad’s policy. In this case it typically makes more sense to send the premium notices to the owner so they can correct any problems.

10b. Remarks/Requests – If there are any special requests or circumstances with this policy, you can indicate them in this section. This could be health info, drafting info, telephone interview info or anything else.

Page 4 - Company's Copy of the Conditional Receipt

Complete if you are collecting a filled out check for immediate payment or requesting immediate draft on the Application Submission Cover Page (U-ASCP). Note that the applicant must sign the U-ASCP form if requesting immediate draft.

Page 5 & 6 - Owner's Copy of the Conditional Receipt + Owner's Copy of the Authorization to Obtain Info

Complete if you are collecting a filled out check for immediate payment or requesting immediate draft on the Application Submission Cover Page (U-ASCP). Note that the applicant must sign the U-ASCP form if requesting immediate draft. Leave with the owner.

Page 7 – Notices Page (MIB, Credit Reporting, Info Practices)

This page contains several notices which are required by law to be presented to the client. There are no signatures required.

Page 8 - Accelerated Benefit Rider – Summary of Acknowledgement (Return With Application)

NOTE: The agent and applicant must sign this page (at the bottom).

The ABR page explains the circumstances that AHL will advance the client the death benefit face amount prior to death. Please note there may be state specific variations.

To summarize, if the client has (1) a non-correctable medical condition that, with reasonable medical certainty, will result in the death of the Insured within 24 months from the date on which this benefit is requested or (2) permanent and continuous confinement to a nursing home...”...

AHL will advance 100% of the death benefit minus the following: (1) An actuarial discount, (2) repayment of a portion of any outstanding policy loan, (3) payment of any premium due within the policy's grace period and unpaid at the time the Accelerated Benefit is approved for payment, (4) an administrative Expense Fee of \$150 for each Accelerated Benefit claim.

That's the gist of this page. Don't get lost in the detail of the example provided below!

Page 9 - Accelerated Benefit Rider – Summary of Acknowledgement (Leave With Applicant)

Identical to page 8

PREMIUM PAYMENT OPTIONS

The best way to pay for policies is the monthly bank draft method. However, policyholders have flexibility when choosing how to pay for their policies. Policyholders can pay in a variety of modes; monthly, quarterly, semi-annually, and annually or certain social security dates are all acceptable. In addition, if the policyholder can't pay the initial payment immediately, they can delay the initial payment up to 30 days from the point of approval.

MODE (FREQUENCY) OF PAYMENTS

Over 95% of *GuideStar* plans in force at AHL are currently paying by monthly bank draft. This method has proven not only at AHL but throughout the industry to be the most effective payment mode for keeping the business on the books. However, clients do also have the option to pay quarterly, semi-annually, or annually. Simply indicate on the first page of the application how the client prefers to pay (highlighted below). Please note that if the client selects a payment mode other than monthly, we will direct bill the owner of the policy at the address listed (not automatically draft their account). If your client does want us to draft on a mode other than monthly, you need to indicate this on the remarks section of the application.

INITIAL VS. RECURRING PAYMENTS

There are two dates that are important for drafting purposes. The initial draft date, and the recurring draft date. The initial draft date is the first premium payment the client will make. If the client wants the policy to go into force at the point of sale, thus providing the client immediate coverage, then the agent will need to check the "Draft First Premium Immediately" box on the U-ASCP page shown below and the client will also sign this. This authorizes AHL to draft the initial premium immediately. The recurring draft date is the date the client wants AHL to draft their accounts from the 2nd payment forward. This may or may not be the same date as the initial payment. You can indicate the recurring draft date on the first page of the application by preferred withdrawal date. (see below) If the initial and preferred recurring draft dates differ, please make sure the recurring draft date is within 7 days before or after the initial draft date in order to avoid drafting twice in a short time period. If this is not possible, the best option may be to delay the initial draft until the recurring draft date.

APPLICATION FOR INDIVIDUAL FINAL EXPENSE LIFE INSURANCE			
The American Home Life Insurance Company 400 Kansas Avenue • P.O. Box 1497 • Topeka, KS 66601			
Plan	Face Amount	Premium Submitter	Mode of Payment
<input type="checkbox"/> Whole Life <input type="checkbox"/> Craded	\$ _____ \$ _____	<input type="checkbox"/> ADB <input type="checkbox"/> COD <input type="checkbox"/> Premium Quot	<input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Draft
Proposed Insured	Birthdate	Age	Sex
Email Address		Phone	Height Weight
Address (Street, City, State, Zip)		Social Security Number	
Primary Beneficiary	Relationship	Birthdate	
Contingent Beneficiary	Relationship	Birthdate	
Owner (if other than insured)	Relationship	Birthdate Social Security Number	
Address (Street, City, State, Zip)			
*Contingent Owner	Relationship	Birthdate Social Security Number	
Address (Street, City, State, Zip)			
*The Owner may designate a Contingent Owner. If the Owner dies while this policy is in force, ownership will belong to the Contingent Owner. If there is no Contingent Owner named or the Contingent Owner dies before the Owner, ownership will belong to the Owner's estate.			
Is there existing life insurance (and/or annuity contract(s)) on the life of the insured? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will this policy replace or change any existing life insurance or annuity you now carry? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If either question is answered "Yes", give details below and submit all replacement forms required by state regulation:			
Company	Policy Number	Effective Date	Face Amount
Company	Policy Number	Effective Date	Face Amount
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS In favor of The American Home Life Insurance Company (hereinafter called the COMPANY), P.O. Box 1497 • Topeka, Kansas 66601 (D# 48-0119710) I (we) hereby authorize the COMPANY, to initiate debit entries to my (our) <input type="checkbox"/> Checking <input type="checkbox"/> Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account. DEPOSITORY NAME _____ BRANCH _____ CITY _____ STATE _____ ZIP _____ TRANSIT / ABA NO. _____ ACCOUNT NO. _____ This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination. For any changes to this authority, including termination thereof, please allow seven (7) business days after COMPANY has received such notification to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. PRINTED NAME(S) _____ SSN _____ DATE _____ SIGNED _____ <input type="checkbox"/> I prefer withdrawal date _____ 29th of each month; OR <input type="checkbox"/> I prefer withdrawal date _____ 1st of month <input type="checkbox"/> 1st of month <input type="checkbox"/> 3rd of month <input type="checkbox"/> I prefer withdrawal date _____ 2nd Wednesday <input type="checkbox"/> 3rd Wednesday <input type="checkbox"/> 4th Wednesday IMPORTANT: ATTACH VOID CHECK TO CERTIFY ABOVE INFORMATION			



Application Submission Cover Page *Required for ALL submissions

This Cover Page tells AHL what materials we should be receiving and gives AHL instructions to draft the first premium. AHL prefers to accept policy submissions electronically (fax or upload) to expedite processing but will also accommodate submissions via regular mail.

Be sure to complete applications carefully, using black ink. A separate *Application Submission Cover Page* is required for each application unless there are to be multiple policies to be issued to the same payor.

To: Underwriting Department Fax Line: (785-235-1037)

From: _____ (Agent Name)
 _____ (Phone)
 _____ (E-mail)

Re: _____ (Proposed Insured)

The following documents are being submitted:

- Application (signed authorizations, certifications, disclosures & void check)
- Other Supplemental Forms (replacement, suitability, other (please specify) etc.)
- Additional Applications from the same Payor.

- Draft first premium, \$ _____ immediately. Conditional receipt given to client.
- Draft first premium at issue. No conditional receipt given to client.
- Draft first premium on _____, 20 _____ after policy is issued. No conditional receipt given to customer.

Print Name of Insured _____ Print Name of Applicant/Owner/Payer _____

Authorized Signature of Applicant/Owner/Payer _____ Date _____
(as it appears on account records)

U-ASCP

SUBMITTING THE APPLICATION

METHODS TO SUBMIT APPLICATIONS

Once you've filled out the application and completed the telephone interview, the next and final step is securely submitting the application to the home office. You have a number of options to accomplish this, including fax, uploading through the Agent Zone, and regular mail as a last resort. Do not submit applications to AHL via e-mail; e-mail is not considered secure enough to transmit sensitive client information.

Note*- Remember to fill out and include the Application Submission Cover Page (U-ASCP) for all applications and all submission methods!

Note*- All filled out checks intended for initial payment (not voided) should be mailed to the home office!

FAX

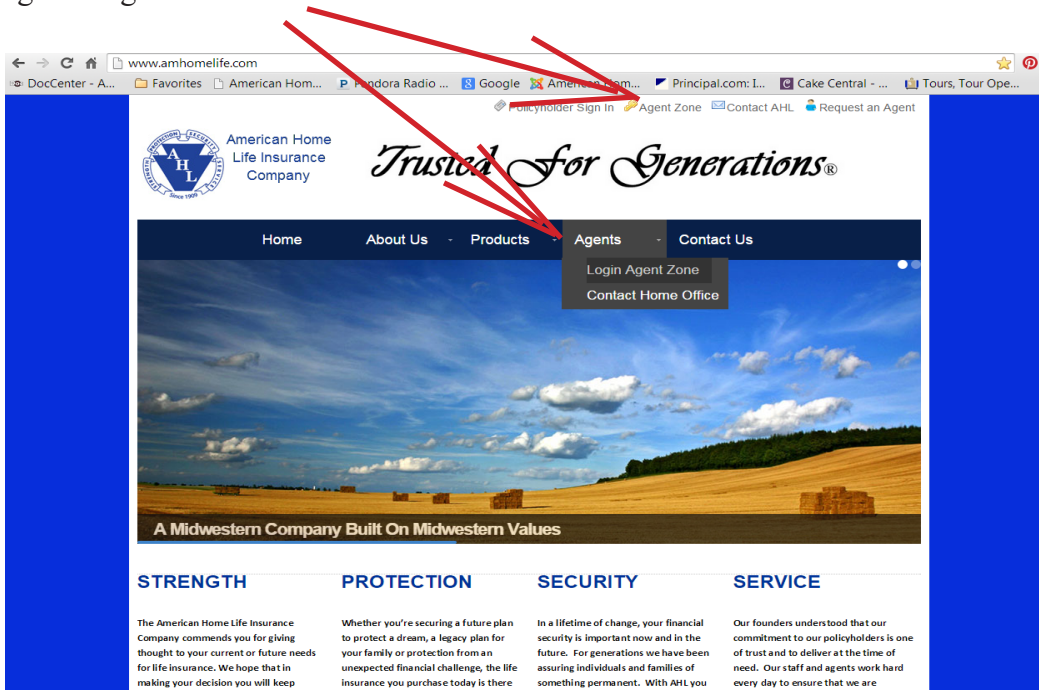
Agents can submit applications directly and securely to the underwriting department via fax at 785-235-1037.

AGENT ZONE UPLOAD

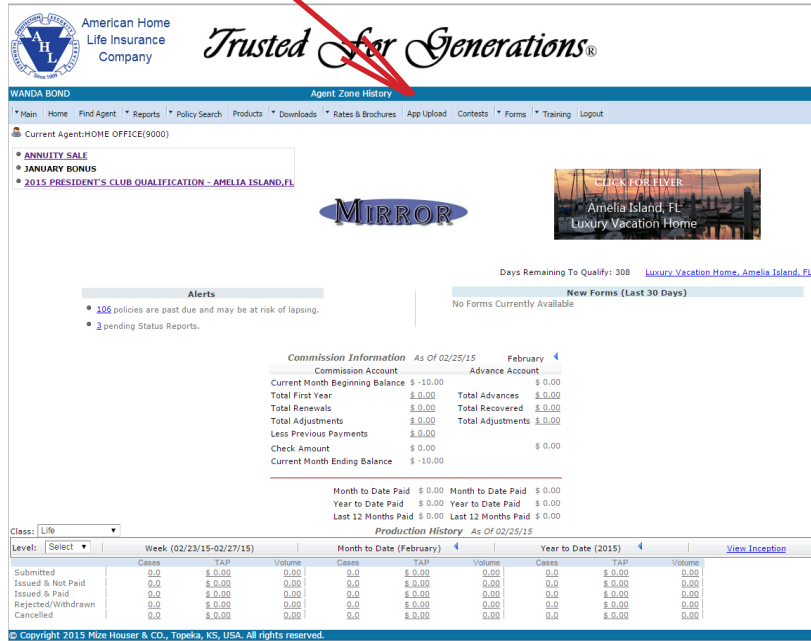
Agents have the option to upload applications directly and securely to the underwriting department via the Agent Zone on AHL's website (www.amhomelife.com).

Steps For Successful Upload Include:

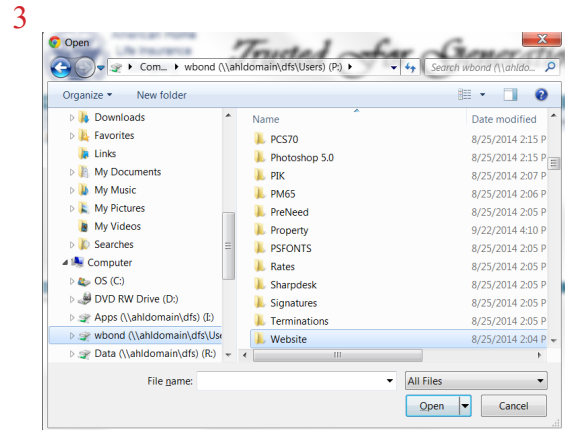
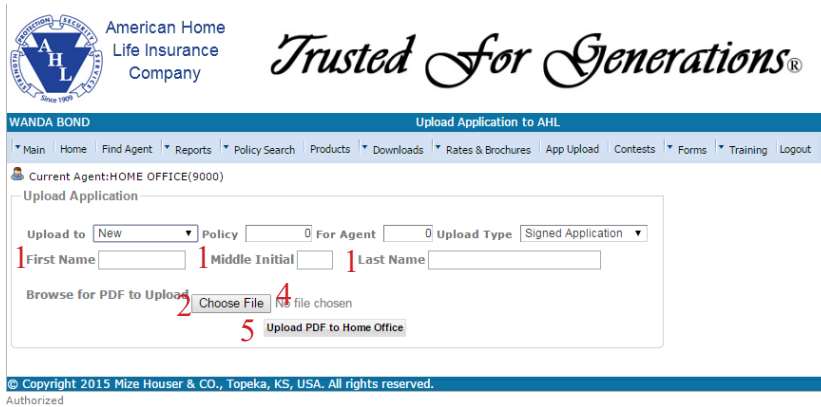
1. Scan and Save the Application On Your Computer Desktop as a PDF Document
2. Go to www.amhomelife.com
3. Login to Agent Zone –



4. Click App Upload Tab



5. (1) Enter Client name, (2) click “Choose File” and window 3 will appear, (3) browse and double click file (PDF only) once the file is double clicked, (4) it will appear beside “Choose File” below and (5) click “Upload PDF to Home Office.”



6. After the “Upload PDF to Home Office” is clicked you will receive a confirmation number, which is the policy number.

MAIL

AHL prefers agents submit applications using one of the electronic applications to help expedite processing of applications, but in the event this is not possible, the agent also has the option to mail applications directly to the home office. Mail applications to: American Home Life Ins Co
400 S Kansas Ave
Topeka, KS 66603

COMMISSIONS

Commission Payment Frequency Options - AHL has the ability to pay commissions Daily, Weekly, Bi-Monthly, or Monthly.

Advances - AHL allows agents to be paid as earned, 50% advance, or up to 75% Advance. 75% Advance is the most common choice. After the policy clears the advance (the 9th month), the agent is paid on the policy on an as earned basis for the remainder of the life of the policy. AHL does not withhold any commissions to cover future cancellations or lapses.

Cancellations - AHL defines a cancellation as a policy that is approved, but never makes a premium payment. When a cancellation occurs, AHL's default process is to collect the entirety of the advance from future commissions (both renewals and new business commissions) until the balance of the debit is repaid. If the agent wishes to repay the balance of the debit over time, he or she can request a debit balance reimbursement form and we can collect a percentage of future renewal and commissions until the debit balance is repaid. Once the debit balance is repaid, commission payments will automatically resume as normal.

Lapses - AHL defines a lapse as a policy which stops paying any time after the 1st premium has been paid for any reason with the exception of death. In the event the policy lapses after the 1st payment, but before the policy clears the advance commission (usually the 9th month assuming 75% advance), no premiums are refunded to the policyholder, and the balance of the advance is charged back. In other words, AHL will collect 100% of renewals and new commission until the balance of the outstanding debit balance is collected. If the agent wishes to repay the balance of the debit over time, he or she can request a debit balance reimbursement form and we can collect a percentage of future renewal and commissions until the debit balance is repaid. Once the debit balance is repaid, commission payments will automatically resume as normal.

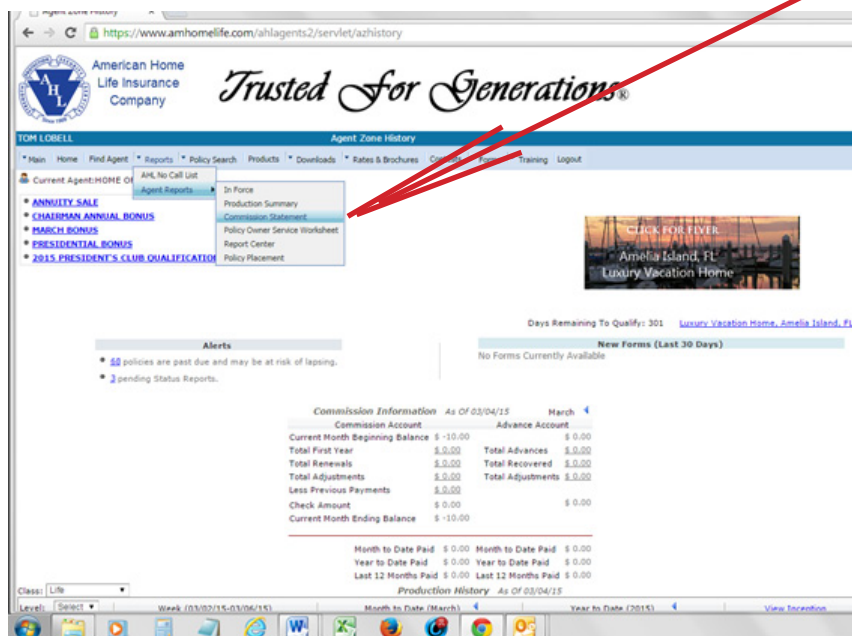
Example - \$100 per month policy lapses after 6th month's payment, Agent has 75% advance, 100% First Year Commission. Agent's Advance = \$900. Number of unpaid months within the advance period equals the number of months unearned commission to be charged back = 9 months – 6 months = 3 months. 3 months x \$100 Monthly Premium x 100% First Year Commission = \$300 debit balance, to be collected from future renewal and first year commission until balance is repaid.

Deaths Within The First Year - The unearned portion of the commission will be charged back in the event the insured dies in the first year. If the insured dies due to an accident, there will be no charge back.

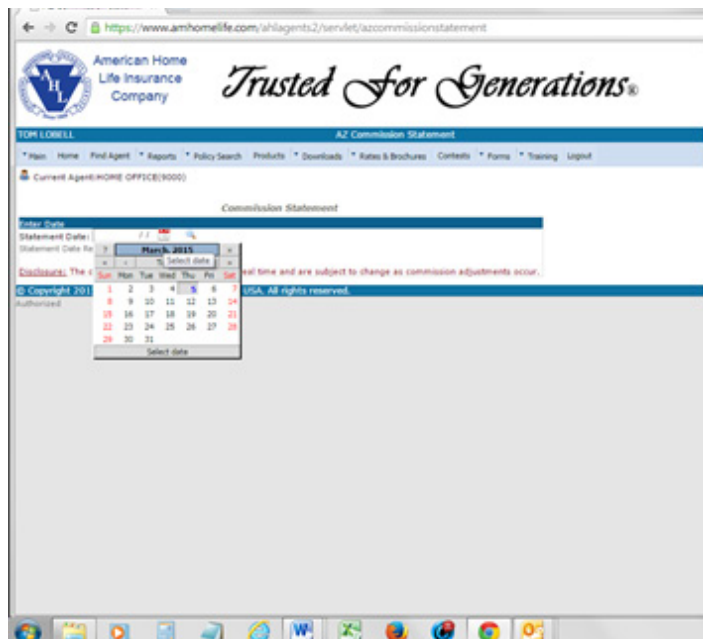
HOW TO ACCESS YOUR COMMISSION STATEMENT ONLINE

Your commission statement is available online at www.amhomelife.com in the Agent Zone. Follow the following steps to view.

1. Login to Agent Zone at www.amhomelife.com
2. Find and hover over the Reports tab, hover over Agent Reports, then Click Commission Statement.



3. Select the date for the commission statement you would like to run.



4. Once you have the desired date input, click the magnifying glass, and it will generate the report!

REINSTATEMENT - A SPECIAL CONSERVATION OPTION

Writing and maintaining a persistent block of business is crucial to ensuring AHL's long-term profitability and providing the agent with reliable future income via renewals. At AHL, we strive to help the agent maintain their block by notifying both the client and the agent by mail that a policy is past due, and also alert the agent on the Agent Zone. We also offer a one-time policy reinstatement option, known as the **GuideStar Saver**, which allows policyholders of lapsed policies (not cancelled) to restart their premiums without paying past missed premiums.

THE GUIDESTAR SAVER RULES

1. This is a one-time only per policy option.
2. This option is available to lapses only, not cancellations.
 - a. Any termination requested in the first month will be handled as a "cancellation" and is not eligible for reinstatement. Two or more payments are handled as a lapse and are eligible for reinstatement.
3. The policy can have no cash value.
4. The reinstatement must occur within two years of the original policy date.
5. The reinstatement must occur within six months of the policy lapse date.
6. The client must submit the restart premium payment to begin the process.
7. The U-18 Form must be completed and signed by the client and returned to the home office. The U-18 Form is available on the Agent Zone (Forms - Business Forms - Other/Miscellaneous) or by calling AHL's policy owner service department (800-876-0194).
 - a. The U-18 form indicates the client's desire to reinstate the policy. It also asks the client if they've had any change in health, occupation, new hazardous hobbies etc. since the time of original application.
 - b. Client's statements in the U-18 shall be contestable for 2 years from the effective date of reinstatement.

The American Home Life Insurance Company

400 S Kansas Ave
Topeka, KS 66603

or

P.O. Box 1497
Topeka, KS 66601

www.amhomelife.com

CONTACT INFORMATION

Main Line - 1-800-876-0199

Local Line - 785-235-6276

P.O.S. Line - 1-800-876-0194

Interview Line - 1-800-298-6020

FAXES:

Accounting - 785-235-1037

Marketing - 785-235-0881

Policyowner Service - 785-234-9201

Supplies - 785-235-0881

Underwriting - 785-235-1037

DIRECTORY LIST:

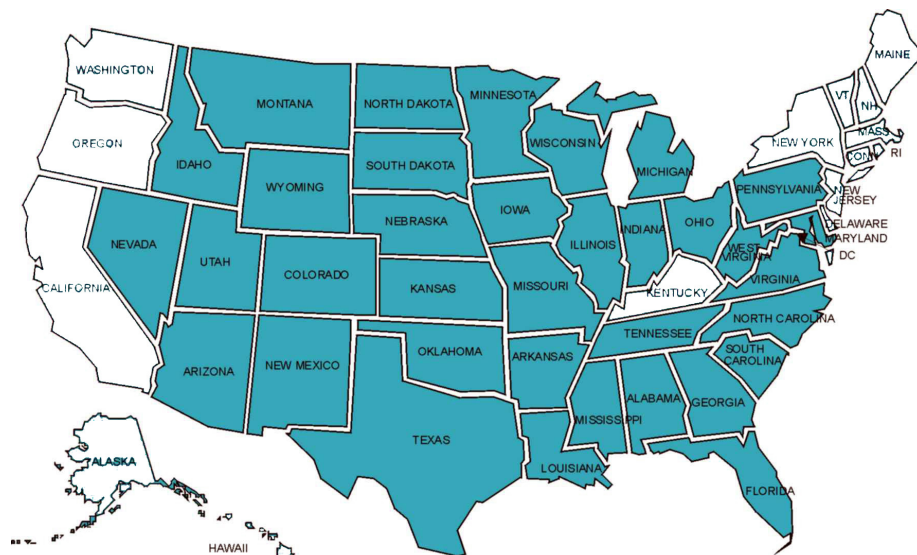
Steven S. Lobell, CLU - President and Chief Executive Officer

Les E. Diehl, J.D. - Sr Vice President - Secretary and General Counsel

Tom Lobell - Vice President - Marketing

CURRENT AREA OF OPERATION:

AHL is licensed
in all of the
colored States.





APPENDIX



PRE-CALCULATED MONTHLY RATE SHEET WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense

Level

Female

Non-Smoker

(Age Nearest) Monthly Bank Draft Amounts

Age	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000
50	28.46	\$15.48	\$17.97	\$20.46	\$22.95	\$25.44	\$27.93	\$30.42	\$32.91	\$35.40	\$37.89	\$40.38	\$42.87	\$45.36	\$47.85	\$54.08	\$60.31	\$66.53	\$72.76	\$85.21	\$97.66
51	29.31	\$15.83	\$18.19	\$20.76	\$23.32	\$25.89	\$28.45	\$31.02	\$33.58	\$36.15	\$38.71	\$41.28	\$43.84	\$46.40	\$48.97	\$55.38	\$61.79	\$68.20	\$74.62	\$87.44	\$100.26
52	30.19	\$15.78	\$18.42	\$21.07	\$23.71	\$26.35	\$28.99	\$31.63	\$34.27	\$36.92	\$39.56	\$42.20	\$44.84	\$47.48	\$50.12	\$56.73	\$63.33	\$69.94	\$76.54	\$89.75	\$102.96
53	31.10	\$15.94	\$18.66	\$21.39	\$24.11	\$26.83	\$29.55	\$32.27	\$34.99	\$37.71	\$40.43	\$43.16	\$45.88	\$48.60	\$51.32	\$58.12	\$64.93	\$71.73	\$78.53	\$92.14	\$105.74
54	32.03	\$16.11	\$18.91	\$21.71	\$24.51	\$27.32	\$30.12	\$32.92	\$35.72	\$38.53	\$41.33	\$44.13	\$46.93	\$49.74	\$52.54	\$59.55	\$66.55	\$73.56	\$80.57	\$94.58	\$108.59
55	32.99	\$16.27	\$19.16	\$22.05	\$24.93	\$27.82	\$30.71	\$33.59	\$36.48	\$39.37	\$42.25	\$45.14	\$48.03	\$50.91	\$53.80	\$61.02	\$68.23	\$75.45	\$82.67	\$97.10	\$111.53
56	33.98	\$16.47	\$19.42	\$22.39	\$25.37	\$28.34	\$31.31	\$34.29	\$37.26	\$40.23	\$43.21	\$46.18	\$49.15	\$52.13	\$55.10	\$62.53	\$69.97	\$77.40	\$84.83	\$99.70	\$114.56
57	35.00	\$16.63	\$19.69	\$22.75	\$25.81	\$28.88	\$31.94	\$35.00	\$38.06	\$41.13	\$44.19	\$47.25	\$50.31	\$53.38	\$56.44	\$64.09	\$71.75	\$79.41	\$87.06	\$102.38	\$117.69
58	36.05	\$16.81	\$19.96	\$23.12	\$26.27	\$29.43	\$32.58	\$35.74	\$38.89	\$42.04	\$45.20	\$48.35	\$51.51	\$54.66	\$57.82	\$65.70	\$73.59	\$81.47	\$89.36	\$105.13	\$120.90
59	37.49	\$17.06	\$20.34	\$23.62	\$26.90	\$30.18	\$33.46	\$36.74	\$40.02	\$43.30	\$46.58	\$49.86	\$53.14	\$56.43	\$59.71	\$67.91	\$76.11	\$84.31	\$92.51	\$108.91	\$125.31
60	38.99	\$17.32	\$20.73	\$24.15	\$27.56	\$30.97	\$34.38	\$37.79	\$41.20	\$44.62	\$48.03	\$51.44	\$54.85	\$58.26	\$61.67	\$70.20	\$78.73	\$87.26	\$95.79	\$112.85	\$129.91
61	40.03	\$17.51	\$21.01	\$24.51	\$28.01	\$31.52	\$35.02	\$38.52	\$42.02	\$45.53	\$49.03	\$52.53	\$56.03	\$59.54	\$63.04	\$71.80	\$80.55	\$89.31	\$98.07	\$115.58	\$133.09
62	41.44	\$17.75	\$21.38	\$25.00	\$28.63	\$32.26	\$35.88	\$39.51	\$43.13	\$46.76	\$50.39	\$54.01	\$57.64	\$61.26	\$64.89	\$73.96	\$83.02	\$92.09	\$101.15	\$119.28	\$137.41
63	43.17	\$18.05	\$21.83	\$25.61	\$29.39	\$33.16	\$36.94	\$40.72	\$44.50	\$48.27	\$52.05	\$55.83	\$59.61	\$63.38	\$67.16	\$76.60	\$86.05	\$95.49	\$104.93	\$123.82	\$142.71
64	45.18	\$18.45	\$22.36	\$26.31	\$30.27	\$34.22	\$38.17	\$42.13	\$46.08	\$50.03	\$53.99	\$57.94	\$61.89	\$65.85	\$69.80	\$79.68	\$89.57	\$99.45	\$109.33	\$129.10	\$148.86
65	47.45	\$18.80	\$22.96	\$27.11	\$31.26	\$35.41	\$39.56	\$43.72	\$47.87	\$52.02	\$56.17	\$60.32	\$64.47	\$68.63	\$72.78	\$83.16	\$93.54	\$103.92	\$114.30	\$135.06	\$155.82
66	49.97	\$19.24	\$23.62	\$27.99	\$32.36	\$36.73	\$41.11	\$45.48	\$49.85	\$54.22	\$58.60	\$62.97	\$67.34	\$71.71	\$76.09	\$87.02	\$97.95	\$108.88	\$119.81	\$141.67	\$163.53
67	52.73	\$19.73	\$24.34	\$28.96	\$33.57	\$38.18	\$42.80	\$47.41	\$52.02	\$56.64	\$61.25	\$65.87	\$70.48	\$75.09	\$79.71	\$91.24	\$102.78	\$114.31	\$125.85	\$148.92	\$171.99
68	55.76	\$20.26	\$25.14	\$30.02	\$34.90	\$39.77	\$44.65	\$49.53	\$54.41	\$59.29	\$64.17	\$69.05	\$73.93	\$78.81	\$83.69	\$95.98	\$108.08	\$120.28	\$132.48	\$156.87	\$181.27
69	59.08	\$20.84	\$26.01	\$31.18	\$36.35	\$41.52	\$46.69	\$51.86	\$57.03	\$62.20	\$67.36	\$72.53	\$77.70	\$82.87	\$88.04	\$100.97	\$113.89	\$126.81	\$139.74	\$165.59	\$191.43
70	62.74	\$15.99	\$21.48	\$26.97	\$32.46	\$37.95	\$43.44	\$48.93	\$54.42	\$59.91	\$65.40	\$70.89	\$76.38	\$81.87	\$87.36	\$92.85	\$106.57	\$120.30	\$134.02	\$147.74	\$202.64
71	66.79	\$16.34	\$22.19	\$28.03	\$33.88	\$39.72	\$45.56	\$51.41	\$57.25	\$63.10	\$68.94	\$74.79	\$80.63	\$86.47	\$92.32	\$112.77	\$127.38	\$141.99	\$156.60	\$185.82	\$215.04
72	71.30	\$16.74	\$22.98	\$29.22	\$35.46	\$41.69	\$47.93	\$54.17	\$60.41	\$66.65	\$72.89	\$79.13	\$85.37	\$91.60	\$97.84	\$119.68	\$135.28	\$150.87	\$166.47	\$197.66	\$228.86
73	76.35	\$17.18	\$23.86	\$30.54	\$37.22	\$43.90	\$50.58	\$57.26	\$63.95	\$70.63	\$77.31	\$83.99	\$90.67	\$97.35	\$104.03	\$127.41	\$144.11	\$160.81	\$177.52	\$210.92	\$244.32
74	82.04	\$17.68	\$24.86	\$32.04	\$39.21	\$46.39	\$53.57	\$60.75	\$67.93	\$75.11	\$82.29	\$89.46	\$96.64	\$103.82	\$111.00	\$136.12	\$154.07	\$172.02	\$189.96	\$225.86	\$261.75
75	88.48	\$18.24	\$25.98	\$33.73	\$41.47	\$49.21	\$56.95	\$64.69	\$72.44	\$80.18	\$87.92	\$95.66	\$103.40	\$111.15	\$118.89	\$145.99	\$165.34	\$184.70	\$204.05	\$242.76	\$281.47
76	95.78	\$18.88	\$27.26	\$35.64	\$44.02	\$52.40	\$60.78	\$69.17	\$77.55	\$85.93	\$94.31	\$102.69	\$111.07	\$119.45	\$127.83	N/A	N/A	N/A	N/A	N/A	N/A
77	104.09	\$19.61	\$28.72	\$37.82	\$46.93	\$56.04	\$65.15	\$74.26	\$83.36	\$92.47	\$101.58	\$110.69	\$119.79	\$128.90	\$138.01	N/A	N/A	N/A	N/A	N/A	N/A
78	113.55	\$20.44	\$30.37	\$40.31	\$50.24	\$60.18	\$70.11	\$80.05	\$89.99	\$99.92	\$109.86	\$119.79	\$129.73	\$139.66	\$149.60	N/A	N/A	N/A	N/A	N/A	N/A
79	124.32	\$21.38	\$32.26	\$43.13	\$54.01	\$64.89	\$75.77	\$86.65	\$97.52	\$108.40	\$119.28	\$130.16	\$141.04	\$151.91	\$162.79	N/A	N/A	N/A	N/A	N/A	N/A
80	136.58	\$22.45	\$34.40	\$46.35	\$58.30	\$70.25	\$82.20	\$94.16	\$106.11	\$118.06	\$130.01	\$141.96	\$153.91	\$165.86	\$177.81	N/A	N/A	N/A	N/A	N/A	N/A
81	148.87	\$23.53	\$36.55	\$49.58	\$62.60	\$75.63	\$88.66	\$101.68	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
82	160.78	\$24.57	\$38.64	\$52.70	\$66.77	\$80.84	\$94.91	\$108.98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
83	172.04	\$25.55	\$40.61	\$55.66	\$70.71	\$85.77	\$100.82	\$115.87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
84	184.08	\$26.61	\$42.71	\$58.82	\$74.93	\$91.04	\$107.14	\$123.25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85	195.12	\$27.57	\$44.65	\$61.72	\$78.79	\$95.87	\$112.94	\$130.01	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Age	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense Level Female Smoker (Age Nearest) Monthly Bank Draft Amounts

Age	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age	
50	42.91	\$14.25	\$18.01	\$21.76	\$25.52	\$33.03	\$36.78	\$40.54	\$44.29	\$48.05	\$51.80	\$55.56	\$59.31	\$63.06	\$66.82	\$76.21	\$85.59	\$94.98	\$104.37	\$123.14	\$141.91	50	
51	44.81	\$14.42	\$18.34	\$22.26	\$26.18	\$34.03	\$37.95	\$41.87	\$45.79	\$49.71	\$53.63	\$57.55	\$61.47	\$65.39	\$69.31	\$79.12	\$88.92	\$98.72	\$108.52	\$128.13	\$147.73	51	
52	47.08	\$14.62	\$18.74	\$22.86	\$26.98	\$31.10	\$35.22	\$39.34	\$43.46	\$47.58	\$51.70	\$55.81	\$59.93	\$64.05	\$68.17	\$82.59	\$92.89	\$103.19	\$113.49	\$134.09	\$154.68	52	
53	49.50	\$14.83	\$19.16	\$23.49	\$27.83	\$32.16	\$36.49	\$40.82	\$45.15	\$49.48	\$53.81	\$58.14	\$62.48	\$66.81	\$71.14	\$86.30	\$97.13	\$107.95	\$118.78	\$140.44	\$162.09	53	
54	51.97	\$15.05	\$19.59	\$24.14	\$28.69	\$33.24	\$37.78	\$42.33	\$46.88	\$51.43	\$55.97	\$60.52	\$65.07	\$69.62	\$74.16	\$90.08	\$101.45	\$112.82	\$124.18	\$146.92	\$169.66	54	
55	54.47	\$15.27	\$20.03	\$24.80	\$29.56	\$34.33	\$39.10	\$43.86	\$48.63	\$53.40	\$58.16	\$62.93	\$67.69	\$72.46	\$77.23	\$93.91	\$105.82	\$117.74	\$129.65	\$153.48	\$177.31	55	
56	57.01	\$15.49	\$20.48	\$25.47	\$30.45	\$35.44	\$40.43	\$45.42	\$50.41	\$55.40	\$60.38	\$65.37	\$70.36	\$75.35	\$80.34	\$97.80	\$110.27	\$122.74	\$135.21	\$160.15	\$185.09	56	
57	59.64	\$15.72	\$20.94	\$26.16	\$31.37	\$36.59	\$41.81	\$47.03	\$52.25	\$57.47	\$62.69	\$67.90	\$73.12	\$78.34	\$83.56	\$101.82	\$114.87	\$127.92	\$140.96	\$167.06	\$193.15	57	
58	62.39	\$15.96	\$21.42	\$26.88	\$32.34	\$37.80	\$43.25	\$48.71	\$54.17	\$59.63	\$65.09	\$70.55	\$76.01	\$81.47	\$86.93	\$106.03	\$119.68	\$133.33	\$146.98	\$174.27	\$201.57	58	
59	65.31	\$16.21	\$21.93	\$27.64	\$33.36	\$39.07	\$44.79	\$50.50	\$56.22	\$61.93	\$67.65	\$73.36	\$79.08	\$84.79	\$90.50	\$110.51	\$124.79	\$139.08	\$153.37	\$181.94	\$210.51	59	
60	68.42	\$16.49	\$22.47	\$28.46	\$34.45	\$40.43	\$46.42	\$52.41	\$58.39	\$64.38	\$70.37	\$76.35	\$82.34	\$88.33	\$94.31	\$115.27	\$130.24	\$145.20	\$160.17	\$190.10	\$220.04	60	
61	71.74	\$16.78	\$23.05	\$29.33	\$35.61	\$41.89	\$48.16	\$54.44	\$60.72	\$67.00	\$73.27	\$79.55	\$85.83	\$92.10	\$98.38	\$120.35	\$136.05	\$151.74	\$167.43	\$198.82	\$230.20	61	
62	75.28	\$17.09	\$23.67	\$30.26	\$36.85	\$43.44	\$50.02	\$56.61	\$63.20	\$69.78	\$76.37	\$82.96	\$89.54	\$96.13	\$102.72	\$125.77	\$142.24	\$158.71	\$175.18	\$208.11	\$241.05	62	
63	79.00	\$17.41	\$24.33	\$31.24	\$38.15	\$45.06	\$51.98	\$58.89	\$65.80	\$72.71	\$79.63	\$86.54	\$93.45	\$100.36	\$107.28	\$131.47	\$148.75	\$166.03	\$183.31	\$217.88	\$252.44	63	
64	82.89	\$17.75	\$25.01	\$32.26	\$39.51	\$46.76	\$54.02	\$61.27	\$68.52	\$75.78	\$83.03	\$90.28	\$97.53	\$104.79	\$112.04	\$137.43	\$155.56	\$173.69	\$191.82	\$228.09	\$264.35	64	
65	86.91	\$18.10	\$25.71	\$33.31	\$40.92	\$48.52	\$56.13	\$63.73	\$71.34	\$78.94	\$86.55	\$94.15	\$101.76	\$109.36	\$116.96	\$143.58	\$162.59	\$181.60	\$200.62	\$238.64	\$276.66	65	
66	91.04	\$18.47	\$26.43	\$34.40	\$42.36	\$50.33	\$58.30	\$66.26	\$74.23	\$82.19	\$90.16	\$98.13	\$106.09	\$114.06	\$122.02	\$149.91	\$169.82	\$189.74	\$209.65	\$249.48	\$289.31	66	
67	95.26	\$18.84	\$27.17	\$35.51	\$43.84	\$52.18	\$60.51	\$68.85	\$77.18	\$85.52	\$93.85	\$102.19	\$110.52	\$118.86	\$127.19	\$156.37	\$177.21	\$198.04	\$218.88	\$260.56	\$302.23	67	
68	99.57	\$19.21	\$27.92	\$36.64	\$45.35	\$54.06	\$62.77	\$71.49	\$80.20	\$88.91	\$97.62	\$106.34	\$115.05	\$123.76	\$132.47	\$162.97	\$184.75	\$206.53	\$228.31	\$271.87	\$315.43	68	
69	103.98	\$19.60	\$28.70	\$37.79	\$46.89	\$55.99	\$65.09	\$74.19	\$83.29	\$92.38	\$101.48	\$110.58	\$119.68	\$128.78	\$137.88	\$169.72	\$192.47	\$215.21	\$237.96	\$283.45	\$328.94	69	
70	108.55	\$20.00	\$29.50	\$38.99	\$48.49	\$57.99	\$67.49	\$76.99	\$86.49	\$95.98	\$105.48	\$114.98	\$124.48	\$133.98	\$143.47	\$176.72	\$200.46	\$224.21	\$247.95	\$295.44	\$342.93	70	
71	113.36	\$20.42	\$30.34	\$40.26	\$50.18	\$60.10	\$70.01	\$79.93	\$89.85	\$99.77	\$109.69	\$119.61	\$129.53	\$139.45	\$149.37	\$184.08	\$208.88	\$233.68	\$258.48	\$308.07	\$357.67	71	
72	118.51	\$20.87	\$31.24	\$41.61	\$51.98	\$62.35	\$72.72	\$83.09	\$93.46	\$103.83	\$114.20	\$124.57	\$134.94	\$145.31	\$155.67	\$191.97	\$217.89	\$243.82	\$269.74	\$321.59	\$373.44	72	
73	124.15	\$21.36	\$32.23	\$43.09	\$53.95	\$64.82	\$75.68	\$86.54	\$97.41	\$108.27	\$119.13	\$129.99	\$140.86	\$151.72	\$162.58	\$200.60	\$227.76	\$254.92	\$282.08	\$336.39	\$390.71	73	
74	130.45	\$21.91	\$33.33	\$44.74	\$56.16	\$67.57	\$78.99	\$90.40	\$101.82	\$113.23	\$124.64	\$136.06	\$147.47	\$158.89	\$170.30	\$210.25	\$238.79	\$267.32	\$295.86	\$352.33	\$410.00	74	
75	137.59	\$22.54	\$34.58	\$46.62	\$58.66	\$70.70	\$82.73	\$94.77	\$106.81	\$118.85	\$130.89	\$142.93	\$154.97	\$167.01	\$179.05	\$221.18	\$251.28	\$281.38	\$311.48	\$371.67	\$431.87	75	
76	145.75	\$23.25	\$36.01	\$48.76	\$61.51	\$74.27	\$87.02	\$99.77	\$112.53	\$125.28	\$138.03	\$150.78	\$163.54	\$176.29	\$189.04	N/A	N/A	N/A	N/A	N/A	N/A	76	
77	155.11	\$24.07	\$37.64	\$51.22	\$64.79	\$78.36	\$91.93	\$105.50	\$119.08	\$132.65	\$146.22	\$159.79	\$173.37	\$186.94	\$200.51	N/A	N/A	N/A	N/A	N/A	N/A	77	
78	165.80	\$25.01	\$39.52	\$54.02	\$68.53	\$83.04	\$97.55	\$112.05	\$126.56	\$141.07	\$155.58	\$170.08	\$184.59	\$199.10	\$213.61	N/A	N/A	N/A	N/A	N/A	N/A	78	
79	177.87	\$26.06	\$41.63	\$57.19	\$72.75	\$88.32	\$103.88	\$119.45	\$135.01	\$150.57	\$166.14	\$181.70	\$197.26	\$212.83	\$228.39	N/A	N/A	N/A	N/A	N/A	N/A	79	
80	191.29	\$27.24	\$43.98	\$60.71	\$77.45	\$94.19	\$110.93	\$127.67	\$144.40	\$161.14	\$177.88	\$194.62	\$211.35	\$228.09	\$244.83	N/A	N/A	N/A	N/A	N/A	N/A	80	
81	205.86	\$28.51	\$46.53	\$64.54	\$82.55	\$100.56	\$118.58	\$136.59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81	
82	221.20	\$29.86	\$49.21	\$68.57	\$87.92	\$107.28	\$126.63	\$145.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82	
83	236.65	\$31.21	\$51.91	\$72.62	\$93.33	\$114.03	\$134.74	\$155.45	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83	
84	251.23	\$32.48	\$54.47	\$76.45	\$98.43	\$120.41	\$142.40	\$164.38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84	
85	263.57	\$33.56	\$56.62	\$79.69	\$102.75	\$125.81	\$148.87	\$171.94	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85	
Age	\$7,000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense Level Male Non-Smoker (Age Nearest) Monthly Bank Draft Amounts

Age	\$7,000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age
50	36.98	\$13.74	\$16.97	\$20.21	\$23.44	\$26.68	\$29.91	\$33.15	\$36.39	\$39.62	\$42.86	\$46.09	\$49.33	\$52.56	\$55.80	\$59.04	\$67.13	\$75.22	\$83.30	\$91.39	\$107.57	\$123.75	50
51	38.83	\$13.90	\$17.30	\$20.69	\$24.09	\$27.49	\$30.89	\$34.28	\$37.68	\$41.08	\$44.48	\$47.87	\$51.27	\$54.67	\$58.07	\$61.46	\$69.96	\$78.45	\$86.95	\$95.44	\$112.43	\$129.42	51
52	40.77	\$14.07	\$17.63	\$21.20	\$24.77	\$28.34	\$31.90	\$35.47	\$39.04	\$42.61	\$46.17	\$49.74	\$53.31	\$56.88	\$60.44	\$64.01	\$72.93	\$81.85	\$90.77	\$99.68	\$117.52	\$135.36	52
53	42.41	\$14.21	\$17.92	\$21.63	\$25.34	\$29.05	\$32.77	\$36.48	\$40.19	\$43.90	\$47.61	\$51.32	\$55.03	\$58.74	\$62.45	\$66.16	\$75.44	\$84.72	\$93.99	\$103.27	\$121.83	\$140.38	53
54	44.10	\$14.36	\$18.22	\$22.08	\$25.94	\$29.79	\$33.65	\$37.51	\$41.37	\$45.23	\$49.09	\$52.95	\$56.81	\$60.66	\$64.52	\$68.38	\$78.03	\$87.68	\$97.32	\$106.97	\$126.26	\$145.56	54
55	45.42	\$14.47	\$18.45	\$22.42	\$26.40	\$30.37	\$34.35	\$38.32	\$42.29	\$46.27	\$50.24	\$54.22	\$58.19	\$62.17	\$66.14	\$70.11	\$80.05	\$89.99	\$99.92	\$109.86	\$129.73	\$149.60	55
56	45.88	\$14.51	\$18.53	\$22.54	\$26.56	\$30.57	\$34.59	\$38.60	\$42.62	\$46.63	\$50.65	\$54.66	\$58.67	\$62.69	\$66.70	\$70.72	\$80.75	\$90.79	\$100.83	\$110.86	\$130.94	\$151.01	56
57	46.34	\$14.55	\$18.61	\$22.66	\$26.72	\$30.77	\$34.83	\$38.88	\$42.94	\$46.99	\$51.05	\$55.10	\$59.16	\$63.21	\$67.27	\$71.32	\$81.46	\$91.60	\$101.73	\$111.87	\$132.14	\$152.42	57
58	47.26	\$14.64	\$18.77	\$22.91	\$27.04	\$31.18	\$35.31	\$39.45	\$43.58	\$47.72	\$51.85	\$55.99	\$60.12	\$64.26	\$68.39	\$72.53	\$82.87	\$93.21	\$103.54	\$113.88	\$134.56	\$155.23	58
59	48.68	\$14.76	\$19.02	\$23.28	\$27.54	\$31.80	\$36.06	\$40.32	\$44.58	\$48.84	\$53.10	\$57.35	\$61.61	\$65.87	\$70.13	\$74.39	\$85.04	\$95.69	\$106.34	\$116.99	\$138.29	\$159.58	59
60	50.63	\$14.93	\$19.36	\$23.79	\$28.22	\$32.65	\$37.08	\$41.51	\$45.94	\$50.37	\$54.80	\$59.23	\$63.66	\$68.09	\$72.52	\$76.95	\$88.03	\$99.10	\$110.18	\$121.25	\$143.40	\$165.55	60
61	53.46	\$15.18	\$19.86	\$24.53	\$29.21	\$33.89	\$38.57	\$43.24	\$47.92	\$52.60	\$57.28	\$61.96	\$66.63	\$71.31	\$75.99	\$80.67	\$92.36	\$104.06	\$115.75	\$127.44	\$150.83	\$174.22	61
62	56.23	\$15.42	\$20.34	\$25.26	\$30.18	\$35.10	\$40.02	\$44.94	\$49.86	\$54.78	\$59.70	\$64.62	\$69.54	\$74.46	\$79.38	\$84.30	\$96.60	\$108.90	\$121.20	\$133.50	\$158.10	\$182.70	62
63	59.02	\$15.66	\$20.83	\$25.99	\$31.16	\$36.32	\$41.49	\$46.65	\$51.81	\$56.98	\$62.14	\$67.31	\$72.47	\$77.64	\$82.80	\$87.96	\$100.87	\$113.79	\$126.70	\$139.61	\$165.43	\$191.25	63
64	61.90	\$15.92	\$21.33	\$26.75	\$32.17	\$37.58	\$43.00	\$48.41	\$53.83	\$59.25	\$64.66	\$70.08	\$75.50	\$80.91	\$86.33	\$91.74	\$105.28	\$118.83	\$132.37	\$145.91	\$172.99	\$200.07	64
65	64.92	\$16.18	\$21.86	\$27.54	\$33.22	\$38.90	\$44.58	\$50.26	\$55.94	\$61.62	\$67.31	\$72.99	\$78.67	\$84.35	\$90.03	\$95.71	\$109.91	\$124.11	\$138.31	\$152.51	\$180.92	\$209.32	65
66	68.16	\$16.46	\$22.43	\$28.39	\$34.36	\$40.32	\$46.28	\$52.25	\$58.21	\$64.18	\$70.14	\$76.10	\$82.07	\$88.03	\$94.00	\$99.96	\$114.87	\$129.78	\$144.69	\$159.60	\$189.42	\$219.24	66
67	71.70	\$16.77	\$23.05	\$29.32	\$35.60	\$41.87	\$48.14	\$54.42	\$60.69	\$66.96	\$73.24	\$79.51	\$85.79	\$92.06	\$98.33	\$104.61	\$120.29	\$135.98	\$151.66	\$167.34	\$198.71	\$230.08	67
68	75.59	\$17.11	\$23.73	\$30.34	\$36.96	\$43.57	\$50.18	\$56.80	\$63.41	\$70.03	\$76.64	\$83.26	\$89.87	\$96.48	\$103.10	\$109.71	\$126.25	\$142.78	\$159.32	\$175.85	\$208.92	\$241.99	68
69	79.91	\$17.49	\$24.48	\$31.48	\$38.47	\$45.46	\$52.45	\$59.44	\$66.44	\$73.43	\$80.42	\$87.41	\$94.41	\$101.40	\$108.39	\$115.38	\$132.86	\$150.34	\$167.82	\$185.30	\$220.26	\$255.22	69
70	84.74	\$17.91	\$25.33	\$32.74	\$40.16	\$47.57	\$54.99	\$62.40	\$69.82	\$77.23	\$84.65	\$92.06	\$99.48	\$106.89	\$114.31	\$121.72	\$140.26	\$158.80	\$177.33	\$195.87	\$232.94	\$270.02	70
71	90.14	\$18.39	\$26.27	\$34.16	\$42.05	\$49.94	\$57.82	\$65.71	\$73.60	\$81.49	\$89.37	\$97.26	\$105.15	\$113.03	\$120.92	\$128.81	\$148.53	\$168.25	\$187.96	\$207.68	\$247.12	\$286.55	71
72	96.19	\$18.92	\$27.33	\$35.75	\$44.17	\$52.58	\$61.00	\$69.42	\$77.83	\$86.25	\$94.67	\$103.08	\$111.50	\$119.92	\$128.33	\$136.75	\$157.79	\$178.83	\$199.87	\$220.92	\$263.00	\$305.08	72
73	102.97	\$19.51	\$28.52	\$37.53	\$46.54	\$55.55	\$64.56	\$73.57	\$82.58	\$91.59	\$100.60	\$109.61	\$118.62	\$127.63	\$136.64	\$145.65	\$168.17	\$190.70	\$213.22	\$235.75	\$280.80	\$325.85	73
74	110.54	\$20.17	\$29.84	\$39.52	\$49.19	\$58.86	\$68.53	\$78.21	\$87.88	\$97.55	\$107.22	\$116.89	\$126.57	\$136.24	\$145.91	\$155.58	\$179.76	\$203.95	\$228.13	\$252.31	\$300.67	\$349.03	74
75	118.98	\$20.91	\$31.32	\$41.73	\$52.14	\$62.55	\$72.96	\$83.38	\$93.79	\$104.20	\$114.61	\$125.02	\$135.43	\$145.84	\$156.25	\$166.66	\$192.69	\$218.72	\$244.74	\$270.77	\$322.82	\$374.88	75
76	128.37	\$21.73	\$32.96	\$44.20	\$55.43	\$66.66	\$77.89	\$89.13	\$100.36	\$111.59	\$122.82	\$134.06	\$145.29	\$156.52	\$167.75	\$178.99	N/A	N/A	N/A	N/A	N/A	N/A	76
77	138.79	\$22.64	\$34.79	\$46.93	\$59.08	\$71.22	\$83.36	\$95.51	\$107.65	\$119.80	\$131.94	\$144.09	\$156.23	\$168.37	\$180.52	\$192.66	N/A	N/A	N/A	N/A	N/A	N/A	77
78	150.31	\$23.65	\$36.80	\$49.96	\$63.11	\$76.26	\$89.41	\$102.56	\$115.72	\$128.87	\$142.02	\$155.17	\$168.33	\$181.48	\$194.63	\$207.78	N/A	N/A	N/A	N/A	N/A	N/A	78
79	163.01	\$24.76	\$39.03	\$53.29	\$67.55	\$81.82	\$96.08	\$110.34	\$124.61	\$138.87	\$153.13	\$167.40	\$181.66	\$195.92	\$210.19	\$224.45	N/A	N/A	N/A	N/A	N/A	N/A	79
80	176.97	\$25.98	\$41.47	\$56.95	\$72.44	\$87.92	\$103.41	\$118.89	\$134.38	\$149.86	\$165.35	\$180.83	\$196.32	\$211.80	\$227.29	\$242.77	N/A	N/A	N/A	N/A	N/A	N/A	80
81	191.13	\$27.22	\$43.95	\$60.67	\$77.40	\$94.12	\$110.84	\$127.57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	206.42	\$28.56	\$46.62	\$64.69	\$82.75	\$100.81	\$118.87	\$136.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	222.93	\$30.01	\$49.51	\$69.02	\$88.53	\$108.03	\$127.54	\$147.04	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	240.77	\$31.57	\$52.63	\$73.70	\$94.77	\$115.84	\$136.90	\$157.97	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	260.03	\$33.25	\$56.01	\$78.76	\$101.51	\$124.26	\$147.02	\$169.77	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85
Age	\$7,000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense **Level** **Male** **Smoker** **(Age Nearest) Monthly Bank Draft Amounts**

Age	\$/1000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age
50	49.24	\$14.81	\$19.12	\$23.43	\$27.73	\$32.04	\$36.35	\$40.66	\$44.97	\$49.28	\$53.59	\$57.89	\$62.20	\$66.51	\$70.82	\$75.13	\$85.90	\$96.67	\$107.44	\$118.21	\$139.76	\$161.30	50
51	51.10	\$14.97	\$19.44	\$23.91	\$28.39	\$32.86	\$37.33	\$41.80	\$46.27	\$50.74	\$55.21	\$59.68	\$64.16	\$68.63	\$73.10	\$77.57	\$88.75	\$99.93	\$111.10	\$122.28	\$144.64	\$166.99	51
52	53.21	\$15.16	\$19.81	\$24.47	\$29.12	\$33.78	\$38.44	\$43.09	\$47.75	\$52.40	\$57.06	\$61.71	\$66.37	\$71.03	\$75.68	\$80.34	\$91.98	\$103.62	\$115.26	\$126.90	\$150.18	\$173.46	52
53	55.52	\$15.36	\$20.22	\$25.07	\$29.93	\$34.79	\$39.65	\$44.51	\$49.36	\$54.22	\$59.08	\$63.94	\$68.80	\$73.65	\$78.51	\$83.37	\$95.52	\$107.66	\$119.81	\$131.95	\$156.24	\$180.53	53
54	57.99	\$15.57	\$20.65	\$25.72	\$30.80	\$35.87	\$40.94	\$46.02	\$51.09	\$56.17	\$61.24	\$66.32	\$71.39	\$76.46	\$81.54	\$86.61	\$99.30	\$111.98	\$124.67	\$137.35	\$162.72	\$188.09	54
55	60.61	\$15.80	\$21.11	\$26.41	\$31.71	\$37.02	\$42.32	\$47.62	\$52.93	\$58.23	\$63.53	\$68.84	\$74.14	\$79.44	\$84.75	\$90.05	\$103.31	\$116.57	\$129.83	\$143.08	\$169.60	\$196.12	55
56	63.38	\$16.05	\$21.59	\$27.14	\$32.68	\$38.23	\$43.77	\$49.32	\$54.87	\$60.41	\$65.96	\$71.50	\$77.05	\$82.59	\$88.14	\$93.69	\$107.55	\$121.42	\$135.28	\$149.14	\$176.87	\$204.60	56
57	66.31	\$16.30	\$22.10	\$27.91	\$33.71	\$39.51	\$45.31	\$51.11	\$56.92	\$62.72	\$68.52	\$74.32	\$80.13	\$85.93	\$91.73	\$97.53	\$112.04	\$126.54	\$141.05	\$155.55	\$184.56	\$213.57	57
58	69.43	\$16.58	\$22.65	\$28.73	\$34.80	\$40.88	\$46.95	\$53.03	\$59.10	\$65.18	\$71.25	\$77.33	\$83.40	\$89.48	\$95.55	\$101.63	\$116.81	\$132.00	\$147.19	\$162.38	\$192.75	\$223.13	58
59	72.76	\$16.87	\$23.23	\$29.60	\$35.97	\$42.33	\$48.70	\$55.07	\$61.43	\$67.80	\$74.17	\$80.53	\$86.90	\$93.26	\$99.63	\$106.00	\$121.91	\$137.83	\$153.75	\$169.66	\$201.50	\$233.33	59
60	76.33	\$17.18	\$23.86	\$30.54	\$37.22	\$43.89	\$50.57	\$57.25	\$63.93	\$70.61	\$77.29	\$83.97	\$90.65	\$97.33	\$104.00	\$110.68	\$127.38	\$144.08	\$160.77	\$177.47	\$210.87	\$244.26	60
61	80.18	\$17.52	\$24.53	\$31.55	\$38.56	\$45.58	\$52.59	\$59.61	\$66.63	\$73.64	\$80.66	\$87.67	\$94.69	\$101.70	\$108.72	\$115.74	\$133.28	\$150.82	\$168.35	\$185.89	\$220.97	\$256.05	61
62	84.34	\$17.88	\$25.26	\$32.64	\$40.02	\$47.40	\$54.78	\$62.16	\$69.54	\$76.92	\$84.30	\$91.68	\$99.06	\$106.44	\$113.82	\$121.20	\$139.65	\$158.10	\$176.54	\$194.99	\$231.89	\$268.79	62
63	88.85	\$18.27	\$26.05	\$33.82	\$41.60	\$49.37	\$57.15	\$64.92	\$72.70	\$80.47	\$88.24	\$96.02	\$103.79	\$111.57	\$119.34	\$127.12	\$146.55	\$165.99	\$185.42	\$204.86	\$243.73	\$282.60	63
64	93.75	\$18.70	\$26.91	\$35.11	\$43.31	\$51.52	\$59.72	\$67.92	\$76.13	\$84.33	\$92.53	\$100.73	\$108.94	\$117.14	\$125.34	\$133.55	\$154.05	\$174.56	\$195.07	\$215.58	\$256.59	\$297.61	64
65	99.09	\$19.17	\$27.84	\$36.51	\$45.18	\$53.85	\$62.52	\$71.19	\$79.86	\$88.53	\$97.20	\$105.87	\$114.54	\$123.21	\$131.89	\$140.56	\$162.23	\$183.91	\$205.58	\$227.26	\$270.61	\$313.96	65
66	104.90	\$19.68	\$28.86	\$38.04	\$47.22	\$56.39	\$65.57	\$74.75	\$83.93	\$93.11	\$102.29	\$111.47	\$120.65	\$129.82	\$139.00	\$148.18	\$171.13	\$194.08	\$217.02	\$239.97	\$285.86	\$331.76	66
67	111.25	\$20.23	\$29.97	\$39.70	\$49.44	\$59.17	\$68.91	\$78.64	\$88.38	\$98.11	\$107.84	\$117.58	\$127.31	\$137.05	\$146.78	\$156.52	\$180.85	\$205.19	\$229.52	\$253.86	\$302.53	\$351.20	67
68	118.17	\$20.84	\$31.18	\$41.52	\$51.86	\$62.20	\$72.54	\$82.88	\$93.22	\$103.56	\$113.90	\$124.24	\$134.58	\$144.92	\$155.26	\$165.60	\$191.45	\$217.30	\$243.15	\$269.00	\$320.70	\$372.40	68
69	125.74	\$21.50	\$32.50	\$43.51	\$54.51	\$65.51	\$76.51	\$87.52	\$98.52	\$109.52	\$120.52	\$131.52	\$142.53	\$153.53	\$164.53	\$175.53	\$203.04	\$230.55	\$258.05	\$285.56	\$340.57	\$395.58	69
70	134.02	\$22.23	\$33.95	\$45.68	\$57.41	\$69.13	\$80.86	\$92.59	\$104.31	\$116.04	\$127.77	\$139.49	\$151.22	\$162.95	\$174.67	\$186.40	\$215.72	\$245.04	\$274.35	\$303.67	\$362.30	\$420.94	70
71	143.09	\$23.02	\$35.54	\$48.06	\$60.58	\$73.10	\$85.62	\$98.14	\$110.66	\$123.18	\$135.70	\$148.22	\$160.74	\$173.26	\$185.79	\$198.31	\$229.61	\$260.91	\$292.21	\$323.51	\$386.11	\$448.71	71
72	153.04	\$23.89	\$37.28	\$50.67	\$64.06	\$77.46	\$90.85	\$104.24	\$117.63	\$131.02	\$144.41	\$157.80	\$171.19	\$184.58	\$197.97	\$211.37	\$244.84	\$278.32	\$311.80	\$345.28	\$412.23	\$479.19	72
73	163.96	\$24.85	\$39.19	\$53.54	\$67.89	\$82.23	\$96.58	\$110.93	\$125.27	\$139.62	\$153.97	\$168.31	\$182.66	\$197.00	\$211.35	\$225.70	\$261.56	\$297.43	\$333.30	\$369.16	\$440.90	\$512.63	73
74	175.98	\$25.90	\$41.30	\$56.69	\$72.09	\$87.49	\$102.89	\$118.29	\$133.69	\$149.08	\$164.48	\$179.88	\$195.28	\$210.68	\$226.08	\$241.47	\$279.97	\$318.47	\$356.96	\$395.46	\$472.45	\$549.44	74
75	189.22	\$27.06	\$43.61	\$60.17	\$76.73	\$93.28	\$109.84	\$126.40	\$142.95	\$159.51	\$176.07	\$192.62	\$209.18	\$225.74	\$242.29	\$258.85	\$300.24	\$341.64	\$383.03	\$424.42	\$507.20	\$589.99	75
76	203.82	\$28.33	\$46.17	\$64.00	\$81.84	\$99.67	\$117.51	\$135.34	\$153.17	\$171.01	\$188.84	\$206.68	\$224.51	\$242.35	\$260.18	\$278.01	N/A	N/A	N/A	N/A	N/A	N/A	76
77	219.93	\$29.74	\$48.99	\$68.23	\$87.48	\$106.72	\$125.96	\$145.21	\$164.45	\$183.69	\$202.94	\$222.18	\$241.43	\$260.67	\$279.91	\$299.16	N/A	N/A	N/A	N/A	N/A	N/A	77
78	237.73	\$31.30	\$52.10	\$72.90	\$93.71	\$114.51	\$135.31	\$156.11	\$176.91	\$197.71	\$218.51	\$239.32	\$260.12	\$280.92	\$301.72	\$322.52	N/A	N/A	N/A	N/A	N/A	N/A	78
79	257.39	\$33.02	\$55.54	\$78.06	\$100.59	\$123.11	\$145.63	\$168.15	\$190.67	\$213.19	\$235.72	\$258.24	\$280.76	\$303.28	\$325.80	\$348.32	N/A	N/A	N/A	N/A	N/A	N/A	79
80	279.13	\$34.92	\$59.35	\$83.77	\$108.20	\$132.62	\$157.04	\$181.47	\$205.89	\$230.31	\$254.74	\$279.16	\$303.59	\$328.01	\$352.43	\$376.86	N/A	N/A	N/A	N/A	N/A	N/A	80
81	303.14	\$37.02	\$63.55	\$90.07	\$116.60	\$143.12	\$169.65	\$196.17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	329.65	\$39.34	\$68.19	\$97.03	\$125.88	\$154.72	\$183.57	\$212.41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	358.87	\$41.90	\$73.30	\$104.70	\$136.10	\$167.51	\$198.91	\$230.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	391.04	\$44.72	\$78.93	\$113.15	\$147.36	\$181.58	\$215.80	\$250.01	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	426.39	\$47.81	\$85.12	\$122.43	\$159.74	\$197.05	\$234.35	\$271.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85
Age	\$/1000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense **Graded** **Female** **Non-Smoker** **(Age Nearest) Monthly Bank Draft Amounts**

Age	\$/1000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age
50	46.87	\$14.60	\$18.70	\$22.80	\$26.90	\$31.01	\$35.11	\$39.21	\$43.31	\$47.41	\$51.51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50
51	48.81	\$14.77	\$19.04	\$23.31	\$27.58	\$31.85	\$36.13	\$40.40	\$44.67	\$48.94	\$53.21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	51
52	50.75	\$14.94	\$19.38	\$23.82	\$28.26	\$32.70	\$37.14	\$41.58	\$46.03	\$50.47	\$54.91	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52
53	52.68	\$15.11	\$19.72	\$24.33	\$28.94	\$33.55	\$38.16	\$42.77	\$47.38	\$51.99	\$56.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53
54	54.62	\$15.28	\$20.06	\$24.84	\$29.62	\$34.40	\$39.18	\$43.95	\$48.73	\$53.51	\$58.29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	54
55	56.56	\$15.45	\$20.40	\$25.35	\$30.30	\$35.25	\$40.19	\$45.14	\$50.09	\$55.04	\$59.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	55
56	58.44	\$15.61	\$20.73	\$25.84	\$30.95	\$36.07	\$41.18	\$46.29	\$51.41	\$56.52	\$61.64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56
57	60.33	\$15.78	\$21.06	\$26.34	\$31.62	\$36.89	\$42.17	\$47.45	\$52.73	\$58.01	\$63.29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57
58	62.21	\$15.94	\$21.39	\$26.83	\$32.27	\$37.72	\$43.16	\$48.60	\$54.05	\$59.49	\$64.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58
59	64.10	\$16.11	\$21.72	\$27.33	\$32.94	\$38.54	\$44.15	\$49.76	\$55.37	\$60.98	\$66.59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59
60	65.98	\$16.27	\$22.05	\$27.82	\$33.59	\$39.37	\$45.14	\$50.91	\$56.69	\$62.46	\$68.23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60
61	68.49	\$16.49	\$22.49	\$28.48	\$34.47	\$40.46	\$46.46	\$52.45	\$58.44	\$64.44	\$70.43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61
62	71.01	\$16.71	\$22.93	\$29.14	\$35.35	\$41.57	\$47.78	\$53.99	\$60.21	\$66.42	\$72.63	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62
63	73.52	\$16.93	\$23.37	\$29.80	\$36.23	\$42.67	\$49.10	\$55.53	\$61.96	\$68.40	\$74.83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63
64	76.04	\$17.15	\$23.81	\$30.46	\$37.11	\$43.77	\$50.42	\$57.07	\$63.73	\$70.38	\$77.04	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	64
65	78.55	\$17.37	\$24.25	\$31.12	\$37.99	\$44.87	\$51.74	\$58.61	\$65.49	\$72.36	\$79.23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65
66	83.74	\$17.83	\$25.15	\$32.48	\$39.81	\$47.14	\$54.46	\$61.79	\$69.12	\$76.45	\$83.77	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66
67	88.94	\$18.28	\$26.06	\$33.85	\$41.63	\$49.41	\$57.19	\$64.98	\$72.76	\$80.54	\$88.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67
68	94.13	\$18.74	\$26.97	\$35.21	\$43.45	\$51.68	\$59.92	\$68.15	\$76.39	\$84.63	\$92.86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68
69	99.33	\$19.19	\$27.88	\$36.57	\$45.27	\$53.96	\$62.65	\$71.34	\$80.03	\$88.72	\$97.41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69
70	104.52	\$19.65	\$28.79	\$37.94	\$47.08	\$56.23	\$65.37	\$74.52	\$83.66	\$92.81	\$101.96	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70
71	111.76	\$20.28	\$30.06	\$39.84	\$49.62	\$59.40	\$69.17	\$78.95	\$88.73	\$98.51	\$108.29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71
72	118.99	\$20.91	\$31.32	\$41.73	\$52.15	\$62.56	\$72.97	\$83.38	\$93.79	\$104.20	\$114.62	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	72
73	126.23	\$21.55	\$32.59	\$43.64	\$54.68	\$65.73	\$76.77	\$87.82	\$98.86	\$109.91	\$120.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73
74	133.46	\$22.18	\$33.86	\$45.53	\$57.21	\$68.89	\$80.57	\$92.24	\$103.92	\$115.60	\$127.28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74
75	140.70	\$22.81	\$35.12	\$47.43	\$59.75	\$72.06	\$84.37	\$96.68	\$108.99	\$121.30	\$133.61	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	153.14	\$23.90	\$37.30	\$50.70	\$64.10	\$77.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	165.58	\$24.99	\$39.48	\$53.96	\$68.45	\$82.94	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	178.02	\$26.08	\$41.65	\$57.23	\$72.81	\$88.38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	190.46	\$27.17	\$43.83	\$60.50	\$77.16	\$93.83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	202.90	\$28.25	\$46.01	\$63.76	\$81.52	\$99.27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense Graded Female Smoker (Age Nearest) Monthly Bank Draft Amounts

Age	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age	
50	73.42	\$16.92	\$23.35	\$29.77	\$36.20	\$42.62	\$49.05	\$55.47	\$61.89	\$68.32	\$74.74	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50
51	78.28	\$17.35	\$24.20	\$31.05	\$37.90	\$44.75	\$51.60	\$58.45	\$65.30	\$72.15	\$79.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	51
52	83.14	\$17.77	\$25.05	\$32.32	\$39.60	\$46.87	\$54.15	\$61.42	\$68.70	\$75.97	\$83.25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52
53	88.00	\$18.20	\$25.90	\$33.60	\$41.30	\$49.00	\$56.70	\$64.40	\$72.10	\$79.80	\$87.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53
54	92.86	\$18.63	\$26.75	\$34.88	\$43.00	\$51.13	\$59.25	\$67.38	\$75.50	\$83.63	\$91.75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	54
55	97.72	\$19.05	\$27.60	\$36.15	\$44.70	\$53.25	\$61.80	\$70.35	\$78.90	\$87.45	\$96.01	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	55
56	102.91	\$19.50	\$28.51	\$37.51	\$46.52	\$55.52	\$64.53	\$73.53	\$82.54	\$91.54	\$100.55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56
57	108.10	\$19.96	\$29.42	\$38.88	\$48.34	\$57.79	\$67.25	\$76.71	\$86.17	\$95.63	\$105.09	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57
58	113.30	\$20.41	\$30.33	\$40.24	\$50.16	\$60.07	\$69.98	\$79.90	\$89.81	\$99.72	\$109.64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58
59	118.49	\$20.87	\$31.24	\$41.60	\$51.97	\$62.34	\$72.71	\$83.08	\$93.44	\$103.81	\$114.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59
60	123.68	\$21.32	\$32.14	\$42.97	\$53.79	\$64.61	\$75.43	\$86.25	\$97.08	\$107.90	\$118.72	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60
61	131.61	\$22.02	\$33.53	\$45.05	\$56.56	\$68.08	\$79.60	\$91.11	\$102.63	\$114.14	\$125.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61
62	139.53	\$22.71	\$34.92	\$47.13	\$59.34	\$71.54	\$83.75	\$95.96	\$108.17	\$120.38	\$132.59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62
63	147.46	\$23.40	\$36.31	\$49.21	\$62.11	\$75.01	\$87.92	\$100.82	\$113.72	\$126.62	\$139.53	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63
64	155.38	\$24.10	\$37.69	\$51.29	\$64.88	\$78.48	\$92.07	\$105.67	\$119.27	\$132.86	\$146.46	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	64
65	163.31	\$24.79	\$39.08	\$53.37	\$67.66	\$81.95	\$96.24	\$110.53	\$124.82	\$139.11	\$153.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65
66	171.92	\$25.54	\$40.59	\$55.63	\$70.67	\$85.72	\$100.76	\$115.80	\$130.84	\$145.89	\$160.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66
67	180.53	\$26.30	\$42.09	\$57.89	\$73.69	\$89.48	\$105.28	\$121.07	\$136.87	\$152.67	\$168.46	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67
68	189.13	\$27.05	\$43.60	\$60.15	\$76.70	\$93.24	\$109.79	\$126.34	\$142.89	\$159.44	\$175.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68
69	197.74	\$27.80	\$45.10	\$62.41	\$79.71	\$97.01	\$114.31	\$131.62	\$148.92	\$166.22	\$183.52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69
70	206.35	\$28.56	\$46.61	\$64.87	\$82.72	\$100.78	\$118.83	\$136.89	\$154.95	\$173.00	\$191.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70
71	215.85	\$29.39	\$48.27	\$67.16	\$86.05	\$104.93	\$123.82	\$142.71	\$161.60	\$180.48	\$199.37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71
72	225.35	\$30.22	\$49.94	\$69.85	\$89.37	\$109.09	\$128.81	\$148.53	\$168.25	\$187.96	\$207.68	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	72
73	234.84	\$31.05	\$51.60	\$72.15	\$92.69	\$113.24	\$133.79	\$154.34	\$174.89	\$195.44	\$215.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73
74	244.34	\$31.88	\$53.26	\$74.64	\$96.02	\$117.40	\$138.78	\$160.16	\$181.54	\$202.92	\$224.30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74
75	253.84	\$32.71	\$54.92	\$77.13	\$99.34	\$121.56	\$143.77	\$165.98	\$188.19	\$210.40	\$232.61	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	274.87	\$34.55	\$58.60	\$82.65	\$106.70	\$130.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	295.89	\$36.39	\$62.28	\$88.17	\$114.06	\$139.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	316.92	\$38.23	\$65.96	\$93.69	\$121.42	\$149.15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	337.94	\$40.07	\$69.64	\$99.21	\$128.78	\$158.35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	358.97	\$41.91	\$73.32	\$104.73	\$136.14	\$167.55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense **Graded** **Male** **Non-Smoker** (Age Nearest) Monthly Bank Draft Amounts

Age	\$/1000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age	
50	57.44	\$15.53	\$20.55	\$25.58	\$30.60	\$35.63	\$40.66	\$45.68	\$50.71	\$55.73	\$60.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50
51	62.64	\$15.98	\$21.46	\$26.94	\$32.42	\$37.91	\$43.39	\$48.87	\$54.35	\$59.83	\$65.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	51
52	69.05	\$16.54	\$22.58	\$28.63	\$34.67	\$40.71	\$46.75	\$52.79	\$58.84	\$64.88	\$70.92	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52
53	74.60	\$17.03	\$23.56	\$30.08	\$36.61	\$43.14	\$49.67	\$56.19	\$62.72	\$69.25	\$75.78	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53
54	79.59	\$17.46	\$24.43	\$31.39	\$38.36	\$45.32	\$52.28	\$59.25	\$66.21	\$73.18	\$80.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	54
55	83.45	\$17.80	\$25.10	\$32.41	\$39.71	\$47.01	\$54.31	\$61.61	\$68.92	\$76.22	\$83.52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	55
56	86.13	\$18.04	\$25.57	\$33.11	\$40.65	\$48.18	\$55.72	\$63.25	\$70.79	\$78.33	\$85.86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56
57	88.12	\$18.21	\$25.92	\$33.63	\$41.34	\$49.05	\$56.76	\$64.47	\$72.18	\$79.89	\$87.61	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57
58	89.47	\$18.33	\$26.16	\$33.99	\$41.81	\$49.64	\$57.47	\$65.30	\$73.13	\$80.96	\$88.79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58
59	90.23	\$18.40	\$26.29	\$34.19	\$42.08	\$49.98	\$57.87	\$65.77	\$73.66	\$81.56	\$89.45	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59
60	90.45	\$18.41	\$26.33	\$34.24	\$42.16	\$50.07	\$57.99	\$65.90	\$73.82	\$81.73	\$89.64	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60
61	91.31	\$18.49	\$26.48	\$34.47	\$42.46	\$50.45	\$58.44	\$66.43	\$74.42	\$82.41	\$90.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61
62	92.18	\$18.57	\$26.63	\$34.70	\$42.76	\$50.83	\$58.89	\$66.96	\$75.03	\$83.09	\$91.16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62
63	93.04	\$18.64	\$26.78	\$34.92	\$43.06	\$51.21	\$59.35	\$67.49	\$75.63	\$83.77	\$91.91	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63
64	93.91	\$18.72	\$26.93	\$35.15	\$43.37	\$51.59	\$59.80	\$68.02	\$76.24	\$84.45	\$92.67	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	64
65	94.77	\$18.79	\$27.08	\$35.38	\$43.67	\$51.96	\$60.25	\$68.55	\$76.84	\$85.13	\$93.42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65
66	101.51	\$19.38	\$28.26	\$37.15	\$46.03	\$54.91	\$63.79	\$72.67	\$81.56	\$90.44	\$99.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66
67	108.25	\$19.97	\$29.44	\$38.92	\$48.39	\$57.86	\$67.33	\$76.80	\$86.28	\$95.75	\$105.22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67
68	114.98	\$20.56	\$30.62	\$40.68	\$50.74	\$60.80	\$70.86	\$80.93	\$90.99	\$101.05	\$111.11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68
69	121.72	\$21.15	\$31.80	\$42.45	\$53.10	\$63.75	\$74.40	\$85.05	\$95.70	\$106.35	\$117.01	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69
70	128.46	\$21.74	\$32.98	\$44.22	\$55.46	\$66.70	\$77.94	\$89.18	\$100.42	\$111.66	\$122.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70
71	138.46	\$22.62	\$34.73	\$46.85	\$58.96	\$71.08	\$83.19	\$95.31	\$107.42	\$119.54	\$131.65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71
72	148.46	\$23.49	\$36.48	\$49.47	\$62.46	\$75.45	\$88.44	\$101.43	\$114.42	\$127.41	\$140.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	72
73	158.46	\$24.37	\$38.23	\$52.10	\$65.96	\$79.83	\$93.69	\$107.56	\$121.42	\$135.29	\$149.15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73
74	168.46	\$25.24	\$39.98	\$54.72	\$69.46	\$84.20	\$98.94	\$113.68	\$128.42	\$143.16	\$157.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74
75	178.46	\$26.12	\$41.73	\$57.35	\$72.96	\$88.58	\$104.19	\$119.81	\$135.42	\$151.04	\$166.65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	193.20	\$27.41	\$44.31	\$61.22	\$78.12	\$95.03	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	207.95	\$28.70	\$46.89	\$65.09	\$83.28	\$101.48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	222.69	\$29.99	\$49.47	\$68.96	\$88.44	\$107.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	237.44	\$31.28	\$52.05	\$72.83	\$93.60	\$114.38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	252.18	\$32.57	\$54.63	\$76.70	\$98.76	\$120.83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

PRE-CALCULATED MONTHLY RATE SHEETS WITHOUT ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense **Graded** **Male** **Smoker** **(Age Nearest) Monthly Bank Draft Amounts**

Age	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age	
50	81.81	\$17.66	\$24.82	\$31.98	\$39.13	\$46.29	\$53.45	\$60.61	\$67.77	\$74.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50	
51	86.58	\$18.08	\$25.65	\$33.23	\$40.80	\$48.38	\$55.95	\$63.53	\$71.11	\$78.68	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	51	
52	91.35	\$18.49	\$26.49	\$34.48	\$42.47	\$50.47	\$58.46	\$66.45	\$74.45	\$82.44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52	
53	96.12	\$18.91	\$27.32	\$35.73	\$44.14	\$52.55	\$60.96	\$69.37	\$77.78	\$86.19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53	
54	100.89	\$19.33	\$28.16	\$36.98	\$45.81	\$54.64	\$63.47	\$72.30	\$81.12	\$89.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	54	
55	105.66	\$19.75	\$28.99	\$38.24	\$47.48	\$56.73	\$65.97	\$75.22	\$84.46	\$93.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	55	
56	111.50	\$20.26	\$30.01	\$39.77	\$49.53	\$59.28	\$69.04	\$78.79	\$88.55	\$98.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56	
57	117.34	\$20.77	\$31.03	\$41.30	\$51.57	\$61.84	\$72.10	\$82.37	\$92.64	\$102.91	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	57	
58	123.18	\$21.28	\$32.06	\$42.83	\$53.61	\$64.39	\$75.17	\$85.95	\$96.73	\$107.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	58	
59	129.02	\$21.79	\$33.08	\$44.87	\$55.66	\$66.95	\$78.24	\$89.52	\$100.81	\$112.10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59	
60	134.86	\$22.30	\$34.10	\$45.90	\$57.70	\$69.50	\$81.30	\$93.10	\$104.90	\$116.70	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60	
61	143.12	\$23.02	\$35.55	\$48.07	\$60.59	\$73.12	\$85.64	\$98.16	\$110.68	\$123.21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	61	
62	151.37	\$23.74	\$36.99	\$50.23	\$63.48	\$76.72	\$89.97	\$103.21	\$116.46	\$129.70	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62	
63	159.63	\$24.47	\$38.44	\$52.40	\$66.37	\$80.34	\$94.31	\$108.27	\$122.24	\$136.21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63	
64	167.88	\$25.19	\$39.88	\$54.57	\$69.26	\$83.95	\$98.64	\$113.33	\$128.02	\$142.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	64	
65	176.14	\$25.91	\$41.32	\$56.74	\$72.15	\$87.56	\$102.97	\$118.39	\$133.80	\$149.21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65	
66	187.24	\$26.88	\$43.27	\$59.85	\$76.03	\$92.42	\$108.80	\$125.18	\$141.57	\$157.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66	
67	198.34	\$27.85	\$45.21	\$62.56	\$79.92	\$97.27	\$114.63	\$131.98	\$149.34	\$166.69	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67	
68	209.44	\$28.83	\$47.15	\$65.48	\$83.80	\$102.13	\$120.46	\$138.78	\$157.11	\$175.43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68	
69	220.54	\$29.80	\$49.09	\$68.39	\$87.69	\$106.99	\$126.28	\$145.58	\$164.88	\$184.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	69	
70	231.64	\$30.77	\$51.04	\$71.31	\$91.57	\$111.84	\$132.11	\$152.38	\$172.65	\$192.92	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70	
71	248.95	\$32.28	\$54.07	\$75.85	\$97.63	\$119.42	\$141.20	\$162.98	\$184.77	\$206.55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71	
72	266.26	\$33.80	\$57.10	\$80.39	\$103.69	\$126.99	\$150.29	\$173.58	\$196.88	\$220.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	72	
73	283.56	\$35.31	\$60.12	\$84.93	\$109.75	\$134.56	\$159.37	\$184.18	\$208.99	\$233.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73	
74	300.87	\$36.83	\$63.15	\$89.48	\$115.80	\$142.13	\$168.46	\$194.78	\$221.11	\$247.44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74	
75	318.18	\$38.34	\$66.18	\$94.02	\$121.86	\$149.70	\$177.54	\$205.39	\$233.23	\$261.07	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75	
76	351.84	\$41.29	\$72.07	\$102.86	\$133.64	\$164.43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76	
77	385.51	\$44.23	\$77.96	\$111.70	\$145.43	\$179.16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77	
78	419.17	\$47.18	\$83.85	\$120.53	\$157.21	\$193.89	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78	
79	452.84	\$50.12	\$89.75	\$129.37	\$169.99	\$208.62	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79	
80	486.50	\$53.07	\$95.64	\$138.21	\$180.78	\$223.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80	
81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83

PRE-CALCULATED MONTHLY RATE SHEETS WITH ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense

Level ADB Female

Non-Smoker

(Age Nearest) Monthly Bank Draft Amounts

Age	\$/1000	ADB	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age	
50	28.46	1.20	\$13.10	\$15.69	\$18.29	\$20.88	\$23.48	\$26.07	\$28.67	\$31.26	\$33.86	\$36.45	\$39.05	\$41.64	\$44.24	\$46.83	\$49.43	\$55.92	\$62.41	\$68.89	\$75.38	\$88.36	\$101.33	50	
51	29.31	1.20	\$13.17	\$15.84	\$18.51	\$21.18	\$23.85	\$26.52	\$29.19	\$31.86	\$34.53	\$37.20	\$39.87	\$42.54	\$45.21	\$47.87	\$50.54	\$57.22	\$63.89	\$70.57	\$77.24	\$90.59	\$103.94	51	
52	30.19	1.20	\$13.25	\$15.99	\$18.74	\$21.49	\$24.23	\$26.98	\$29.73	\$32.47	\$35.22	\$37.97	\$40.71	\$43.46	\$46.21	\$48.95	\$51.70	\$58.57	\$65.43	\$72.30	\$79.17	\$92.92	\$106.63	52	
53	31.10	1.20	\$13.33	\$16.15	\$18.98	\$21.81	\$24.63	\$27.46	\$30.28	\$33.11	\$35.94	\$38.76	\$41.59	\$44.42	\$47.24	\$50.07	\$52.89	\$59.96	\$67.03	\$74.09	\$81.16	\$95.29	\$109.42	53	
54	32.03	1.20	\$13.41	\$16.32	\$19.22	\$22.13	\$25.04	\$27.95	\$30.85	\$33.76	\$36.67	\$39.58	\$42.48	\$45.39	\$48.30	\$51.21	\$54.11	\$61.38	\$68.65	\$75.92	\$83.19	\$97.73	\$112.27	54	
55	32.99	1.20	\$13.49	\$16.48	\$19.47	\$22.47	\$25.46	\$28.45	\$31.44	\$34.43	\$37.42	\$40.42	\$43.41	\$46.40	\$49.39	\$52.38	\$55.37	\$62.85	\$70.33	\$77.81	\$85.29	\$100.25	\$115.21	55	
56	33.98	1.20	\$13.58	\$16.66	\$19.73	\$22.81	\$25.89	\$28.97	\$32.05	\$35.13	\$38.20	\$41.28	\$44.36	\$47.44	\$50.52	\$53.60	\$56.67	\$64.37	\$72.07	\$79.76	\$87.46	\$102.85	\$118.24	56	
57	35.00	1.20	\$13.67	\$16.84	\$20.00	\$23.17	\$26.34	\$29.51	\$32.67	\$35.84	\$39.01	\$42.18	\$45.34	\$48.51	\$51.68	\$54.85	\$58.01	\$65.93	\$73.85	\$81.77	\$89.69	\$105.53	\$121.36	57	
58	36.05	1.20	\$13.76	\$17.02	\$20.28	\$23.54	\$26.80	\$30.06	\$33.32	\$36.58	\$39.83	\$43.09	\$46.35	\$49.61	\$52.87	\$56.13	\$59.39	\$67.54	\$75.69	\$83.84	\$91.98	\$108.28	\$124.58	58	
59	37.49	1.20	\$13.89	\$17.27	\$20.66	\$24.04	\$27.43	\$30.81	\$34.20	\$37.58	\$40.97	\$44.35	\$47.74	\$51.12	\$54.51	\$57.90	\$61.28	\$69.74	\$78.21	\$86.67	\$95.13	\$112.06	\$128.99	59	
60	38.99	1.80	\$14.07	\$17.64	\$21.21	\$24.78	\$28.35	\$31.91	\$35.48	\$39.05	\$42.62	\$46.19	\$49.76	\$53.33	\$56.90	\$60.47	\$64.04	\$72.96	\$81.88	\$90.81	\$99.73	\$117.57	\$135.42	60	
61	40.03	1.80	\$14.16	\$17.82	\$21.48	\$25.14	\$28.80	\$32.46	\$36.12	\$39.78	\$43.44	\$47.10	\$50.76	\$54.42	\$58.08	\$61.74	\$65.40	\$74.55	\$83.70	\$92.85	\$102.00	\$120.30	\$138.60	61	
62	41.44	1.80	\$14.28	\$18.07	\$21.85	\$25.63	\$29.42	\$33.20	\$36.98	\$40.77	\$44.55	\$48.34	\$52.12	\$55.90	\$59.69	\$63.47	\$67.25	\$76.71	\$86.17	\$95.63	\$105.09	\$124.01	\$142.92	62	
63	43.17	1.80	\$14.43	\$18.37	\$22.30	\$26.24	\$30.17	\$34.11	\$38.04	\$41.98	\$45.91	\$49.85	\$53.78	\$57.72	\$61.65	\$65.59	\$69.52	\$79.36	\$89.20	\$99.03	\$108.87	\$128.55	\$148.22	63	
64	45.18	1.80	\$14.61	\$18.72	\$22.83	\$26.94	\$31.05	\$35.16	\$39.28	\$43.39	\$47.50	\$51.61	\$55.72	\$59.83	\$63.94	\$68.05	\$72.16	\$82.44	\$92.72	\$102.99	\$113.27	\$133.82	\$154.38	64	
65	47.45	1.80	\$14.81	\$19.12	\$23.43	\$27.74	\$32.05	\$36.36	\$40.67	\$44.98	\$49.28	\$53.59	\$57.90	\$62.21	\$66.52	\$70.83	\$75.14	\$85.91	\$96.69	\$107.46	\$118.23	\$139.78	\$161.33	65	
66	49.97	1.80	\$15.03	\$19.56	\$24.09	\$28.62	\$33.15	\$37.68	\$42.21	\$46.74	\$51.27	\$55.80	\$60.33	\$64.86	\$69.39	\$73.92	\$78.45	\$89.77	\$101.10	\$112.42	\$123.75	\$146.40	\$169.05	66	
67	52.73	1.80	\$15.27	\$20.04	\$24.81	\$29.59	\$34.36	\$39.13	\$43.90	\$48.67	\$53.44	\$58.21	\$62.99	\$67.76	\$72.53	\$77.30	\$82.07	\$94.00	\$105.93	\$117.86	\$129.78	\$153.64	\$177.50	67	
68	55.76	1.80	\$15.54	\$20.57	\$25.61	\$30.65	\$35.68	\$40.72	\$45.76	\$50.79	\$55.83	\$60.87	\$65.90	\$70.94	\$75.97	\$81.01	\$86.05	\$98.64	\$110.57	\$122.50	\$134.42	\$159.31	\$184.18	68	
69	59.08	1.80	\$15.83	\$21.15	\$26.48	\$31.81	\$37.14	\$42.46	\$47.79	\$53.12	\$58.44	\$63.77	\$69.10	\$74.42	\$79.75	\$85.08	\$90.41	\$103.72	\$115.04	\$126.36	\$137.68	\$163.59	\$189.46	69	
70	62.74	2.40	\$16.20	\$21.90	\$27.60	\$33.30	\$39.00	\$44.70	\$50.40	\$56.10	\$61.80	\$67.50	\$73.20	\$78.90	\$84.60	\$90.30	\$96.00	\$110.25	\$121.50	\$132.75	\$144.00	\$170.91	\$197.82	70	
71	66.79	2.40	\$16.55	\$22.61	\$28.66	\$34.72	\$40.77	\$46.82	\$52.88	\$58.93	\$64.99	\$71.04	\$77.10	\$83.15	\$89.20	\$95.26	\$101.31	\$116.45	\$131.58	\$142.72	\$153.86	\$181.81	\$209.76	71	
72	71.30	2.40	\$16.95	\$23.40	\$29.85	\$36.30	\$42.74	\$49.19	\$55.64	\$62.09	\$68.54	\$74.99	\$81.44	\$87.89	\$94.33	\$100.78	\$107.23	\$123.35	\$139.48	\$150.60	\$161.72	\$190.69	\$220.64	72	
73	76.35	2.40	\$17.39	\$24.28	\$31.17	\$38.06	\$44.95	\$51.84	\$58.73	\$65.63	\$72.52	\$79.41	\$86.30	\$93.19	\$100.08	\$106.97	\$113.86	\$131.09	\$148.31	\$160.54	\$172.77	\$202.72	\$232.67	73	
74	82.04	2.40	\$17.89	\$25.28	\$32.67	\$40.05	\$47.44	\$54.83	\$62.22	\$69.61	\$77.00	\$84.39	\$91.77	\$99.16	\$106.55	\$113.94	\$121.33	\$139.80	\$158.27	\$176.74	\$195.21	\$235.16	\$265.11	74	
75	88.48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	95.78	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	104.09	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	113.55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	124.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	136.58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	148.87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	160.78	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	172.04	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	184.08	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	195.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

PRE-CALCULATED MONTHLY RATE SHEETS WITH ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense

Smoker

(Age Nearest) Monthly Bank Draft Amounts

Age	/1000	ADB	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age	
50	42.91	1.20	\$14.36	\$18.22	\$22.08	\$25.94	\$29.80	\$33.66	\$37.52	\$41.38	\$45.24	\$49.10	\$52.96	\$56.82	\$60.68	\$64.53	\$68.39	\$78.04	\$87.69	\$97.34	\$106.99	\$126.29	\$145.59	50	
51	44.81	1.20	\$14.53	\$18.55	\$22.58	\$26.60	\$30.63	\$34.66	\$38.68	\$42.71	\$46.73	\$50.76	\$54.78	\$58.81	\$62.84	\$66.86	\$70.89	\$80.95	\$91.02	\$101.08	\$111.15	\$131.28	\$151.41	51	
52	47.08	1.20	\$14.72	\$18.95	\$23.17	\$27.40	\$31.62	\$35.85	\$40.07	\$44.30	\$48.52	\$52.75	\$56.97	\$61.19	\$65.42	\$69.64	\$73.87	\$84.43	\$94.99	\$105.55	\$116.11	\$137.24	\$158.36	52	
53	49.50	1.20	\$14.94	\$19.37	\$23.81	\$28.25	\$32.68	\$37.12	\$41.55	\$45.99	\$50.43	\$54.86	\$59.30	\$63.74	\$68.17	\$72.61	\$77.04	\$88.13	\$99.23	\$110.32	\$121.41	\$143.59	\$165.77	53	
54	51.97	1.20	\$15.15	\$19.80	\$24.46	\$29.11	\$33.76	\$38.41	\$43.07	\$47.72	\$52.37	\$57.02	\$61.68	\$66.33	\$70.98	\$75.63	\$80.29	\$91.92	\$103.55	\$115.18	\$126.81	\$150.07	\$173.33	54	
55	54.47	1.20	\$15.37	\$20.24	\$25.11	\$29.98	\$34.86	\$39.73	\$44.60	\$49.47	\$54.34	\$59.21	\$64.08	\$68.95	\$73.82	\$78.70	\$83.57	\$95.74	\$107.92	\$120.10	\$132.28	\$156.63	\$180.99	55	
56	57.01	1.20	\$15.59	\$20.69	\$25.78	\$30.87	\$35.97	\$41.06	\$46.15	\$51.25	\$56.34	\$61.43	\$66.53	\$71.62	\$76.71	\$81.81	\$86.90	\$99.63	\$112.37	\$125.10	\$137.83	\$163.30	\$188.77	56	
57	59.64	1.20	\$15.82	\$21.15	\$26.47	\$31.79	\$37.12	\$42.44	\$47.76	\$53.09	\$58.41	\$63.74	\$69.06	\$74.38	\$79.71	\$85.03	\$90.35	\$103.66	\$116.97	\$130.28	\$143.59	\$170.21	\$196.82	57	
58	62.39	1.20	\$16.06	\$21.63	\$27.19	\$32.76	\$38.32	\$43.88	\$49.45	\$55.01	\$60.58	\$66.14	\$71.71	\$77.27	\$82.83	\$88.40	\$93.96	\$107.87	\$121.78	\$135.69	\$149.60	\$177.42	\$205.24	58	
59	65.31	1.20	\$16.32	\$22.14	\$27.96	\$33.78	\$39.60	\$45.42	\$51.24	\$57.06	\$62.88	\$68.70	\$74.52	\$80.34	\$86.16	\$91.97	\$97.79	\$112.34	\$126.89	\$141.44	\$155.99	\$185.09	\$214.19	59	
60	68.42	1.80	\$16.64	\$22.79	\$28.93	\$35.08	\$41.22	\$47.37	\$53.51	\$59.65	\$65.80	\$71.94	\$78.09	\$84.23	\$90.38	\$96.52	\$102.66	\$118.02	\$133.39	\$148.75	\$164.11	\$194.83	\$225.55	60	
61	71.74	1.80	\$16.93	\$23.37	\$29.80	\$36.24	\$42.67	\$49.11	\$55.54	\$61.98	\$68.41	\$74.85	\$81.28	\$87.72	\$94.15	\$100.59	\$107.02	\$123.11	\$139.20	\$155.28	\$171.37	\$203.54	\$235.72	61	
62	75.28	1.80	\$17.24	\$23.99	\$30.73	\$37.48	\$44.22	\$50.97	\$57.71	\$64.46	\$71.20	\$77.95	\$84.69	\$91.43	\$98.18	\$104.92	\$111.67	\$128.53	\$145.39	\$162.25	\$179.11	\$212.84	\$246.56	62	
63	79.00	1.80	\$17.57	\$24.64	\$31.71	\$38.78	\$45.85	\$52.92	\$59.99	\$67.06	\$74.13	\$81.20	\$88.27	\$95.34	\$102.41	\$109.48	\$116.55	\$134.23	\$151.90	\$169.58	\$187.25	\$222.60	\$257.95	63	
64	82.89	1.80	\$17.91	\$25.32	\$32.73	\$40.14	\$47.55	\$54.96	\$62.37	\$69.78	\$77.19	\$84.60	\$92.01	\$99.42	\$106.83	\$114.25	\$121.66	\$140.18	\$158.71	\$177.23	\$195.76	\$232.81	\$269.86	64	
65	86.91	1.80	\$18.26	\$26.02	\$33.79	\$41.55	\$49.31	\$57.07	\$64.83	\$72.60	\$80.36	\$88.12	\$95.88	\$103.65	\$111.41	\$119.17	\$126.93	\$146.34	\$165.74	\$185.15	\$204.55	\$243.36	\$282.17	65	
66	91.04	1.80	\$18.62	\$26.75	\$34.87	\$42.99	\$51.12	\$59.24	\$67.36	\$75.49	\$83.61	\$91.74	\$99.86	\$107.98	\$116.11	\$124.23	\$132.35	\$152.66	\$172.97	\$193.28	\$213.59	\$254.21	\$294.82	66	
67	95.26	1.80	\$18.99	\$27.49	\$35.98	\$44.47	\$52.96	\$61.46	\$69.95	\$78.44	\$86.93	\$95.43	\$103.92	\$112.41	\$120.91	\$129.40	\$137.89	\$159.12	\$180.36	\$201.59	\$222.82	\$265.28	\$307.75	67	
68	99.57	1.80	\$19.37	\$28.24	\$37.11	\$45.98	\$54.85	\$63.72	\$72.59	\$81.46	\$90.33	\$99.20	\$108.07	\$116.94	\$125.81	\$134.68	\$143.55	\$165.72	\$187.90	\$210.07	\$232.25	\$276.60	\$320.95	68	
69	103.98	1.80	\$19.76	\$29.01	\$38.27	\$47.52	\$56.78	\$66.03	\$75.29	\$84.55	\$93.80	\$103.06	\$112.31	\$121.57	\$130.82	\$140.08	\$149.34	\$172.48	\$195.62	\$218.75	\$241.89	\$288.17	\$334.45	69	
70	108.55	2.40	\$20.21	\$29.92	\$39.62	\$49.33	\$59.04	\$68.75	\$78.46	\$88.17	\$97.87	\$107.58	\$117.29	\$127.00	\$136.71	\$146.41	\$156.12	\$180.39	\$204.66	\$228.93	\$253.20	\$301.74	\$350.28	70	
71	113.36	2.40	\$20.63	\$30.76	\$40.89	\$51.02	\$61.15	\$71.27	\$81.40	\$91.53	\$101.66	\$111.79	\$121.92	\$132.05	\$142.18	\$152.31	\$162.44	\$187.76	\$213.08	\$238.40	\$263.73	\$314.37	\$365.02	71	
72	118.51	2.40	\$21.08	\$31.66	\$42.24	\$52.82	\$63.40	\$73.98	\$84.56	\$95.14	\$105.72	\$116.30	\$126.88	\$137.46	\$148.04	\$158.61	\$169.19	\$195.64	\$222.09	\$248.54	\$274.99	\$327.89	\$380.79	72	
73	124.15	2.40	\$21.57	\$32.65	\$43.72	\$54.79	\$65.87	\$76.94	\$88.01	\$99.09	\$110.16	\$121.23	\$132.30	\$143.38	\$154.45	\$165.52	\$176.60	\$204.28	\$231.96	\$259.65	\$287.33	\$342.69	\$398.06	73	
74	130.45	2.40	\$22.12	\$33.75	\$45.37	\$57.00	\$68.62	\$80.25	\$91.87	\$103.50	\$115.12	\$126.74	\$138.37	\$149.99	\$161.62	\$173.24	\$184.87	\$213.93	\$242.99	\$272.05	\$301.11	\$359.23	\$417.35	74	
75	137.59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	145.75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	155.11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	165.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	177.87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	191.29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	205.86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	221.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	236.65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	251.23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	263.57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

PRE-CALCULATED MONTHLY RATE SHEETS WITH ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense

Level ADB Male

Non-Smoker

(Age Nearest) Monthly Bank Draft Amounts

Age	\$/1000	ADB	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	Level	ADB	Male	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age
50	36.98	1.20	\$13.84	\$17.18	\$20.52	\$23.86	\$27.20	\$30.54	\$33.89	\$37.23	\$40.57	\$43.91	\$47.25	\$50.59	\$53.93	\$57.27	\$60.61	\$68.96	\$77.32	\$85.67	\$94.02	\$110.72	\$127.43	50
51	38.83	1.20	\$14.00	\$17.51	\$21.01	\$24.51	\$28.01	\$31.52	\$35.02	\$38.52	\$42.02	\$45.53	\$49.03	\$52.53	\$56.03	\$59.54	\$63.04	\$71.80	\$80.55	\$89.31	\$98.07	\$115.58	\$133.09	51
52	40.77	1.20	\$14.17	\$17.84	\$21.52	\$25.19	\$28.86	\$32.53	\$36.21	\$39.88	\$43.55	\$47.22	\$50.90	\$54.57	\$58.24	\$61.91	\$65.59	\$74.77	\$83.55	\$92.31	\$101.08	\$119.61	\$138.14	52
53	42.41	1.20	\$14.32	\$18.13	\$21.95	\$25.76	\$29.58	\$33.40	\$37.21	\$41.03	\$44.84	\$48.66	\$52.47	\$56.29	\$60.11	\$63.92	\$67.74	\$77.28	\$86.82	\$95.36	\$103.90	\$122.43	\$140.96	53
54	44.10	1.20	\$14.46	\$18.43	\$22.39	\$26.36	\$30.32	\$34.28	\$38.25	\$42.21	\$46.17	\$50.14	\$54.10	\$58.07	\$62.03	\$65.99	\$69.96	\$79.87	\$89.78	\$98.68	\$107.59	\$126.12	\$144.65	54
55	45.42	1.20	\$14.58	\$18.66	\$22.74	\$26.82	\$30.90	\$34.98	\$39.05	\$43.13	\$47.21	\$51.29	\$55.37	\$59.45	\$63.53	\$67.61	\$71.69	\$81.89	\$91.28	\$99.68	\$108.28	\$126.81	\$145.34	55
56	45.88	1.20	\$14.62	\$18.74	\$22.86	\$26.98	\$31.10	\$35.22	\$39.34	\$43.46	\$47.58	\$51.70	\$55.81	\$59.93	\$64.05	\$68.17	\$72.29	\$82.59	\$91.69	\$100.49	\$109.29	\$127.82	\$146.35	56
57	46.34	1.20	\$14.66	\$18.82	\$22.98	\$27.14	\$31.30	\$35.46	\$39.62	\$43.78	\$47.94	\$52.10	\$56.26	\$60.42	\$64.58	\$68.74	\$72.90	\$83.30	\$92.00	\$100.40	\$109.20	\$127.73	\$146.26	57
58	47.26	1.20	\$14.74	\$18.98	\$23.22	\$27.46	\$31.70	\$35.94	\$40.18	\$44.42	\$48.66	\$52.90	\$57.14	\$61.38	\$65.62	\$69.86	\$74.10	\$84.70	\$93.00	\$101.20	\$110.00	\$128.53	\$147.06	58
59	48.68	1.20	\$14.86	\$19.23	\$23.59	\$27.96	\$32.32	\$36.69	\$41.05	\$45.42	\$49.78	\$54.15	\$58.51	\$62.87	\$67.24	\$71.60	\$75.97	\$86.88	\$94.70	\$102.90	\$111.70	\$130.23	\$148.76	59
60	50.63	1.80	\$15.09	\$19.68	\$24.26	\$28.85	\$33.44	\$38.03	\$42.61	\$47.20	\$51.79	\$56.38	\$60.96	\$65.55	\$70.14	\$74.73	\$79.31	\$90.78	\$98.25	\$106.85	\$115.45	\$133.98	\$152.51	60
61	53.46	1.80	\$15.34	\$20.17	\$25.01	\$29.84	\$34.68	\$39.51	\$44.35	\$49.18	\$54.02	\$58.85	\$63.69	\$68.52	\$73.36	\$78.19	\$83.03	\$95.12	\$102.21	\$110.81	\$119.41	\$137.94	\$156.47	61
62	56.23	1.80	\$15.58	\$20.66	\$25.73	\$30.81	\$35.89	\$40.97	\$46.04	\$51.12	\$56.20	\$61.28	\$66.35	\$71.43	\$76.51	\$81.59	\$86.66	\$99.36	\$106.85	\$115.85	\$124.85	\$143.38	\$161.91	62
63	59.02	1.80	\$15.82	\$21.14	\$26.47	\$31.79	\$37.11	\$42.43	\$47.75	\$53.07	\$58.40	\$63.72	\$69.04	\$74.36	\$79.68	\$85.00	\$90.33	\$103.63	\$111.52	\$121.02	\$130.22	\$148.75	\$167.28	63
64	61.90	1.80	\$16.07	\$21.65	\$27.22	\$32.80	\$38.37	\$43.94	\$49.52	\$55.09	\$60.66	\$66.24	\$71.81	\$77.39	\$82.96	\$88.53	\$94.11	\$108.04	\$116.44	\$126.44	\$135.64	\$154.17	\$172.70	64
65	64.92	1.80	\$16.34	\$22.18	\$28.01	\$33.85	\$39.69	\$45.53	\$51.37	\$57.20	\$63.04	\$68.88	\$74.72	\$80.56	\$86.39	\$92.23	\$98.07	\$112.67	\$121.27	\$131.87	\$141.47	\$160.00	\$178.53	65
66	68.16	1.80	\$16.62	\$22.74	\$28.86	\$34.99	\$41.11	\$47.23	\$53.35	\$59.47	\$65.59	\$71.72	\$77.84	\$83.96	\$90.08	\$96.20	\$102.32	\$117.63	\$126.63	\$137.63	\$148.23	\$166.76	\$185.29	66
67	71.70	1.80	\$16.93	\$23.36	\$29.79	\$36.23	\$42.66	\$49.09	\$55.52	\$61.95	\$68.38	\$74.81	\$81.24	\$87.68	\$94.11	\$100.54	\$106.97	\$123.05	\$131.45	\$142.45	\$153.45	\$171.98	\$190.51	67
68	75.59	1.80	\$17.27	\$24.04	\$30.81	\$37.59	\$44.36	\$51.13	\$57.90	\$64.67	\$71.44	\$78.21	\$84.99	\$91.76	\$98.53	\$105.30	\$112.07	\$129.00	\$137.80	\$149.20	\$160.60	\$179.13	\$197.66	68
69	79.91	1.80	\$17.65	\$24.80	\$31.95	\$39.10	\$46.25	\$53.40	\$60.55	\$67.70	\$74.85	\$82.00	\$89.15	\$96.30	\$103.45	\$110.59	\$117.74	\$135.62	\$144.92	\$156.32	\$167.72	\$186.25	\$204.78	69
70	84.74	2.40	\$18.12	\$25.75	\$33.37	\$41.00	\$48.62	\$56.25	\$63.87	\$71.50	\$79.12	\$86.75	\$94.37	\$102.00	\$109.62	\$117.25	\$124.87	\$143.93	\$153.23	\$164.63	\$176.03	\$194.56	\$213.09	70
71	90.14	2.40	\$18.60	\$26.69	\$34.79	\$42.89	\$50.99	\$59.08	\$67.18	\$75.28	\$83.38	\$91.47	\$99.57	\$107.67	\$115.76	\$123.86	\$131.96	\$152.20	\$162.60	\$174.00	\$185.40	\$204.93	\$224.46	71
72	96.19	2.40	\$19.13	\$27.75	\$36.38	\$45.01	\$53.63	\$62.26	\$70.89	\$79.51	\$88.14	\$96.77	\$105.39	\$114.02	\$122.65	\$131.27	\$139.90	\$161.47	\$172.07	\$183.67	\$195.27	\$214.80	\$234.33	72
73	102.97	2.40	\$19.72	\$28.94	\$38.16	\$47.38	\$56.60	\$65.82	\$75.04	\$84.26	\$93.48	\$102.70	\$111.92	\$121.14	\$130.36	\$139.58	\$148.80	\$171.85	\$182.45	\$194.05	\$205.65	\$225.18	\$244.71	73
74	110.54	2.40	\$20.38	\$30.26	\$40.15	\$50.03	\$59.91	\$69.79	\$79.68	\$89.56	\$99.44	\$109.32	\$119.20	\$129.09	\$138.97	\$148.85	\$158.73	\$183.44	\$194.04	\$205.64	\$217.24	\$236.77	\$256.30	74
75	118.98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	128.37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	138.79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	150.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	163.01	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	176.97	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	191.13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	206.42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	222.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	240.77	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	260.03	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

PRE-CALCULATED MONTHLY RATE SHEETS WITH ACCIDENTAL DEATH BENEFIT



GuideStar Final Expense

Level ADB Male Smoker

(Age Nearest) Monthly Bank Draft Amounts

Age	ADB	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000	\$35,000	Age		
50	49.24	1.20	\$14.91	\$19.33	\$23.74	\$28.15	\$32.57	\$36.98	\$41.39	\$45.81	\$50.22	\$54.64	\$59.05	\$63.46	\$67.88	\$72.29	\$76.70	\$81.11	\$85.52	\$89.93	\$94.34	\$98.75	\$103.16	50	
51	51.10	1.20	\$15.08	\$19.65	\$24.23	\$28.81	\$33.38	\$37.96	\$42.53	\$47.11	\$51.69	\$56.26	\$60.84	\$65.42	\$69.99	\$74.57	\$79.14	\$83.72	\$88.30	\$92.88	\$97.46	\$102.03	\$106.61	51	
52	53.21	1.20	\$15.26	\$20.02	\$24.78	\$29.54	\$34.30	\$39.06	\$43.82	\$48.59	\$53.35	\$58.11	\$62.87	\$67.63	\$72.39	\$77.15	\$81.91	\$86.67	\$91.43	\$96.19	\$100.95	\$105.71	\$110.47	52	
53	55.52	1.20	\$15.46	\$20.43	\$25.39	\$30.35	\$35.32	\$40.28	\$45.24	\$50.20	\$55.17	\$60.13	\$65.09	\$70.06	\$75.02	\$79.98	\$84.95	\$89.91	\$94.87	\$99.83	\$104.79	\$109.75	\$114.71	53	
54	57.99	1.20	\$15.68	\$20.86	\$26.04	\$31.22	\$36.40	\$41.57	\$46.75	\$51.93	\$57.11	\$62.29	\$67.47	\$72.65	\$77.83	\$83.01	\$88.19	\$93.37	\$98.55	\$103.73	\$108.91	\$114.09	\$119.27	54	
55	60.61	1.20	\$15.91	\$21.32	\$26.73	\$32.13	\$37.54	\$42.95	\$48.36	\$53.77	\$59.18	\$64.58	\$69.99	\$75.40	\$80.81	\$86.22	\$91.63	\$97.04	\$102.45	\$107.86	\$113.27	\$118.68	\$124.09	55	
56	63.38	1.20	\$16.15	\$21.80	\$27.45	\$33.10	\$38.75	\$44.40	\$50.06	\$55.71	\$61.36	\$67.01	\$72.66	\$78.31	\$83.96	\$89.61	\$95.26	\$100.91	\$106.56	\$112.21	\$117.86	\$123.51	\$129.16	56	
57	66.31	1.20	\$16.41	\$22.31	\$28.22	\$34.13	\$40.04	\$45.94	\$51.85	\$57.76	\$63.66	\$69.57	\$75.48	\$81.39	\$87.29	\$93.20	\$99.11	\$105.02	\$110.93	\$116.84	\$122.75	\$128.66	\$134.57	57	
58	69.43	1.20	\$16.68	\$22.86	\$29.04	\$35.22	\$41.40	\$47.58	\$53.76	\$59.94	\$66.12	\$72.30	\$78.48	\$84.66	\$90.84	\$97.02	\$103.20	\$109.38	\$115.56	\$121.74	\$127.92	\$134.10	\$140.28	58	
59	72.76	1.20	\$16.97	\$23.44	\$29.91	\$36.39	\$42.86	\$49.33	\$55.80	\$62.27	\$68.74	\$75.22	\$81.69	\$88.16	\$94.63	\$101.10	\$107.57	\$114.04	\$120.51	\$126.98	\$133.45	\$139.92	\$146.39	59	
60	76.33	1.80	\$17.34	\$24.17	\$31.01	\$37.85	\$44.68	\$51.52	\$58.35	\$65.19	\$72.03	\$78.86	\$85.70	\$92.54	\$99.37	\$106.21	\$113.05	\$119.89	\$126.73	\$133.57	\$140.41	\$147.25	\$154.09	60	
61	80.18	1.80	\$17.67	\$24.85	\$32.02	\$39.19	\$46.37	\$53.54	\$60.71	\$67.89	\$75.06	\$82.23	\$89.41	\$96.58	\$103.75	\$110.93	\$118.10	\$125.27	\$132.44	\$139.61	\$146.78	\$153.95	\$161.12	61	
62	84.34	1.80	\$18.04	\$25.57	\$33.11	\$40.85	\$48.19	\$55.72	\$63.26	\$70.80	\$78.34	\$85.87	\$93.41	\$100.95	\$108.48	\$116.02	\$123.56	\$131.09	\$138.63	\$146.16	\$153.69	\$161.23	\$168.76	62	
63	88.85	1.80	\$18.43	\$26.36	\$34.30	\$42.23	\$50.16	\$58.09	\$66.02	\$73.96	\$81.89	\$89.82	\$97.75	\$105.68	\$113.61	\$121.55	\$129.48	\$137.41	\$145.34	\$153.27	\$161.20	\$169.13	\$177.06	63	
64	93.75	1.80	\$18.86	\$27.22	\$35.58	\$43.94	\$52.30	\$60.66	\$69.02	\$77.39	\$85.75	\$94.11	\$102.47	\$110.83	\$119.19	\$127.55	\$135.91	\$144.27	\$152.63	\$160.99	\$169.35	\$177.71	\$186.07	64	
65	99.09	1.80	\$19.33	\$28.16	\$36.98	\$45.81	\$54.64	\$63.47	\$72.30	\$81.12	\$89.95	\$98.78	\$107.61	\$116.43	\$125.26	\$134.09	\$142.92	\$151.75	\$160.58	\$169.41	\$178.24	\$187.07	\$195.90	65	
66	104.90	1.80	\$19.84	\$29.17	\$38.51	\$47.85	\$57.18	\$66.52	\$75.85	\$85.19	\$94.53	\$103.86	\$113.20	\$122.54	\$131.87	\$141.21	\$150.54	\$159.88	\$169.21	\$178.55	\$187.88	\$197.22	\$206.55	66	
67	111.25	1.80	\$20.39	\$30.28	\$40.18	\$50.07	\$59.96	\$69.85	\$79.74	\$89.64	\$99.53	\$109.42	\$119.31	\$129.20	\$139.09	\$148.98	\$158.88	\$168.77	\$178.66	\$188.55	\$198.44	\$208.33	\$218.22	67	
68	118.17	1.80	\$21.00	\$31.49	\$41.99	\$52.49	\$62.99	\$73.48	\$83.98	\$94.48	\$104.98	\$115.47	\$125.97	\$136.47	\$146.97	\$157.46	\$167.96	\$178.45	\$188.95	\$199.44	\$209.94	\$220.43	\$230.93	68	
69	125.74	1.80	\$21.66	\$32.82	\$43.98	\$55.14	\$66.30	\$77.46	\$88.62	\$99.78	\$110.94	\$122.10	\$133.26	\$144.42	\$155.58	\$166.74	\$177.90	\$189.06	\$200.22	\$211.38	\$222.54	\$233.70	\$244.86	69	
70	134.02	2.40	\$22.44	\$34.37	\$46.31	\$58.25	\$70.18	\$82.12	\$94.06	\$105.99	\$117.93	\$129.87	\$141.80	\$153.74	\$165.68	\$177.61	\$189.55	\$201.49	\$213.43	\$225.37	\$237.31	\$249.25	\$261.19	70	
71	143.09	2.40	\$23.23	\$35.96	\$48.69	\$61.42	\$74.15	\$86.88	\$99.61	\$112.34	\$125.07	\$137.80	\$150.53	\$163.26	\$175.99	\$188.73	\$201.46	\$223.28	\$245.10	\$266.92	\$288.74	\$310.56	\$332.38	71	
72	153.04	2.40	\$24.10	\$37.70	\$51.30	\$64.90	\$78.51	\$92.11	\$105.71	\$119.31	\$132.91	\$146.51	\$160.11	\$173.71	\$187.31	\$200.91	\$214.52	\$248.52	\$292.52	\$336.52	\$380.52	\$424.52	\$468.52	72	
73	163.96	2.40	\$25.06	\$39.61	\$54.17	\$68.73	\$83.28	\$97.84	\$112.40	\$126.95	\$141.51	\$156.07	\$170.62	\$185.18	\$199.73	\$214.29	\$228.85	\$265.24	\$309.64	\$354.04	\$398.44	\$442.84	\$487.24	73	
74	175.98	2.40	\$26.11	\$41.72	\$57.32	\$72.93	\$88.54	\$104.15	\$119.76	\$135.37	\$150.97	\$166.58	\$182.19	\$197.80	\$213.41	\$229.02	\$244.62	\$283.64	\$333.64	\$383.64	\$433.64	\$483.64	\$533.64	74	
75	189.22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75
76	203.82	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76
77	219.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77
78	237.73	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78
79	257.39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79
80	279.13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
81	303.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81
82	329.65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	82
83	358.87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83
84	391.04	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84
85	426.39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	85

ADDITIONAL CALCULATION NEAREST AGE PRACTICE EXAMPLES

Example 3: Client's Birthday 5/10/1961; Date Policy Becomes Effective = 6/15/2015

- 1) Current Age = 54
- 2) # Full Months Since Last Birthday = 1...(May 10 - June 10)
- 3) Since 1 is Less than or Equal to 6, Use Client's Current Age = 54

Example 4: Client's Birthday 1/12/1940; Date Policy Becomes Effective = 5/15/2015

- 1) Current Age = 75
- 2) # Full Months Since Last Birthday = 4...(January 12 - February 12, February 12 - March 12, March 12 - April 12, April 12 - May 12)
- 3) Since 4 is Less than or Equal to 6, Use Client's Current Age = 76

ORDERING SUPPLIES

- 1) Call Home Office ask for supplies (800-876-0199)
- 2) Fax order form (785-235-0881)
- 3) E-mail form to abernskoetter@amhomelife.com. The form will be in your agent kit or on the website www.amhomelife.com/agent-zone/home-page/forms/contracting-forms/other/miscellaneous. The form is fillable, so it can be saved to your AHL folder on your computer.



SUPPLY REQUEST
 FAX 785-235-0881
 e-mail abernskoetter@amhomelife.com

APPLICATIONS

_____ ICC15 Trad Traditional Whole Life
 _____ U-FPA-1/11 Annuity FPA State of _____
 _____ ICC19 FEPA Final Expense State of _____

SUPPLEMENT TO APPLICATION

_____ U-82 Release of Health Related Information
 _____ 13 IPR-3 Summary of Indeterminate Premium Reduction, Policies 10/20 Year NT (TX & MT)
 _____ 13 IPR-4 Summary of Indeterminate Premium Reduction, Policies 20 Year NT (TX & MT)
 _____ 13 IPR-5 Summary of Indeterminate Premium Reduction, Policies 30 Year NT (TX & MT)
 _____ 84-APP Agreement for Prepayment of Premiums
 _____ APDF-2 Premium Deposit Receipts
 _____ U-41-7/82 Notice of Information Practices (AZ & MT)
 _____ U-PAR-1 Disclosure Statement (MEC Form)

PAYMENT SUPPLEMENTS

_____ ACC-17 Bankdraft Authorization
 _____ ACC-39 Funds Transfer & 1035 Exchange
 _____ U-PAR-2 10/03 Paid Up Life Benefit Authorization
 _____ U-PAR-3 10/03 Request for Premium or Cash W/D
 _____ U-PAR-4 10/03 Paid Up Life Benefit Authorization
 _____ PR-05 Premium Receipt (required for cash)

UNDERWRITING INFORMATION FORMS

_____ U-5 Disclaimer State of _____
 _____ U-5-A-MN Consumer Privacy Notice (Minnesota)
 _____ U-5-B-MN Life Insurance Fact Sheet (Minnesota)
 _____ U-5-C-MN Advance Disclosure Notice (Minnesota)
 _____ U-9 Medical Examiners Report State of _____
 _____ U-18 All Purpose Form State of _____
 _____ U-19 Smoking Statement
 _____ U-45/01 Non-Medical Limits & Approved Paramedical Facilities
 _____ U-1 REP Replacement Forms State of _____
 _____ HIV- Blood Profile Consent State of _____
 _____ UI-05 (Rev 06/10) Underwriting Information Pamphlet

POLICYOWNER SERVICE FORMS

_____ POS-3 Claimant's Statement
 _____ POS-12 Change of Beneficiary
 _____ POS-13 Change of Ownership
 _____ POS-18 Policy Loan Request
 _____ POS-19 Multi Purpose Form (short)
 _____ POS-29 Annuity Surrender Form
 _____ POS-38 Cash Surrender/Customer Assistance
 _____ POS-64 Express Permission To Call
 _____ POS-65 Assignment of Policy/Contract Death Benefits

GUIDESTAR/FINAL EXPENSE

_____ GS-5 Planning Worksheet
 _____ GS-19 03/19 (Calculating Premiums, Etc.)
 _____ GS-19 03/19 GuideStar Overview
 _____ GS-FEPS-3 03/19 Personal Planning Guide
 _____ GS-03/19 Brochure with Memorial Information
 _____ FE-95 "GuideStar" Rates
 _____ GS-20 Referral Card
 _____ GS-20 Quick Quote - Sample Rates

WHOLE LIFE & SINGLE PREMIUM WHOLE LIFE

_____ MKT-WL-3 09/16 American Legacy Brochure
 _____ MKT-WL-4 09/16 American Legacy Overview
 _____ AL-09/16 American Legacy Rates
 _____ YAL-09/16 Young American Legacy Rates
 _____ MKT-WL-5 09/16 American Whole Life Brochure
 _____ MKT-WL-6 09/16 American Whole Life Overview
 _____ WL-01/06 09/16 American Whole Life Rates
 _____ JR WL-01/06 09/16 Young American Whole Life Rates
 _____ AB - 12/16 Additional Benefits
 _____ 8/00 ABR ABR Pamphlet

VALUE WHOLE LIFE

_____ VWL 09/16 Value Whole Life Rates
 _____ MKT-VWL-8 09/16 Value Whole Life Overview

TERM

_____ ART ART Rate
 _____ MKT-ART ART Overview
 _____ NTI-1/07 01/16 Nova Term Rates
 _____ MKT-NT-1 09/16 Nova Term Overview
 _____ MKT-5 09/16 Term Brochure

ANNUITY PRODUCTS (U-FPA-1/06)

_____ FPA-1 - 05/16 Flexible Premium Brochure
 _____ FPA-3 - 01/12 Flexible Premium Overview
 _____ ACC-39 Funds Transfer & 1035 Exchange
 _____ FPA-5 Annuity Suitability Questionnaire

AGENT SUPPORT

_____ MKT-3 Advertising Guidelines
 _____ AGY-31 Prospect Cards
 _____ MKT-LMF 01/16 Product Portfolio

ENVELOPES & MISCELLANEOUS

_____ E-40 #9 Self-Addressed to Company
 _____ E-27 #10 Corner Return Envelopes
 _____ E-56 #14 Corner Return Envelopes
 _____ E-47 #14 Self-Addressed to Company
 _____ AHL Memo Pads
 _____ AHL Stationery
 _____ AGY-90 (3/10) Business Card Order Form
 _____ Home Office Service Directory
 _____ U-ASCP FAX/App Submission Cover Page
 _____ AGY-16 Supply Request Order Form

Date _____ Name _____ Agent # _____
 Check for New Address Address _____ Apt or Suite # _____
 City _____ State _____ Zip _____

Guidestar® Insurance Telephone Script

INFO FROM AGENT:

Client Name: _____

Agent Name: _____

Address, City, St, Zip: _____

SS#: _____ Date of Birth: _____

Amount: _____

Level: _____ Limited: _____

Telephone #: _____

State of Birth: _____

(In MT and ID Only) Does your client wish to designate a secondary addressee?
If Yes, Underwriting gather the secondary addressee information

YES NO

Did the Proposed Insured read the Declarations and Authorizations related to the Guidestar Product?

YES NO

INFO FROM CLIENT:

To complete this quick telephone interview, we need to record this call and accept your signature electronically through voice recording. Is this OK?

YES NO

We have your social security number as (see above) and your date of birth as (see above). Is this information correct? (If no, make necessary changes).

YES NO

Do you authorize American Home Life to obtain your medical and prescription drug history from MIB or any other organization under the terms of the Declarations and Authorizations set forth in the application?

YES NO

RUN MIB AND SCRIPT CHECK (continue interview while waiting)

Place electronic signature below:

Also, it is important to answer all questions accurately. Inaccurate or incomplete answers could affect the payment of policy benefits. Do you understand?

Did your agent, (Agent Name), ask you and did you understand medical questions #1-10 in the application?

YES NO

Have you reviewed your answers to these questions in the application and are they filled out accurately?

YES NO

It is your obligation to inform us of any changes in health, referrals to health care providers, or any other events that would change any answer to the health questions answered as part of this application process, that occur prior to the first premium payment. Failure to do so could result in non-payment of policy benefits. Do you understand this obligation?

YES NO

Were your answers to any of the health questions "Yes?"
If yes, what questions, please provide details?

YES NO

YES NO

Guidestar® Insurance Telephone Script

Ok, Thank You. We will ask you a few additional verification questions and then conclude the interview.

1. In the past 12 months, have you used any form of tobacco or nicotine products? YES NO
2. Has a licensed medical professional ever diagnosed you with Diabetes, Cancer or Dementia? YES NO
3. Has a licensed medical professional ever diagnosed you with a Heart or Circulatory disease or have you had a stent or a bypass within the last 2 years? YES NO

If Question #2 or 3 was answered “Yes”, proceed to asking the corresponding questions below. If “No”, wait for MIB & Script Check and verify that the client has applied for the correct product.

Diabetes (If “Yes”):

- Were you diagnosed with Diabetes 20 years ago or more? YES NO
- Does your diabetes require insulin? YES NO
- Is your Diabetes presently controlled? YES NO
- To the best of your knowledge, what was your most recent A1c level as determined by a licensed medical professional? _____ %

Level = Diagnosis not longer than 20 years ago, not on insulin, and under control.

Graded = Has had Diabetes > 20 years AND/OR is on insulin AND/OR is not under control

Decline = Diabetes AND Heart Disease (CAD, CHF, Cardiomyopathy)

Heart Disease (If “Yes”):

- What disease/procedure do/did you have? _____
- Was the disease diagnosed/was the heart procedure within the last 2 years? YES NO
- Have you been treated or have you taken any prescription medication for the disorder/procedure within the last 2 years? YES NO

Level = NO CAD AND CHF OR Cardiomyopathy, No diagnosis or treatment of Heart Disease (CAD, CHF, Cardiomyopathy) OR procedure to improve circulation (stent or bypass) w/in last 24 months.

Graded = NO CAD AND CHF OR Cardiomyopathy BUT YES to diagnosis or treatment of Heart Disease (CAD, CHF, Cardiomyopathy) OR procedure to improve circulation (stent or bypass) within last 24 months.

Decline = CAD AND CHF OR Cardiomyopathy

Cancer (If “Yes”):

- Has the cancer metastasized (spread)? YES NO

Guidestar® Insurance Telephone Script

What type of cancer, when diagnosed, what treatment are you currently on? If no current treatment, when did the last round of treatment conclude? _____

Level = No Cancer

Graded = Cancer diagnosed or treated within 36 months

Decline = Terminal or metastasized (spread) Cancer

Dementia (Alzheimer's) (If "Yes"):

No Follow Up Questions - All "Yes" answers are Decline

___ Application is approved. Congratulations! Based upon your responses your application has been approved. Your policy will be effective upon receipt of your first premium and your completed application assuming no changes in health.

___ Application will be referred to underwriting for additional information.

___ Application is declined- Tell the agent the application is declined and that the applicant will receive a written explanation from American Home Life.

Interviewer: _____ Date and Time of Call: _____

Comments: _____

GuideStar®

Final Expense

A Whole Life Product



**Providing Immediate Benefits for
Survivors Faced with
Unexpected Expenses**

**Funeral and Burial Expenses
Medical Bills
Legal Fees
Miscellaneous**



**The American Home Life
Insurance Company**

Trusted For Generations

Form GS-FEPS-3(Rev 03.19)



The American Home Life Insurance Company

Topeka, Kansas

Our Company was founded in 1909 to provide the highest quality insurance products and services. Over the years, we have been recognized as a strong, responsible insurer and a good corporate citizen. We are a “mutual” life insurance company, which means that, as owner of an American Home Life policy, you are also an owner of the Company. You have our pledge of sound management and personal attention to your life insurance needs. We invite you to call us, toll-free, at 800-876-0199.

Peace of mind comes from knowing that death will not create a financial hardship for our loved ones. The *GuideStar* Plan provides funds to pay final expenses or cover medical bills from a last illness. Those funds can also create gifts for loved ones or a favorite charity. With a *GuideStar* Plan, you plan for the future. You make the decisions. You have peace of mind.

GUIDESTAR BENEFITS

- PREMIUMS ARE GUARANTEED** - Your premiums will never increase regardless of your age or health.
- BENEFITS ARE GUARANTEED** - Your death benefits are guaranteed never to decrease and will be paid to the beneficiary of your choice tax free.
- YOU CAN NOT BE CANCELLED** - Your coverage is guaranteed not to be cancelled, except for non-payment of your premium.
- ACCELERATED BENEFIT RIDER(ABR)** - Enables the owner to claim a portion of the policy’s death benefit prior to the actual death of the insured. (There is no cost for this rider)
- NURSING HOME CONFINEMENT** - (Not Available in Florida) Enables the owner to claim a portion of the policy’s death benefit when permanently confined to a qualified nursing home. (There is no cost for this rider)
- NO MEDICAL EXAM** - Policy issue depends on your answer to the health questions in the application.
- 30 DAY FREE LOOK WITH THE RIGHT TO CANCEL** - 100% refund

OPTIONS

(Additional Premium Required)

- ACCIDENTAL DEATH BENEFIT RIDER (ADB)** - Pays an additional benefit in the event of your death as the direct result of an accident. Available ages 50-74 (age nearest).

EXPENSES TO CONSIDER

Use this to determine future obligations your loved ones must meet.

Funeral Expense:

- Funeral Service _____
- Casket & Vault _____
- Pastoral Services _____
- Grave Marker _____
- Music _____
- Cremation _____
- Cemetery Plot _____

- Transportation _____
- Medical Bills _____
- Legal/Probate _____
- Cash Gifts _____
- Other _____

- Total \$ _____

2 TYPES OF COVERAGE

LEVEL
100% FULL DEATH BENEFIT PAID IMMEDIATELY AT DEATH

GRADED
POLICY YEAR 1 & 2
REDUCED DEATH BENEFIT
100% FULL DEATH BENEFIT IF ACCIDENTAL DEATH IN YEARS 1 & 2

POLICY YEAR 3 AND AFTER
FULL POLICY DEATH BENEFIT

WOULD YOUR DEATH CREATE A BURDEN OR WOULD YOUR FAMILY CONTINUE TO MEET ALL THEIR FINANCIAL OBLIGATIONS?



MY GUIDESTAR PLAN

Name: _____

Face Amount

Level \$ _____

Graded

First Year \$ _____

ADB \$ _____

Second Year \$ _____

Thereafter \$ _____

Total Premium: \$ _____

- Annual
- Semi-Annual
- Quarterly
- Monthly Automatic

For consumer use only. Policy Forms: ICC19 FEPL, ICC19 FEPL-FL, 19 FEPL-ND, 19 FEPL-SD, 19 FEPL-FL, 19 FEPL-ND, 19 FEPL-SD. Product specifications and availability may vary by state.

Memorial Information

The following information is provided to relieve my loved ones of the emotional strain of decision-making at the time of my death. I have included instructions regarding my preferred memorial service, and I have applied for a *GuideStar* Final Expense plan to help pay the expenses of my memorial service. I understand this is not a will or a will substitute.

Name _____

Residence _____

Social Security No. _____ Date of Birth _____

Birthplace _____

Marital Status _____ Name of Spouse _____

Father's Name _____ Place of Birth _____

Mother's Maiden Name _____ Place of Birth _____

Usual Occupation _____ Employer _____

Funeral Arrangements & Instructions

Mortuary _____ Address _____

Place of Service: Church Mortuary Chapel Other _____

Church or Denomination _____ Address _____

Clergyman _____ Phone _____

Pallbearers _____

Special Requests _____

I prefer Earth Burial Cremation Mausoleum

Name of Cemetery _____ City/State _____

I have have not reserved interment facilities.

Special Requests _____

.....

AHL Representative: _____



P.O. Box 1497 • 400 S. Kansas Ave. • Topeka, KS 66601

800-876-0199

www.amhomelife.com

American Home Life Insurance Co

Presents

GuideStar[®]

FINAL EXPENSE PLANS

A Whole Life Product

**Providing Immediate
Benefits for Survivors
Faced with
Unexpected Expenses**

61



**The American Home Life
Insurance Company**
Trusted for Generations

SOCIAL SECURITY DEATH BENEFITS 2012 U-P-D-A-T-E

- ★ As Of 2012, The Lump Sum Death Benefit Payment By Social Security Is Only **\$255**.
- ★ Social Security Death Benefits Are **NOT** Automatic.
- ★ You Must Notify Social Security Administration Immediately.
- ★ You Must Notify The Bank To Return Any Direct Deposit Amount Paid In The Month Of The Death And Thereafter.
- ★ You Must Set Up Appointment At Your Local Social Security Office. You Will Be Asked To Fill Out An Application.
- ★ Application Must Be Made And Specific Documents Must Be Furnished.

Some Of The Items You May Be Asked For:
Certified Copy Of Birth Certificate Or Naturalization Papers
Death Certificate
Marriage License
W-2's and/or Tax Returns

★ **Remember...Lump Sum Death Benefits Cannot Be Paid To Funeral Home.**

If You Died Tomorrow How Would Your Loved Ones Pay These Final Expense Obligations?



ITEMS	AVERAGE PRICE
NON-DECLINABLE BASIC SERVICE FEES	\$2,100
REMOVAL/TRANSFER OF REMAINS TO FUNERAL HOME	\$325
EMBALMING	\$725
OTHER PREPARATION OF THE BODY	\$250
USE OF FACILITY FOR VIEWING	\$425
USE OF FACILITY/STAFF FOR FUNERAL CEREMONY	\$500
USE OF HEARSE	\$325
USE OF SERVICE CAR/VAN	\$150
BASIC MEMORIAL PRINTED PACKAGE	\$160
METAL CASKET	\$2,400
VAULT	\$1,395
AVERAGE COST	\$8,755

SOURCE: 2009 NFDA GENERAL PRICE LIST SURVEY

OTHER COSTS TO CONSIDER	
OPEN/CLOSE GRAVE	\$650
MONUMENT/MARKER	\$1,600
FLOWERS	\$350
GRAVE PLOT	\$1,300
ADDITIONAL COST	\$3,900

COSTS MAY VARY: ESTIMATES ONLY

COST OF AVERAGE FUNERAL CAN BE AS MUCH AS.

\$12,655

AND UP...

DON'T FORGET...HOSPITAL OR

DOCTOR BILLS....

OUTSTANDING DEBT OR

OBLIGATION - ANY LEGAL OR

ATTORNEY FEES.

YOU HAVE FOUR WAYS TO PAY THESE EXPENSES



1. RELY ON FAMILY OR FRIENDS
 2. BORROW THE MONEY
 3. USE THE CASH YOU HAVE ACCUMULATED IN THE BANK
- *REMEMBER YOUR MONTHLY INCOME HAS NOW BEEN REDUCED

OR

4. RELY ON THE **AFFORDABLE SOLUTION:**

THE GUIDESTAR WHOLE LIFE INSURANCE PLAN IS A PLAN DESIGNED TO HELP ASSURE YOU WON'T BE A BURDEN TO YOUR LOVED ONES AND TO PAY FOR THOSE EXPENSES SOCIAL SECURITY DOESN'T.



ALL WE ASK OF YOU IS THAT ONCE WE HAVE EXPLAINED THE GUIDESTAR PLAN TO YOU, YOU SIMPLY MAKE A DECISION AS TO WHETHER OR NOT THIS PLAN WILL FULFILL YOUR NEEDS.

AMERICAN HOME LIFE INSURANCE COMPANY
WILL MAKE YOU A
TRIPLE GUARANTEE...

FIRST...

THE COST OF YOUR PLAN WILL NEVER INCREASE
REGARDLESS OF AGE OR FUTURE HEALTH CONDITIONS

SECOND...

IMMEDIATE COVERAGE (IF QUALIFIED)
OR MAY QUALIFY FOR GRADED PLAN...
NO MEDICAL EXAM REQUIRED

THIRD...

ONCE ISSUED YOUR PLAN IS NON-CANCELABLE
AND IS GUARANTEED RENEWABLE FOR LIFE
(AS LONG AS PREMIUMS ARE PAID)

WE ALSO INCLUDE IN YOUR PLAN AT NO ADDITIONAL COST

ACCELERATED DEATH BENEFIT:

The Insured must be diagnosed as having a non-correctable medical condition that, with reasonable medical certainty, will result in the death of the Insured within 12 months from the date on which this benefit is requested.

NURSING HOME RIDER:

The Insured must be permanently and continuously confined to a nursing home that provides nursing care as its primary function. Nursing Home confinement must begin after the effective date of this policy, at least 90 days prior to the request for acceleration of benefits.

WILL YOUR DEATH BECOME A BURDEN TO YOUR FAMILY OR FRIENDS?

WE ASKED YOU EARLIER IN THE PRESENTATION TO MAKE A DECISION AS TO WHETHER OR NOT THIS PLAN WILL FULFILL YOUR NEEDS.

YOU CAN FIND OUT IF YOU QUALIFY IN THREE EASY STEPS.

STEP ONE:

**ANSWER SOME SIMPLE HEALTH QUESTIONS -
(WHO DO YOU WANT AS YOUR BENEFICIARY)**

STEP TWO:

**DETERMINE AN AMOUNT THAT WOULD FIT INTO YOUR
BUDGET COMFORTABLY AND HOW MUCH COVERAGE
THAT WILL BUY.**

STEP THREE:

COMPLETE A PHONE INTERVIEW WITH AMERICAN HOME LIFE.

THIS IS WHAT YOUR COVERAGE REALLY MEANS:

- **ELIMINATE THE FINANCIAL BURDENS ASSOCIATED WITH DEATH**
- **PROVIDES CASH FOR COSTLY FINAL EXPENSES**
- **HELPS EASE HARDSHIP FOR LOVED ONES**
- **AND MOST OF ALL: YOU HAVE THE PEACE OF MIND KNOWING YOU DID THE RIGHT THING.**

For consumer use only. Policy Forms: ICC19 FEPL, ICC19 FEFG, 19 FEPL-FL, 19 FEPL-ND, 19 FEPL-SD, 19 FEFG-FL, 19 FEFG-ND or 19 FEFG-SD. Product specifications and availability may vary by state.



The American Home Life Insurance Company

**400 S Kansas Ave
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