UNDERWRITING GUIDELINES

Our Family Choice life insurance plans target a broad final expense insurance market spectrum. These policies and our application Form No. 9617 (with state variations) [AA, OL, PA, PS] and Form No. ICC15-GL212 [iA)] accommodates a simplified approach to purchasing life insurance.

FIND THE POLICY THAT FITS EACH CLIENT	
Immediate Death Benefit	Answer **'No'** to all health questions 1 through 8 on the application
Graded Death Benefit	Answer **'No'** to questions 1 through 7, but **'Yes'** to health question 8
Return of Premium Death Benefit	Answer **'No'** to questions 1 through 3, **'Yes'** to any health questions 4 through 7

If health questions 1, 2, or 3, are answered **'Yes'**, the applicant is **not** eligible for any Family Choice plans.

POLICY SPECIFICATIONS

Issue Ages (Age Last Birthday):	**0 to 49**
Premium Paying Period:	**To age 110**
Minimum Death Benefit:	**$10,000**
Maximum Immediate Death Benefit:	**Ages 0 to 49: $35,000**
Maximum Return of Premium Death Benefit:	**Ages 18 to 49: $20,000**
Policy Fee:	**$30 (Commissionable)**
Modal Factors:	
Monthly EFT	**0.088**
Quarterly	**0.262**
Semi-Annual	**0.519**
Riders Included:	**Availability:**
Terminal Illness Accelerated Death Benefit Rider*	**All plans**
Accelerated Death Benefits Rider-Confined Care*	**Not Available on ROP Plan**
Optional Benefits and Riders:	**Availability:**
Level Term Insurance Rider (Available on spouse only)	**All plans**
Waiver of Premium Disability Agreement (WP)	**Not Available on ROP Plan**
Children's Insurance Agreement (CIA)	**Not Available on ROP Plan**
Accidental Death Benefit Agreement (ADB)	**Not Available on ROP Plan**
Application No. (Company specific with some state variations):	9617 (AA, OL, PA, PS) or ICC15-GL212 (iA)
*** Included at no additional premium, where available.**	

BUILD CHARTS
(Unisex)

(Use the chart below to help determine the appropriate plan)

HT.	MAXIMUM WEIGHT FOR PLAN		MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	RETURN OF PREMIUM*	IMMEDIATE	RETURN OF PREMIUM**
4'10"	211	212 - 230	92	87 - 91
4'11"	218	219 - 238	94	89 - 93
5'	225	226 - 246	96	91 - 95
5'1"	233	234 - 254	99	94 - 98
5'2"	241	242 - 262	101	96 - 100
5'3"	248	249 - 271	105	100 - 104
5'4"	256	257 - 280	107	102 - 106
5'5"	264	265 - 288	110	105 - 109
5'6"	273	274 - 297	112	107 - 111
5'7"	281	282 - 306	116	111 - 115
5'8"	289	290 - 316	119	114 - 118
5'9"	298	299 - 325	123	118 - 122
5'10"	307	308 - 335	126	121 - 125
5'11"	315	316 - 344	131	126 - 130
6'	324	325 - 354	135	130 - 134
6'1"	334	335 - 364	139	134 - 138
6'2"	343	344 - 374	142	137 - 141
6'3"	352	353 - 384	146	141 - 145
6'4"	361	362 - 394	149	144 - 148

* Above the weight on the high end of this range is a decline.
** Below the weight on low end of this range is a decline.

JUVENILE BUILD CHART

AGES 0-2			AGES 3-9			AGES 10-14		
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
24"	8	23	30"	18	40	48"	44	92
26"	10	26	34"	22	44	52"	54	108
28"	13	31	38"	26	54	56"	63	126
30"	15	36	42"	32	64	60"	74	144
32"	18	40	46"	38	78	64"	87	166
34"	21	42	50"	46	94	68"	100	186
36"	23	45	54"	56	111	72"	113	206
38"	26	48	58"	66	128	76"	126	228
AGES 15-17								
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
4' 8"	74	169	5' 3"	93	215	5' 10"	115	265
4' 9"	76	176	5' 4"	96	221	5' 11"	118	272
4' 10"	79	182	5' 5"	99	228	6'	122	280
4' 11"	82	188	5' 6"	102	235	6' 1"	125	288
5'	84	195	5' 7"	105	243	6' 2"	129	296
5' 1"	87	201	5' 8"	109	250	6' 3"	132	304
5' 2"	90	208	5' 9"	112	257	6' 4"	136	312

Proposed insured with weights below the minimum or above the maximum in this chart are not eligible for coverage. The chart above serves as a general guide relating to juvenile build. However, Underwriting reserves the right to use discretion concerning appropriate build for age as well as the height and weight limits for such proposed insured.

FAMILY CHOICE PRESCRIPTION REFERENCE GUIDE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Accuretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aceon	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Actoplus	Diabetes	N/A	See '#' Below
Actos	Diabetes	N/A	See '#' Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aldactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See '#' Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amlodipine Besylate/Benaz	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	No Coverage
Apokyn	Parkinson's	N/A	Return of Premium

*** High Blood Pressure** - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

 # Diabetes - Refer to the **'Diabetes'** impairment section of the **Medical Impairment Guide**.

FAMILY CHOICE PRESCRIPTION REFERENCE GUIDE (cont.)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Apresoline	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Arimidex	Cancer	5 years	No Coverage
		> 5 years	Immediate
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis	N/A	Return of Premium
	Liver Failure	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Benazepril HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Benicar	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benztropine Mesylate	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Betapace	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetanide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage
Capoten	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Carbamazepine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Carbatrol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
Cardizem	High Blood Pressure (HTN)	N/A	See '*' Below
Cardura	High Blood Pressure (HTN)	N/A	See '*' Below
Cartia	High Blood Pressure (HTN)	N/A	See '*' Below
Carvedilol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heartbeat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Cytoxan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Depacon	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Depakote	Seizures	3 years	Return of Premium
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Digoxin	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Epitol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below
Femara	Cancer	5 years	No Coverage
		> 5 years	Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Fosrenol	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Furosemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Gabapentin	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
	Restless Leg Syndrome	N/A	Immediate
Gleevec	Cancer	5 years	No Coverage
		> 5 years	Immediate
Glipizide	Diabetes	N/A	See '#' Below
Glucophage	Diabetes	N/A	See '#' Below
Glucotrol	Diabetes	N/A	See '#' Below
Glyburide	Diabetes	N/A	See '#' Below
Glynase	Diabetes	N/A	See '#' Below
Haldol	Schizophrenia	N/A	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Hydroxyurea	Cancer	5 years > 5 years	No Coverage Immediate
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	No Coverage Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Imdur	Angina / CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage
Inamrinone	CHF	N/A	No Coverage
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Kemadrin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Kerlone	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Labetalol	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Lamictal	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Lamotrigine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Lanoxicaps	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Lanoxin	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Lantus (Insulin)	Diabetes	N/A	No Coverage
Larodopa	Parkinson's	N/A	Return of Premium
Lasix	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate
Levatol	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage
Levocarnitine	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below

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 # Diabetes - Refer to the **'Diabetes'** impairment section of the **Medical Impairment Guide**.

FAMILY CHOICE PRESCRIPTION REFERENCE GUIDE (cont.)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below
Lupron	Cancer	5 years > 5 years	No Coverage Immediate
Lyrica	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mellaril	Schizophrenia	N/A	No Coverage
Metformin	Diabetes	N/A	See '#' Below
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micardis	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micronase	Diabetes	N/A	See '#' Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See '*' Below
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Moexipril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mysoline	Seizures	3 years	Return of Premium

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FAMILY CHOICE PRESCRIPTION REFERENCE GUIDE (cont.)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage
Neurontin	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See '*' Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heartbeat	3 years	Return of Premium
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Plaquenil	Systemic Lupus (SLE) Malaria Rheumatoid Arthritis	N/A N/A N/A	No Coverage Immediate Return of Premium
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Plendil	High Blood Pressure (HTN)	N/A	See '*' Below
Prandin	Diabetes	N/A	See '#' Below
Prazosin	High Blood Pressure (HTN)	N/A	See '*' Below
Primacor	CHF/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Prinzide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propranolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Proventil	Asthma COPD / Chronic Bronchitis / Emphysema	N/A 3 years	Immediate Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Quinaretic	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Ramipril	High Blood Pressure (HTN) CHF	N/A N/A	No Coverage No Coverage
Ranexa	Angina / CHF	N/A	No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Requip	Parkinson's Restless Leg Syndrome	N/A N/A	Return of Premium Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Rythmol	Irregular Heartbeat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Sotalol Hydrochloride	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Sotalol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium
Starlix	Diabetes	N/A	See '#' Below
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium
Tambocor	Irregular Heartbeat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tenormin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '#' Below
Tolbutamide	Diabetes	N/A	See '#' Below
Tolinase	Diabetes	N/A	See '#' Below
Toprol XL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Torsemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trandate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Triameterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Tribenzor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trihexyphenidyl HCL	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium
Uniretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Univasc	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Valstar	Cancer	5 years	No Coverage
		> 5 years	Immediate
Valturna	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vasotec	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Verapamil	High Blood Pressure (HTN)	N/A	See '*' Below
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years	No Coverage
		> 5 years	Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium
Zemplar	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Zestoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zestril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ziac	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage

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FAMILY CHOICE MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide is to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here or how a medical condition may affect a state-specific application, don't hesitate to contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to decide based on all risk factors for a final decision.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / ARC	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Alcoholism / Alcohol Abuse	Within the past 24 months, abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use	No Coverage	2
Amputation	Has ever had an amputation caused by disease	No Coverage	6b
Aneurysm	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Blood Clot	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Cancer	Medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or Hodgkin's Disease or history of metastatic cancer within the past 5 years	No Coverage	4
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Bronchitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Chronic Hepatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Circulatory Disease (Disorder)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Criminal Background	Convicted of any felony within the past 24 months	No Coverage	2
	Probation or parole within the past 12 months	No Coverage	3
Crohn's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Decline for Insurance	Declined for life insurance coverage within the past 12 months	Return of Premium	8
Diabetes	Medically diagnosed, treated, or taken medication for prior to age 21	No Coverage	5
	Currently taking insulin shots	No Coverage	5
	Medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma	No Coverage	5
	Medically diagnosed, treated, or taken medication for prior to age 39	Return of Premium	7a
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Return of Premium	8

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Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Disability	Prohibited from actively working full-time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem within the past 12 months	No Coverage	3
	Currently disabled	No Coverage	3
Down Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Driving Record	Driver's license suspended or revoked, or convicted of an alcohol/drug related infraction within the past 24 months	No Coverage	2
Drug Abuse / Addiction	Used illegal drugs or abused drugs or recommended to have treatment or counseling for drug abuse within the past 24 months	No Coverage	2
Emphysema	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Heart Disease/Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Heart Valve Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hemophilia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hepatitis C	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
High Blood Pressure	Medically diagnosed, treated, or taken medication for prior to age 30	Return of Premium	7a
	Taking 3 or more medications for	Return of Premium	7a
HIV	Tested positive for	No Coverage	1
Huntington's Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Immune Deficiency Related Disorder	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Irregular Heartbeat	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Kidney Dialysis	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Kidney Failure	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Leukemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Liver Disease	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Liver Failure	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	6b
Marfan Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Mental Retardation	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Motor Neuron Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Multiple Sclerosis (MS)	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Neuro-Muscular Disease	Medically diagnosed, treated, or taken medication for (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease)	Return of Premium	7b
Obesity	Has surgical treatment for morbid obesity within the past 12 months	Return of Premium	8
Organ Transplant	Has ever had or medically advised to have	No Coverage	6b
Paralysis	Medically diagnosed, treated, or taken medication for paralysis of 2 or more extremities	Return of Premium	7b

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Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Rheumatoid Arthritis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Schizophrenia	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Seizures	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Sickle Cell Anemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Stroke	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Systemic Lupus (SLE)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Ulcerative Colitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b

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