

# Protective BENEFIT*choice* LifePriority<sup>SM</sup>

Critical Illness Benefits through Term Life Insurance

## Product Guide for Fully Underwritten Coverage

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**Protective**   
**Life Insurance Company**  
*Doing the right thing is smart business.®*

Innovative plans for your benefit.

## COMPANY OVERVIEW

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### Protective Life Insurance Company

Protective Life Insurance Company was established on a profound belief in the American dream. Provide quality products with excellent service and success will follow. Since 1907, Protective has remained true to the core beliefs of quality, serving people, and growth. This unwavering commitment to doing the right thing for our customers, share owners, and Protective people has been rewarded with stable, long-term relationships, and continuous growth. Today, Protective employees nationwide are each dedicated every day to proving the wisdom of our founding vision: *Doing the right thing is smart business.*<sup>®</sup>

### Protective A.M. Best Rating\*

Protective Life Insurance Company has an insurer financial strength rating of A+ (Superior, 2<sup>nd</sup> highest of 15 ratings) from A.M. Best. This independent rating organization has assigned its rating based on a variety of factors, including Protective's operating performance, asset quality, financial flexibility, and capitalization.

\*This rating is current as of July 2003. For more current information, please visit [www.protectivelife.com](http://www.protectivelife.com)



Protective Life Insurance Company has been a proud member of Insurance Marketplace Standards Association (IMSA) since its inception in 1998. IMSA promotes high ethical standards in the sale and service of individually sold life insurance, annuity, and long-term care products. IMSA member companies are insurers that have agreed to adopt and abide by IMSA's Principles and Code of Ethical Market Conduct. Companies that earn the IMSA seal have earned added credibility. It is the mark of integrity in the life insurance industry.

*IMSA source: [www.imsaethics.org](http://www.imsaethics.org)*

## OVERVIEW OF PROTECTIVE BENEFIT*choice* LifePriority<sup>SM</sup>

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Protective BENEFIT*choice* LifePriority<sup>SM</sup> brings together the value of term life insurance with a critical illness rider that helps protect against the financial challenges that may be associated with a critical illness. This rider provides a *living benefit* should a physician diagnose the insured with a covered critical illness. This living benefit is payable as a lump sum upon diagnosis, and this payment can be used any way the policy owner sees fit. And, if the insured dies while covered by the policy, the available face amount (less any accelerated benefits paid) is payable to the beneficiary.

### Key Product Features

- Affordable death benefit and critical illness protection
- The Critical Illness rider provides a lump sum payment to the policy owner as an accelerated death benefit up to 100% of the base policy benefit amount.
- Premiums are guaranteed level during the first 5 years. During policy years 6 through 20, should the premium increase, it can only increase to a guaranteed maximum. After the twentieth year, premiums will increase every 5 years, but will not exceed the guaranteed maximum for each 5-year period.
- Optional riders: Children's Term Rider and Accidental Death Benefit Rider
- Coverage to age 70

### Product Specifications

### Rates

*Issue Age and Risk Class*  
(Attained Age)

Unisex	18 - 65	Non-Tobacco
Unisex	18 - 65	Tobacco

*Minimum Face Amount*

The greater of the face amount purchased by \$35 a month or \$25,000

*Maximum Face Amount*

\$250,000

*Policy Fee*

None

*Coverage Period*

This is a term policy and premiums are guaranteed to remain level for the first 5 years. During policy years 6 through 20, should the premium increase, it can only increase to a guaranteed maximum. After the twentieth year, premiums will increase every 5 years, but will not exceed the guaranteed maximum for each 5-year period. The policy will terminate at age 70.

*Change of Plan*

During the first 15 policy years, prior to age 65, the policy may be exchanged (converted) for a Company-approved universal life plan without evidence of insurability. When the policy is exchanged, all riders and critical illness coverage will lapse.

*Modes*

**Direct Billing:** LifePriority is available for various modes including Annual, Semi-Annual, Quarterly, and Monthly (PAW). There is no modal factor.

**Payroll Deduction:** LifePriority is available for various modes including Weekly (52 times per year); Bi-Weekly (26 times per year); Semi-Monthly (24 times per year); and Monthly (12 times per year).

*Terminal Illness /  
Accelerated Death Benefit*

For this policy, the benefit normally provided by this provision is offered under the Critical Illness Accelerated Death Benefit rider and is not available in all states.

**Optional Riders\***

Protective BENEFIT*choice* LifePriority<sup>SM</sup> offers a number of optional riders that can be added to customize coverage and ensure the applicant receives a policy designed to meet their specific needs.

*Critical Illness Accelerated Death Benefit Rider* (Rider L-596) provides an advance up to 100% of the base policy's face amount if the insured is diagnosed with a covered critical illness. The purpose of this rider is to provide funds to help one cope with the substantial financial and emotional costs that are associated with a critical illness. See rider for full details including all limitations. General provisions are:

- The maximum benefit is 100% of the base policy's current benefit amount. The benefit amount varies by covered condition.
- A lien equal to the critical illness benefit paid will be established against the base policy, interest free. The primary impact of the lien will be a reduction in the amount of the death benefit by the amount of the lien.
- Once 100% of the base policy benefits have been paid out, the rider and base policy will terminate.
- There is a 30-day waiting period beginning on the critical illness rider effective date. If the insured's covered condition first occurs or is diagnosed during this period, no critical illness benefit will be payable and the critical illness rider will terminate.
- There is no survival period required before benefits can be paid out.
- Benefits are not payable for a pre-existing condition unless such condition is first diagnosed more than 12 months after the critical illness rider effective date. A pre-existing condition is a condition misrepresented or not revealed on the application for the critical illness rider for which: (a) symptoms existed within two years prior to the rider effective date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment; and (b) medical advice or treatment was recommended by or received from a medical professional within twelve months after the rider effective date.
- This rider is not available in all states.

**Covered Conditions and Definitions:**

1. **Heart Attack (Myocardial Infarction)** – The death of a portion of the heart muscle resulting from a blockage of one or more coronary arteries. The diagnosis of the physician must be based on specific criteria as described in the rider. (Benefit amount paid is 100%.)
2. **Cancer (Invasive)** – An invasive malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. (Benefit amount paid is 100%.)
3. **Cancer (Carcinoma in Situ)** – Diagnosis of cancer in cases where the tumor cells have not spread to surrounding tissue and still lie exclusively in the site of origin. Skin cancer is excluded. (Benefit amount paid is 25%.)
4. **Stroke** – A cerebrovascular incident caused by infarction of brain tissue, hemorrhage, or embolism producing measurable neurological deficit persisting for at least 30 consecutive days immediately following the occurrence of such incident. (Benefit amount paid is 100%.)
5. **End Stage Renal Failure (Kidney Failure)** – The irreversible and total failure of both kidneys resulting in a renal transplantation or periodic renal dialysis. (Benefit amount paid is 100%.)
6. **Major Organ Transplant** – The transplantation of the heart, lung, liver, pancreas, or bone marrow from a human donor to the Insured as a recipient. (Benefit amount paid is 100%.)

7. **Paralysis** – The total and permanent loss of the use of two or more limbs through paralysis for a continuous period of 150 days. (Benefit amount paid is 100%.)
8. **Loss of Limbs/Dismemberment** – The complete and permanent severance of two or more limbs through or above the elbow or knee joint due to trauma or accident. (Benefit amount paid is 100%.)
9. **Blindness** – Total and permanent loss of sight in both eyes as a result of disease or injury. Total loss of sight in an eye is defined as 20/200 or worse, after correction. (Benefit amount paid is 100%.)
10. **Severe Burns** – Third degree burns covering at least 20% of the surface area of the Insured's body. (Benefit amount paid is 100%.)
11. **Coronary Artery Bypass** – Heart surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts, either saphenous vein or internal mammary graft. Angiographic evidence of the underlying disease must be provided, and the surgery must be recommended by a licensed cardiologist. Excluded from this definition are angioplasty and all other non-bypass techniques. (Benefit amount paid is 25%.)
12. **Angioplasty** – Angioplasty, artery stint placement, arterectomy, and laser treatment performed to treat coronary artery disease which cannot be controlled with medical therapy. (Benefit amount paid is 10%.)
13. **Terminal Illness** – A physical condition which has been certified by a physician as being non-correctable and which can reasonably be expected to result in death in 6 months or less after the date of certification. (Benefit amount paid is 60%.)

The benefit amount paid for the above critical illnesses may vary by state. The lump sum payment(s) provided by the critical illness accelerated death benefit rider may be taxable. Please advise the applicant to consult their tax advisor on this issue.

See rider L596 for terms, conditions, and exclusions.

*Children's Term Rider* (Rider L502) is designed to provide affordable term insurance for children of the insured. This rider provides death benefit protection for all natural, adopted, and stepchildren who are listed on the application and within issue age limits. All future children from age 15 days or date of adoption will automatically be covered. The annual premium is a fixed amount and remains constant, regardless of the number of children covered under the rider.

- The issue age is 15 days up to the 18th birthday.
- Coverage can continue to age 25, the expiry date of the rider, or termination of the policy, whichever is earliest for all covered children.
- There is a guaranteed right to convert for 12 months at age 25, up to 5 times the initial benefit amount of the rider, without evidence of insurability.
- The minimum issue amount is \$1,000 (one unit).
- The maximum issue amount is \$20,000 (20 units), not to exceed amount of initial benefit amount of the base policy.
- The annual premium is \$6 per \$1,000 of coverage.
- If the primary insured dies, each child receives a paid-up policy equal to the face amount of the rider until the child's 25th birthday, at which time the policy can be converted without evidence of insurability to a face amount equal to 5 times the paid-up policy amount.

*Accidental Death Benefit Rider* (Rider L503) provides additional affordable coverage that pays a death benefit if the insured dies as the result of a covered accident.

- The issue age is 18 through 60.
- The coverage terminates at age 70.
- The maximum issue amount is equal to base policy, not to exceed \$150,000.

\* Optional riders are available at additional costs. Actual terms and conditions contained in each rider govern all benefits provided. Assumes medical and financial underwriting qualifications at time of initial application. Not available in all states.

## UNDERWRITING GUIDELINES FOR INDIVIDUAL POLICY

<b>Issue Age</b> (Attained Age)	18 – 65
<b>Maximum Face Amount</b>	\$250,000
<b>Application</b> (may vary by state)	BPG-104 (7/02)
<b>Application Packets</b>	Application packets for each state are available for download at <a href="http://www.protectivelife.com/ppga">www.protectivelife.com/ppga</a>

### Instructions for completing the application

In order to sell this product, you must be appointed with Benefit Plans Group (BPG). You will be issued an additional agent number with a 6A prefix (which is different from your existing individual life sales agent number). If you are not already appointed with BPG, please contact your Regional Sales Manager.

This application was originally created for the Worksite Benefits Market but has been modified to accommodate fully underwritten coverage sold for the individual sales market. When completing the application for fully underwritten coverage, please complete the sections that are **NOT** shaded and use the following instructions:

The BPG-104 application allows you to submit an application for only one insured for Term Life with Critical Illness Accelerated Benefit coverage. If a spouse is applying, a second application must be completed. (**Please note that when the application refers to ‘Employee’ it means ‘Proposed Insured/Applicant’.**)

- 1) Please fill in the SS # at the top of the application and indicate if this is a new application or change on an existing policy (and provide the policy number if applicable).
- 2) Proposed Insured: Complete the Proposed Insured 1 (PI 1) section. (Although rates are unisex, male/female information must be completed.)
- 3) Plan of Insurance: Complete Term Life questions for PI 1.
  - Face amount is death benefit amount applied for
  - Check all applicable riders
  - DO NOT complete the Modal Deduction Premium line unless premium will be paid via payroll deduction.
  - Complete all necessary beneficiary information. Do not exclude contingent beneficiary information.

The image shows a sample of the BPG-104 application form. It includes fields for Employer Name, SS #, Employer, Location, Employment Date, Application type, and a checkbox for Change Policy #. The Protective Life Insurance Company logo and address are in the top right. Below this is the 'Application for Insurance' section with a dropdown for Deduction Frequency. The 'Home Office Use Only' section contains two columns for Proposed Insured 1 (PI 1) and Proposed Insured 2 (PI 2), each with fields for Name, Street Address, City, State, Zip, Phone Number, and Date of Birth (DOB). Below this is another section for Proposed Insured 1 (PI 1) and Proposed Insured 2 (PI 2) with fields for Term, Face Amount, Riders (Critical Illness Accelerated Benefit Rider, Accidental Death Benefit Rider, Children's Term Rider Units, Other), and Modal Deduction Premium \$.

Continued on next page.

- 4) Underwriting: For the fully underwritten Term Life with Critical Illness Accelerated Benefit coverage, complete only the questions that are NOT shaded for Proposed Insured 1 (Questions 1, 3, 12 & 13).

For "Limited Underwriting" Life Insurance, complete questions 1 through 5.  
For "Simplified Underwriting" Life Insurance, complete questions 1 through 10.  
For Critical Illness Accelerated Benefit, complete questions 1 through 13.

**Underwriting Questions - Life Insurance**

If any of the following are answered yes, please explain in Remarks.

	Proposed Insured 1		Proposed Insured 2	
	Yes	No	Yes	No
1. Has any Proposed Insured used tobacco in any form in the last 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During the last 12 months, has any Proposed Insured been absent from work due to illness, injury or hospitalization longer than from flu or cold so that insured did not work at least 30 hours per week performing his/her regular duties at his/her customary place of employment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will any insurance applied for replace or change any existing life, annuity or health Policy(s)? (If yes, please explain in number 18.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any Proposed Insured ever been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome), AIDS Related Complex (ARC) or any other immune deficiency disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For cases with 50-99 Eligibles: In the last 10 years has any Proposed Insured been treated for or consulted a physician for diabetes, heart disease, stroke, cancer or disorder of the liver, lungs or kidney? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Continue for "Simplified Underwriting" Life Insurance.</b>				
6. a. For cases with 100+ Eligible Employees: In the last 2 years has any Proposed Insured been treated for or consulted a physician for: (1) heart disease, stroke or cancer? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For cases with 100+ Eligible Employees: In the last 5 years has any Proposed Insured been treated for or consulted a physician for: (1) heart disease, stroke, cancer or disorder of the liver, lungs or kidney? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Height .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any Proposed Insured been seen by a physician or treated in a medical facility for illness or disease (other than flu or cold) within the past 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any Proposed Insured within the past 10 years received medical treatment or counseling or participated in a rehabilitation program for drug or alcohol abuse? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is any Proposed Insured now taking prescription medication? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Underwriting Questions - Critical Illness Accelerated Benefit Only</b>				
11. HAZEL .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any Proposed Insured ever been treated for, diagnosed, hospitalized, confined or received medical advice from a physician for: (1) kidney disease; (2) stroke; (3) heart attack/heart disease; (4) major organ transplant; (5) total loss of hearing and/or total loss of sight; (6) paralysis; (7) diabetes (not including gestational diabetes occurring during pregnancy); (8) peripheral vascular disease; (9) consistent blood pressure over 160/90; (10) consistent cholesterol level over 240; (11) malignant cancer? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. For any Proposed Insured, have two or more natural parents or brothers or sisters, other living or dead, ever suffered from any of the following conditions: (1) heart attack before the age of 55; (2) stroke before the age of 50; (3) malignant cancer; (4) diabetes; (5) kidney disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- 5) Explanatory Information (Numbers 14 – 16):  
No. 14 – If questions 12 or 13 are answered “Yes”, give details here.  
No. 15 – Provide applicable replacement information.  
No. 16 – Provide information for Children’s Term Rider.

**Explanatory Information**

14. If any Proposed Insured answered 'yes' to questions 1-13, give details below by question and to whom it applies

Proposed Insured	Question Number	Date of Diagnosis	Diagnosis - Medication Prescribed	Full Name and complete Address of attending Physician or Hospital

15. Replacement: For all Proposed Insureds, list any existing insurance and if it is being replaced, (if none, leave blank.)

Person	Company	Policy Number	Face or Coverage Amount	Type of Insurance	Year Issued

16. Children's Term Insurance Rider (if child's last name differs from Proposed Insured, please explain in Remarks):  
a. Will any insurance applied for replace or change any existing life, annuity or health Policy(s)? (If yes, please explain in number 15 above)  Yes  No  
b. List all Children of the Proposed Insured who are at least 15 days old and through age 18 years old. Use remarks section if needed.

Name	Date of Birth	Age	Relationship to Proposed Insured

**Additional Information**

17. Home Office Endorsements:

18. Remarks:

**IMPORTANT INFORMATION ABOUT IDENTIFICATION INFORMATION**  
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information of its customers. We may ask for information or identifying documents that will allow us to verify the identity of our customers. The applicant understands that this policy application will not be issued on a simplified or limited underwriting basis but will be subject to full underwriting.

Premium Amount \$ \_\_\_\_\_ Premium Mode \_\_\_\_\_

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- 7) Declarations (Page 7): The ‘Investigative Consumer Report Interview’ question must be answered. Check the appropriate box. Obtain appropriate signatures and date. The applicant signs as Proposed Insured 1. If the owner is someone other than the Proposed Insured, obtain owner signature on the 2<sup>nd</sup> signature line.
- 8) Agent Section (Page 7): Complete, sign, and date.

- 9) Conditional Receipt Agreement: Date, obtain appropriate signatures, and give the applicant his/her copy of the 'Conditional Receipt (Applicant copy located in back of application package).
- 10) Authorization to Obtain and Disclose Information: Applicant must read and sign both copies as Proposed Insured 1. Give the applicant his/her copy (Applicant copy located in back of application package).
- 11) Disclosure Form for Optional Critical Illness Accelerated Benefit Rider: Provide the applicant the disclosure and obtain signatures on the acknowledgement. Return the signed acknowledgement to the home office with the completed application.
- 12) Notice Regarding Replacement: Obtain signatures, if applicable, on both copies and give the applicant his/her copy (Applicant copy located in back of application package).
- 13) Description of Information Practices: Give to applicant.
- 14) HIV Form Requirement: Some states require informed consent by the proposed insured regarding HIV testing. If the application package contains the HIV Form, please date and obtain appropriate signatures. Give applicant his/her copy (Applicant copy located in back of application package).

#### ***Para-Med Reports and Physician Information:***

In order to complete the underwriting process for the proposed insured, you will need to order a Para-Med Exam with blood/urine tests for all ages (No EKG) and obtain the proposed insured's physician information.

NOTE: If the proposed insured answered yes to # 13, the applicant is automatically disqualified for the critical illness rider. **Do not** submit the application or order the Para-Med Exam. Please take this opportunity to evaluate with your client other Protective Life Insurance Company products that may be better suited to meet their insurance needs.

#### **Approved Para-Medical Facilities:**

Please contact a local Para-Med provider from the list of approved facilities below:

American Para-Professional Systems (A.P.P.S)  
Hoover Holmes, Inc./Portamedic/Physical Measurements, Inc. (P.M.I.)  
Examination Management Services, Inc. (E.M.S.I.)  
Exam One

Use of approved Para-Medical Facilities helps avoid requests for repeat exams or chargebacks. The maximum Company payment for any exam is the customary charge by our para-medical providers. The Company will not pay for tests or requirements that we do not request.

#### **Physician Information:**

Name, address and phone number of the proposed insured's personal physician(s) will expedite underwriting.

## WRITING NEW BUSINESS: Fully Underwritten *BENEFIT choice* LifePriority<sup>SM</sup>

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### 1. *Underwriting Request*

Contact the Benefit Plans Group at:

Benefit Plans Group  
Protective Life Insurance Company  
2801 Highway 280 South  
Birmingham, AL 35223

phone 888-645-2524  
fax 205-268-6368

### 2. *Case Set-Up and Enrollment Forms (Payroll Deduction Only)*

**New Case Planning Worksheet** ensures proper case set-up, correct policy issue, and timely payment of commissions. Before a new case can be processed, fax forms to 205-268-6368 or mail to Benefit Plans Group.

**Payroll Deduction Agreement** states that the Client Company agrees to make payroll deductions and remit the premiums to Protective Life Insurance Company. This form must be signed by an officer of the client company and submitted to Benefit Plans Group prior to the enrollment.

**Application Transmittal Form** provides case facts and commission information.

### 4. *Rate Sheets*

At initial contact with BPG, case setup will include providing rate sheets in the deduction mode applicable to the case. Manual calculations of premium with and without various riders will not be necessary.

### 5. *Submitting New Business*

Forward all forms and applications to:

Benefit Plans Group  
Protective Life Insurance Company  
2801 Highway 280 South  
Birmingham, AL 35223

## CONTRACTING AND LICENSING

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### 6. *Licensing and Appointment Forms*

All producers and enrollers must be contracted through Benefit Plans Group at Protective Life Insurance Company and licensed, and appointed as required, in each state of solicitation prior to enrollment. For information, call Benefit Plans Group at 888-645-2524.

## FORMS

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### 7. *How to Order Marketing Materials and Case Administration and Enrollment Forms*

All worksite marketing materials and supplies must be ordered through Benefit Plans Group. Please note that many forms are state specific. Specifying the state where enrollment will occur is critical in providing the proper forms.

Fax: 205-268-6368

Phone: 888-645-2524, extension 3296

Mail: Benefit Plans Group  
Protective Life Insurance Company  
2801 Highway 280 South  
Birmingham, AL 35223

Application Packets, Product Guides for Producers, Monthly Rate Sheets, and Pre-Approved Consumer Advertisements are available for download at [www.protectivelife.com/ppga](http://www.protectivelife.com/ppga)

APPENDIX A

**MAXIMUM WEIGHT FOR MALES OR FEMALES TO QUALIFY FOR CRITICAL ILLNESS RIDER**

Height	Weight	Height	Weight
4' 8"	172 pounds	5' 10"	240 pounds
4' 9"	175	5' 11"	246
4' 10"	178	6' 0"	252
4' 11"	181	6' 1"	258
5' 0"	185	6' 2"	265
5' 1"	190	6' 3"	272
5' 2"	195	6' 4"	279
5' 3"	200	6' 5"	287
5' 4"	206	6' 6"	293
5' 5"	212	6' 7"	300
5' 6"	217	6' 8"	307
5' 7"	222	6' 9"	315
5' 8"	228	6' 10"	323
5' 9"	234	6' 11"	331



Policy form TL-11 is a term life insurance policy. Premiums are guaranteed to remain level for the first 5 years and can only increase to a guaranteed maximum for 15 years thereafter. After the 20<sup>th</sup> policy year, premiums will increase every 5 years but will not exceed a guaranteed maximum premium for each 5-year period. The policy will terminate at age 70. Consult policy for benefits, riders, and limitations. Subject to underwriting. Not available in all states. Limitations and exclusions may vary by state.

The Critical Illness Rider is available at an additional cost and has exclusions, limitations, reductions of benefit, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, refer to riders L596 and L597 or call Benefit Plans Group at 1-888-645-2524. Application is subject to underwriting. The critical illness lump-sum payment(s) may be taxable. Please have the applicant consult their tax advisor for tax details. The amount of any advance payment of the base policy's face amount depends on such things as the critical illness diagnosed by a physician, whether the critical illness is covered under the rider, when the critical illness first occurred, and any previous advance payment(s). Any advance payment(s) will reduce the base policy's death benefit. If 100% of the face amount has been advanced, the policy and all riders will terminate. Not available in all states. Benefits may vary by state.