Telephone underwriting criteria- "Who to write when"
Mutual of Omaha, Liberty Bankers Life "LBL", Prosperity, Royal Neighbors of America "RNA", Gerber & Sons of Norway

1. Find out if they have internet access.

2. If they do and they are healthy do E-app with Mutual of Omaha

   If they don't have internet access or have some health problems you are going to want to figure out what company would best suite them.

   You can tell which carrier to use from information gathered though out the call.

3. If they don't have internet then we need to write a voice signature company, most of the time LBL is the best fit at the best price. Here is when to write each:

   a. **Use RNA definitely if:**
      - they are heavy, as RNA has no hgt/ wght question
      - They take diabetics with neuropathy issues even if on Gabapentin
      - Good for tia strokes
   b. **Use Prosperity if**
      - they have direct express card or want to pay with debit card or credit card.
      - Smokeless tobacco users are non smokers
      - Quick phone interview, you start by inputting info on line and then use confirmation number to call and do PHI (only avg time 10 mimns)
   c. **Otherwise use Liberty Bankers Life**

4. If don't qualify for Moo,LBL, RNA, or Prosperity then write Royal Arcanum if they can do e-app or Gerber- they have e-app or voice signature.
5. If you need to be cheaper on guar issue or don't have internet access -write Sons of Norway

On the pages to follow please find :

1. Product description for each of these carriers
2. Copy of Health questions from the app
3. Heigth & Wgth restrictions (if any)

MUTUAL OF OMAHA

Living Promise Whole Life Insurance

Level Benefit Plan:

- Death Benefit: 100% • Issue Ages: 45-85
- Face Amounts: $2,000 – $40,000 (in WA, $5,000 – $40,000)
- Underwriting Classes: Standard Tobacco/Nontobacco
- Underwriting Requirements: MIB, pharmaceutical check, random phone interviews

ADDITIONAL BENEFITS – LEVEL BENEFIT PLAN ONLY

Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement Rider*

Allows the owner a one-time election to receive the Accelerated Benefit if the insured is either: (a) diagnosed as having a terminal illness that, with a reasonable degree of certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of terminal illness, (b) has been confined to a nursing home for 90 consecutive days or more and is expected to remain confined in a nursing home for the duration of the insured's life; in FL, or (c) certified by a physician that the insured is unable to perform (without substantial assistance from another person) at least two activities of daily living due to a chronic illness.

**Accelerated Death Benefit for Terminal Illness or Chronic Illness Rider in FL; Accelerated Death Benefit for Terminal Illness Rider in CT.*

Optional: Accidental Death Benefit Rider

This Rider provides an additional death benefit equal to the policy's face amount if the death of the insured results from accidental bodily injury and independently of sickness and all other causes.

Graded Benefit Plan*

- Death Benefit: This policy contains a graded benefit meaning that for death due to natural causes (any cause other than accidental) during the first two years, the beneficiary will receive all premiums paid plus 10 percent. After the two years, the full benefit is paid for death due to all causes. Full death benefits will be paid, in all years, if death results from an accidental bodily injury.
- Issue Ages: 45-80
- Face Amounts: $2,000 – $20,000 (in WA, $5,000 – $20,000)
- Underwriting Class: Standard (no tobacco distinction)
- Underwriting Requirements: MIB, pharmaceutical check, random phone interviews

*not available in AR, MT, NC

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL OF OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

Application for Individual Life Insurance

PROPOSED INSURED

Name (First, Middle Initial, Last)	Sex ☐ Male ☐ Female	Height	Weight	Social Security No.

Home Address (Street, City, State, Zip)	State of Birth	Date of Birth	Age

Phone No.	E-mail	Driver's License No.	Driver's License State

Are you a legal resident of the United States? ☐ **Yes** ☐ **No** **(If "No", you are not eligible for coverage.)**	**In the past 12 months**, has the Proposed Insured used any form of tobacco or nicotine replacement therapy? ☐ **Yes** ☐ **No**

(Optional)- Secondary Addressee: To help make sure your policy stays in force, you can have the person listed below receive a notice when your policy is past due and has not been paid.

Name _____ Address _____

OWNER (Complete only if Owner/Applicant is different from Proposed Insured)

Name of Policyowner (First, Middle Initial, Last)	Relationship to Proposed Insured

Policyowner Address (Street, City, State, Zip)	Phone No.	Social Security No.

Sex ☐ Male ☐ Female	Date of Birth	Age	E-mail	Citizenship Country

UNDERWRITING

Part One **IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTIONS IN PART ONE, THAT PERSON IS NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS APPLICATION.**

1. Is the Proposed Insured currently: **(a)** bedridden or confined to any hospital, nursing home, long-term care facility or skilled nursing facility; or receiving or been advised by a licensed member of the medical profession to receive care in a nursing home, hospice care, or home health care?	☐ **Yes** ☐ **No**
(b) requiring assistance with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or control of bowel or bladder problems?	☐ **Yes** ☐ **No**
(c) requiring any of the following (other than for fractures, bone or joint surgery, including replacement): wheelchair, electric scooter, or oxygen equipment to assist breathing (excluding use for sleep apnea)?	☐ **Yes** ☐ **No**
2. Has the Proposed Insured **ever been**: **(a)** tested positive for exposure to the HIV infection HIV antibodies in a test taken for the purpose of obtaining insurance or been diagnosed by a physician as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?	☐ **Yes** ☐ **No**
(b) diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for Alzheimer's Disease, Dementia, Huntington's Disease, Sickle Cell Anemia, Myelodysplastic Syndrome (MDS), Lou Gehrig's Disease (ALS), Quadriplegia, Paraplegia, Down's Syndrome, mental incapacity, congestive heart failure, Cirrhosis, Metastatic Cancer or recurrent Cancer of the same type?	☐ **Yes** ☐ **No**
(c) diagnosed with insulin shock, diabetic coma, or had an amputation due to diabetic complications or diagnosed by a licensed member of the medical profession with End Stage Renal Disease or requiring dialysis?	☐ **Yes** ☐ **No**
(d) advised by a licensed member of the medical profession to receive or have received an organ or bone marrow transplant?	☐ **Yes** ☐ **No**
(e) diagnosed by a physician or health care provider as having a terminal medical condition that is expected to result in death within the next 12 months?	☐ **Yes** ☐ **No**
3. In the past 12 months, has the Proposed Insured been: **(a)** advised by a physician to have a surgical operation, diagnostic testing other than for routine screening purposes or for those related to HIV/AIDS, treatment, hospitalization, or other procedure which has not been done or for which results are not known?	☐ **Yes** ☐ **No**
(b) diagnosed by a physician or health care provider as having heart disease or heart surgery of any kind? . . .	☐ **Yes** ☐ **No**
4. In the past 2 years, has the Proposed Insured been diagnosed with, been treated for or advised by a physician or health care provider to receive treatment for any form of cancer (except basal or squamous cell skin cancer)?	☐ **Yes** ☐ **No**

T087LFL14A

MUTUAL OF OMAHA

Part Two **IF THE PROPOSED INSURED ANSWERS "YES" TO ANY QUESTION IN PART TWO, THAT PERSON IS ELIGIBLE ONLY FOR THE GRADED BENEFIT PRODUCT.**

5. Has the Proposed Insured **ever** (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:	
(a) Diabetes before age 50 or diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve) or Peripheral Vascular Disease (PVD or PAD)?	☐ Yes ☐ No
(b) Hepatitis C?	☐ Yes ☐ No
(c) Chronic Lung Disease, including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, or Sarcoidosis?	☐ Yes ☐ No
6. **In the past 4 years**, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:	
(a) Cancer, Leukemia, Melanoma or any other internal cancer (except basal or squamous cell skin cancer)?	☐ Yes ☐ No
(b) Chronic Kidney Disease, Systemic Lupus or Scleroderma?	☐ Yes ☐ No
(c) Bipolar Depression, Schizophrenia, Parkinson's Disease or Multiple Sclerosis?	☐ Yes ☐ No
7. **In the past 2 years**, has the Proposed Insured: (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for:	
(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Cardiomyopathy, irregular heart rhythm, or Valvular Heart Disease with surgical repair or replacement?	☐ Yes ☐ No
(b) Stroke or Transient Ischemic Attack (TIA)?	☐ Yes ☐ No
8. **In the past 2 years**, has the Proposed Insured:	
(a) been convicted of, incarcerated for or currently awaiting trial for a felony?	☐ Yes ☐ No
(b) been treated for or advised by a licensed member of the medical profession to have treatment for alcohol or drug abuse or convicted more than once of reckless driving or driving under the influence of drugs or alcohol?	☐ Yes ☐ No
(c) used unlawful drugs in any form or abused or misused prescription drugs?	☐ Yes ☐ No
9. **In the past 2 years**, has the Proposed Insured been hospitalized by a physician or health care provider for any mental or nervous disorder?	☐ Yes ☐ No
10. **In the past 12 months**, has the Proposed Insured consulted a physician for chronic cough, unexplained weight loss greater than 10 pounds, fatigue or unexplained gastrointestinal bleeding?	☐ Yes ☐ No

NOTE: If the Proposed Insured answers all above questions "No", that person is eligible for the Level Benefit Product.

OPTIONAL COMMENTS (Not Required) - Provide any additional information available. Exclude any information regarding treatment for HIV/AIDS/ARC.

Question Number	Details to Underwriting Questions (Diagnosis, Dates, Durations, Medications, Dosages)
	suboxone/subutex: is it a knockout?
	if youre taking it for drugs+alcohol
	& on it for more than 2 years, its
	ok

T087LFL14A

MUTUAL OF OMAHA

Policy Exclusion for Both Plans

The *death benefit* will not be paid if the insured commits suicide, while sane or insane, within two years from the *contestability date* (in ND, within one year). Instead, we will return all premiums paid, minus any *loan*. If this policy is reinstated, we will not pay the *death benefit* if the insured commits suicide, while sane or insane, within two years from the date of reinstatement. Instead, we will return all premiums paid, minus any *loan*.

LIVING PROMISE BUILD CHART

Height	Minimum Weight	Level Benefit Maximum Weights	Graded Benefit Maximum Weights
4 Feet			
8"	74	204	221
9"	77	209	225
10"	79	214	231
11"	82	220	237
5 Feet	85	226	244
1"	88	233	250
2"	91	239	257
3"	94	246	264
4"	97	252	270
5"	100	259	277
6"	103	268	285
7"	106	275	293
8"	109	283	300
9"	112	291	309
10"	115	300	316
11"	119	307	325
6 Feet	122	315	333
1"	126	322	340
2"	129	331	349
3"	133	339	358
4"	136	348	367
5"	140	357	376
6"	143	366	385
7"	147	375	394
8"	151	385	405
9"	154	395	415
10"	158	407	427

Combined Maximum Limits

Living Promise Level:

- No more than $40,000 of Living Promise Level Benefit coverage
- No more than $50,000 of all simplified issue coverage with United of Omaha

Living Promise Graded:

- No more than $20,000 of Living Promise Graded Benefit coverage
- No more than $25,000 of all graded benefit coverage with United of Omaha

LBL

The SIMPL Final Expense plan

The SIMPL Final Expense plan offers three plans to meet Final Expense needs based on your client health status at the time of the application.

SIMPL ***Preferred*** and ***Standard*** both offer a level death benefit from the date of issue.
Issue limits: $3,000 to $30,000
Issue ages: 18 to 80 Male & Female (see Direct Express limitations)
Issue basis: nicotine / non- nicotine user
SIMPL *Preferred*: issued standard through underwriting Table 6
SIMPL *Standard*: issued standard through underwriting table 10
Modal Premium: Annual, Semi-annual, Quarterly, Monthly Bank Draft, Direct Express*
Direct Express:** only **SIMPL *Standard and **MWL** are offered with this mode of premium for ages of 40 to 80
Annual: There is a 20% premium discount, the first year only, when this mode of premium payment is elected.

For most individuals who cannot qualify for a SIMPL policy, our Modified Whole Life Policy (MWL) may be an alternative. Modified Whole Life is a final expense life insurance policy issued for those applicants with more complex medical issues. It is issued standard through underwriting Table 22.

MWL: This policy offers a modified death benefit as follows:
During the first 3 years: If death occurs as a result of an accident, the death benefit is 100% of the policy face amount. The non-accidental death benefit is equal to a refund of all premiums paid to date plus 10% compounded.
During the 4th year, the death benefit is 100%; followed by 105% in the 5th year; and 110% in the 6th year and thereafter.

Issue limits: $1,000 to $20,000
Issue ages: 40 to 80 Male & Female
Issue basis: Nicotine / Non- Nicotine user
Modal Premium: Annual, Semi-annual, Quarterly, Monthly Bank Draft, Direct Express

Children's Benefit Rider: (Available on SIMPL Preferred and Standard only)
One Unit equals $5,000 term coverage to Age 25 per child, maximum 4 units.
Premium: Annual $37.73 or Monthly $3.49 per unit
Convertible to Whole Life without evidence of insurability at any time for the same amount or for up to 5 times the amount at Age 25 or marriage if earlier.

Grandchild Rider: (Available on SIMPL *Preferred* and *Standard only*)
$7,500 term to Age 25.
Premium: Annual $12.97 or Monthly $1.20 per grandchild.
Convertible, without evidence of insurability, for up to 5 times the amount at Age 25 or marriage if earlier. In the event of the primary insured's premature death, the covered grandchild can convert the coverage to 2 times the face amount.

LIBERTY BANKERS LIFE

Replacement Information: (Replacement not allowed for tele-sales) YES NO

1. Does proposed Insured have existing life insurance policies or annuity contracts? ☐ ☐
2. Will this insurance replace or change any other insurance policies or annuity contracts? ☐ ☐

If "Yes" to either question, please provide details of the insurance, including Amount, Company & Plan of Insurance and appropriate Replacement Form, if required: _____

Use the following health questions to decide which Final Expense plan to offer

If the applicant answers "Yes" to any question in Part 1, DO NOT PROCEED with the application.

Part 1 YES NO

Have you ever been diagnosed have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for:

1. Congestive heart failure (CHF), cardiomyopathy, memory loss, Alzheimer's, senile dementia, dementia, heart defibrillator implant, two or more instances of internal cancer(s) or terminal illness? ☐ ☐
2. Organ transplant (other than corneal), untreated Hepatitis C, kidney failure or dialysis, amputation due to diabetic complications, multiple sclerosis, muscular dystrophy, mental retardation, amyotrophic lateral sclerosis (ALS) or Lou Gehrig's disease, Downs's syndrome, cystic fibrosis or Huntington's disease? ☐ ☐
3. Diabetes at age 9 or younger? ☐ ☐
4. AIDS, AIDS Related Complex, tested positive for HIV virus or any other disorder of the immune system? ☐ ☐

Within last 2 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for:

5. Uncontrolled diabetes or uncontrolled high blood pressure? ☐ ☐

Within the last year have you:

6. Been confined to a hospital, been advised to have surgery or hospitalization, used oxygen due to a medical condition, been unable to care for yourself or been bedridden at home or in a nursing home, hospice, long-term care or assisted living facility?
   Definition of assisted living: requires help in at least one area of skills considered necessary for living and caring for oneself (feeding, dressing or bathing) ☐ ☐

If all "No" answers in Part 1, complete Part 2.

Part 2 Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies. YES NO

Within the past 2 years have you been diagnosed , treated, tested positive for, or been given medical advice by a member of the medical profession for:

(a) Angina (chest pain), any type of heart or circulatory surgery, heart attack, or received a pacemaker or stent? ☐ ☐
(b) Stroke, Transient Ischemic Attack (TIA/mini-stroke) or paralysis? ☐ ☐
(c) Cancer or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" includes melanoma, but excludes basal cell skin cancer)? ☐ ☐
(d) Aneurysm, brain tumor or sickle cell anemia? ☐ ☐
(e) Complications of diabetes such as nephropathy (kidney), neuropathy (nerve, circulatory), retinopathy (eye) diabetic coma or insulin shock? ☐ ☐
(f) Alcohol or drug abuse, have you used illegal drugs or been convicted of felony or on parole? ☐ ☐
(g) Used a walker, wheelchair or electric scooter due to chronic illness or disease? ☐ ☐

If all "No" answers in Part 2, complete Part 3. Otherwise, select MWL & check for state availability.

Part 3 Complete all questions and circle the condition(s) to which each "Yes" answer, if any, applies. YES NO

Have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for:

(a) Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, peripheral vascular disease or peripheral artery disease? ☐ ☐
(b) Chronic hepatitis, Hepatitis C, cirrhosis of the liver, chronic pancreatitis, liver disease or kidney disease? ☐ ☐
(c) Insulin use before age 25? ☐ ☐
(d) Irregular heartbeat, atrial fibrillation, Systemic Lupus (SLE), epileptic seizures, Parkinson's disease? ☐ ☐

If all 'No" answers in Part 3, select SIMPL Preferred. Otherwise, select SIMPL Standard.

AGENT NOTES:



LBL Executive Office in Dallas, Texas

Final Expense Build Chart and Helpful Information

Maximum Acceptable UNISEX Build Chart for Final Expense

HEIGHT	SIMPL PREF	SIMPL STD	MOD WL	HEIGHT	SIMPL PREF	SIMPL STD	MOD WL
4'8"	212	220	260	5'8"	304	321	391
4'9"	219	228	271	5'9"	312	330	403
4'10"	226	236	282	5'10"	320	339	415
4'11"	233	244	293	5'11"	328	349	426
5'	240	252	304	6'	337	359	437
5'1"	248	260	315	6'1"	346	369	448
5'2"	256	268	326	6'2"	355	379	459
5'3"	264	276	337	6'3"	364	389	470
5'4"	272	285	347	6'4"	374	399	481
5'5"	280	294	356	6'5"	384	409	492
5'6"	288	303	366	6'6"	394	419	503
5'7"	296	312	378	6'7"	404	429	515

DIRECT EXPRESS: For clients who wish to pay premiums with their Direct Express card, SIMPL Standard and Modified WL plans, Ages 40 – 80, **are only acceptable**.

BANK DRAFT OPTION DATES: 1st – 28th also 2nd, 3rd, or 4th Wednesdays. If a Wednesday draft is needed to correlate with a social security deposit, please choose which Wednesday is needed at the time of the POSTI.

PAPERLESS APPLICATION: The Point of Sale Telephone Interview **(POSTI)** includes completing the application and underwriting decision all in one process. For a smooth and efficient call, please complete the worksheet to gather all client data, including banking information, while pre-qualifying your client before you call!

ROYAL NEIGHBORS

☆ NO H/W CHART



We are Royal Neighbors of America®

Royal Neighbors is a unique provider of life insurance and annuities whose purpose is to protect women financially and empower them to make the most of their resources. Royal Neighbors was founded as a fraternal organization in 1895. Today, we're recognized as a way to invest in the lives of women and children.

We offer financial protection for women and their families. Our members receive valuable coverage and can share in the success of a company that began over 100 years ago.

We are Fraternal with a Difference

EARLY PLANNING PROTECTS THOSE YOU CARE ABOUT MOST

Royal Neighbors has permanent life insurance coverage to help you pass on your love – not your debt. Best of all, it's simple. You decide how much insurance protection you need and can afford. You also choose who will receive your insurance benefits. In most cases, no physical exam is needed when you are applying for coverage.* Once you have been approved, your premiums will always remain the same.

This type of life insurance coverage may be a good option for you if:

- You are between the ages of 50 and 85
- You want between $5,000 and $25,000 in coverage to help your loved ones with expenses when you die.
- You are looking for coverage options that may not require a physical exam.
- You wish to supplement the life insurance you already have.

We offer an Accelerated Living Benefit Rider† with this coverage. If permanently confined to a nursing home or diagnosed with a terminal condition, a portion of the death benefit can be accessed and used to help fund your care or other needs. Additional fees and interest may apply.

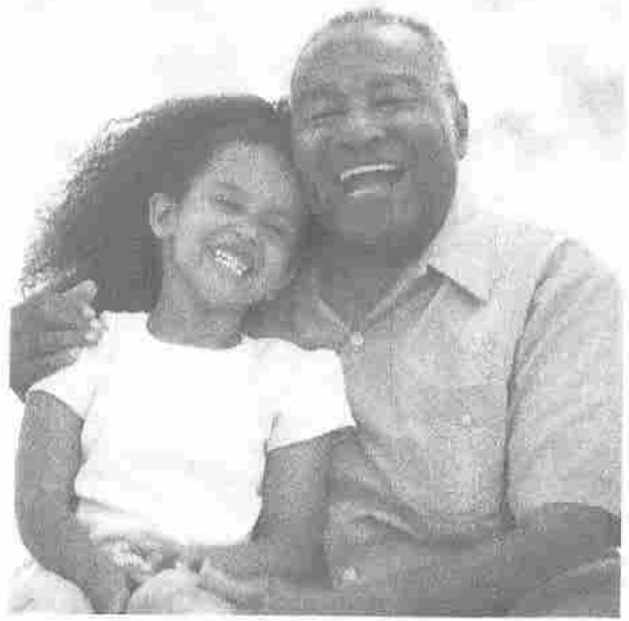
This is not a funeral or burial contract and does not specifically cover funeral goods and services. The death benefit is paid to the designated beneficiary(s) who may use the proceeds for any purpose. This life insurance does not guarantee that the proceeds will be sufficient to pay for any particular goods or services, nor that those goods or services will be provided by any particular provider.

Simplified Issue Whole Life - Form Series 1311, underwritten by Royal Neighbors of America. Certificates and riders are not available in all states. Contractual provisions and limitations may vary by state. Subject to reinsurance and underwriting requirements.

* Subject to underwriting. Issuance is dependent on answers to health questions in the application and other factors affecting insurability. We reserve the right to order a Physician's Statement.

† Form Series 1766. Receipt of acceleration of life insurance death benefits may be taxable and may affect the eligibility for public assistance for you, your spouse or your family. Consult your tax professional or social services agency for details.

Simplified Issue Whole Life
(Form Series 1311)



- You have applied for $_____ of face amount
- You have elected to pay the $_____ premium

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

Beginning on _____ (date)

ROYAL NEIGHBORS

SECTION 3 – Information Regarding Specific Insurance Plan

1. **LIFE INSURANCE PLAN**
   - ❑ Simplified Issue Whole Life ❑ Graded Death Benefit
2. **RIDER**
   - ❑ Accelerated Living Benefit Rider (no additional premium; not available on face amounts below $7,000)
3. **FACE AMOUNT** $_____
4. **AUTOMATIC PREMIUM LOAN will be provided.**
   - ❑ No Check if APL is NOT desired.

SECTION 5 – Payment Information

If **Electronic Payment** is chosen, complete EFT form on page 4.

1. PAYMENT MODE (Check one)

Direct bill: ❑ Annual ❑ Semi-Annual ❑ Quarterly

Electronic payment: ❑ Annual ❑ Semi-Annual

❑ Quarterly ❑ Monthly ❑ Payment with app $_____

❑ Draft first payment Payment quoted $_____

2. BILLING ADDRESS INFORMATION

❑ Proposed Insured's address ❑ Primary Owner's address

❑ Other Premium Payor's/Alternate billing address (details below)

Name _____

Street _____

City_____ ST_____ ZIP_____

PART 2

SECTION 1 – Physician Information

Please provide name of doctor, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.

Physician name/Clinic_____ City_____ ST_____ ZIP_____

List all currently prescribed medications: _____

_____

_____

SECTION 2 – Medical Questions

1. Has the proposed Insured used tobacco in any form in the last 12 months?	❑ Yes	❑ No
If any answer to questions 2 through 7 is YES, the Proposed Insured is not eligible for ANY coverage.		
2. Is the Proposed Insured currently:		
a. Hospitalized, in a nursing facility, or receiving Hospice Care?	❑ Yes	❑ No
b. Confined to a wheelchair, bed, or using oxygen equipment to assist in breathing?	❑ Yes	❑ No
3. To the best of your knowledge and belief, have you ever had, been told you had, or have you been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or AIDS related conditions?	❑ Yes	❑ No
4. Has the Proposed Insured ever been diagnosed as having or been treated for:		
a. Congestive heart failure, or had or been recommended to have an organ transplant?	❑ Yes	❑ No
b. Insulin shock, diabetic coma, amputation caused by disease, or taken insulin shots prior to age 30?	❑ Yes	❑ No
c. Dementia, Alzheimer's Disease, or mental incapacity?	❑ Yes	❑ No
5. During the past 18 months has the Proposed Insured been diagnosed as having:		
a. Stroke, aneurysm, cardiomyopathy, or circulatory surgery?	❑ Yes	❑ No
b. Angina (chest pain), heart attack or failure, or heart surgery?	❑ Yes	❑ No
6. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:		
a. Internal Cancer, Melanoma, or Leukemia?	❑ Yes	❑ No
b. Cirrhosis, liver disease, kidney failure (including dialysis), chronic kidney disease, or systemic lupus?	❑ Yes	❑ No
7. During the past 18 months, has the Proposed Insured been diagnosed as having:		
a. A condition expected to result in death within 12 months?	❑ Yes	❑ No
b. Been advised by a medical professional to have any diagnostic testing which has not been completed or for which the results have not been received?	❑ Yes	❑ No
c. Been recommended to have treatment or counseling for alcohol or drug abuse?	❑ Yes	❑ No
If question 8 or 9 is YES, only Graded Death Benefit is available.		
8. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:		
a. Stroke, angina (chest pain), heart attack, or cardiomyopathy?	❑ Yes	❑ No
b. Heart or circulatory surgery (including pacemaker, heart valve replacement, bypass, angioplasty, stent implant, or any procedure to improve circulation to the heart or brain)?	❑ Yes	❑ No
9. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:		
a. Emphysema, chronic obstructive pulmonary disease (COPD), or tuberculosis (TB)?	❑ Yes	❑ No
b. Neuromuscular disease (including Multiple Sclerosis, Lou Gehrig's Disease, Epilepsy, or Parkinson's Disease)?	❑ Yes	❑ No

PROSPERITY

FINAL EXPENSE

I. PRODUCT FEATURES AND REQUIREMENTS

Golden Promise® (offered in NY by SBLI USA) and New Vista® (offered elsewhere by S.USA) are a series of whole life products particularly suited to the senior market. This is a simplified issue product and features a three-tier classification. Customers can qualify for the Level, Graded, or Modified plans based on health history.

Product Availability

Golden Promise® (SBLI USA) – NY only
New Vista® (S.USA)- All other approved states

Death Benefit

Level
Full death benefit all years.

Graded
Limited death benefit for non-accidental death in the first two policy years. Limited benefit equals a percentage of the face amount(30% Year 1, 70% Year 2). Full death benefit for accidental death, all years.

Modified
During the first year of coverage, the death benefit is equal to 110% of the annual premium (excluding the policy fee).
During the second year of coverage, the death benefit is equal to 231% of the annual premium (excluding the policy fee).
After the second year of coverage, the death benefit is equal to the face amount of the policy.
Full death benefit for accidental death, all years.

Accelerated Death Benefit (not available in California)
Should the insured be diagnosed with a terminal illness, the included Accelerated Death benefit feature allows access to a portion of the policy (between 25 and 50% of the Eligible Proceeds). Included in the policy form for all three death benefit options.

Optional Accidental Death Benefit Rider

- Issue ages – 50 - 74
- Can be added to all three death benefit options.
- The rider coverage amount will equal the initial coverage amount of the base plan.
- Expires at age 75.

Requirements

Issue Ages (Age last birthday)
50-80 Level Death Benefit
50-80 Graded Death Benefit (50-75 for Golden Promise)
50-80 Modified Death Benefit (50-75 for Golden Promise)

Premium Paying Period
To age 121

Minimum Face Amount
$1,500 ($5,000 minimum for WA)

Maximum Face Amount
$35,000

The same customer can own multiple Final Expense policies, but the maximum combined coverage on any one life is $35,000.

Premiums

Premium rates vary by issue age, gender and smoking class. Smoking class is based on cigarette use only. No substandard premiums apply.

How to Calculate Premiums
The total annual premium is equal to the sum of the premiums for the policy and all optional supplemental benefits and riders (There also is a $40.00 annual policy fee).

Clients should be advised that if they pay their premium in semi-annual, quarterly or monthly payments, the total annual cost will be higher than the annual premium for the policy.

PROSPERITY

5. HEALTH INFORMATION

SINCE THIS POLICY IS ISSUED WITH MINIMAL OR NO MEDICAL UNDERWRITING, THE PREMIUM RATE CHARGED INCLUDES AN EXTRA MORTALITY RISK CHARGE. IF YOU ARE HEALTHY ENOUGH TO QUALIFY AS A "STANDARD" RISK, PREMIUMS WOULD LIKELY HAVE BEEN LOWER IF YOU HAD APPLIED FOR A FULLY UNDERWRITTEN POLICY.

Has the Proposed Insured smoked cigarettes in the past 12 months? ..... ❑ Yes ❑ No

Please state the Proposed Insured's height _____ and weight _____.

Part A - if any question is answered "Yes", the Proposed Insured is not eligible for coverage

1. Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant? ..... ❑ Yes ❑ No
2. Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing? ..... ❑ Yes ❑ No
3. Within the past 12 months has the Proposed Insured:
   a. been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known? ..... ❑ Yes ❑ No
   b. used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)? ..... ❑ Yes ❑ No
   c. had or been advised by a member of the medical profession to have Kidney Dialysis? ..... ❑ Yes ❑ No
4. Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession? ..... ❑ Yes ❑ No
5. Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)? ..... ❑ Yes ❑ No
6. Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or is the Proposed Insured currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)? ..... ❑ Yes ❑ No

Part B - if any question is answered "Yes", the Proposed Insured may be eligible for the Modified Death Benefit Individual Whole Life Policy

1. In the past 2 years, has the Proposed Insured been diagnosed or received treatment from a member of the medical profession, or other practitioner, or been hospitalized for any of the following:
   a. the use of alcohol or drugs; or been advised by a physician, practitioner, health facility or counselor to restrict the use of alcohol or drugs? ..... ❑ Yes ❑ No
   b. complications of diabetes such as diabetic coma or insulin shock or had an amputation due to complications of any disease? ..... ❑ Yes ❑ No
   c. heart attack, angina (chest pain), congestive heart failure, cardiomyopathy stroke, transient ischemic attack (TIA), or aneurysm or had heart or circulatory surgery? ..... ❑ Yes ❑ No
2. In the past 3 years, has the Proposed Insured been diagnosed, treated, or prescribed medication by a member of the medical profession for: internal cancer, including but not limited to, malignant brain tumor, malignant melanoma (but excluding basal/squamous cell skin cancer), leukemia, or multiple myeloma? ..... ❑ Yes ❑ No
3. In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? ..... ❑ Yes ❑ No

Part C - if any question is answered "Yes", the Proposed Insured may be eligible for the Graded Death Benefit Individual Whole Life Policy

1. Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:
   a. Parkinson's disease, Systemic Lupus (SLE) or sickle cell disease? ..... ❑ Yes ❑ No
   b. Cirrhosis (Stage A or Stage B) of the liver, chronic hepatitis or other liver disorder, kidney failure or other chronic kidney disease? ..... ❑ Yes ❑ No
   c. Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, black lung disease or tuberculosis? ... ❑ Yes ❑ No
   d. Bipolar Disorder or Schizophrenia or been hospitalized in the past 2 years for any mental or nervous disorder? ... ❑ Yes ❑ No

If all questions in Parts A, B and C are answered "No", the Proposed Insured may be eligible for the Level Death Benefit Individual Whole Life Policy

PROSPERITY

FINAL EXPENSE

Height and Weight
Build Chart

Height	Minimum Weight All Plans	Max Weight Issue	Max Weight Graded	Max Weight Modified
4'6"	68	187	202	218
4'7"	71	194	209	225
4'8"	74	201	216	232
4'9"	77	208	223	239
4'10"	80	215	230	246
4'11"	83	222	237	253
5'00"	86	229	245	262
5'01"	89	237	253	271
5'02"	92	246	262	280
5'03"	95	253	269	288
5'04"	98	260	278	297
5'05"	101	268	286	306
5'06"	104	275	294	315
5'07"	107	284	304	325
5'08"	110	292	313	334
5'09"	113	299	321	343
5'10"	117	308	330	353
5'11"	121	316	339	362
6'00"	125	325	348	372
6'01"	129	333	356	381
6'02"	133	341	366	391
6'03"	137	349	373	399
6'04"	142	357	382	409
6'05"	147	365	392	419
6'06"	152	373	406	434
6'07"	159	381	413	442
6'08"	162	389	421	450
6'09"	167	397	430	460

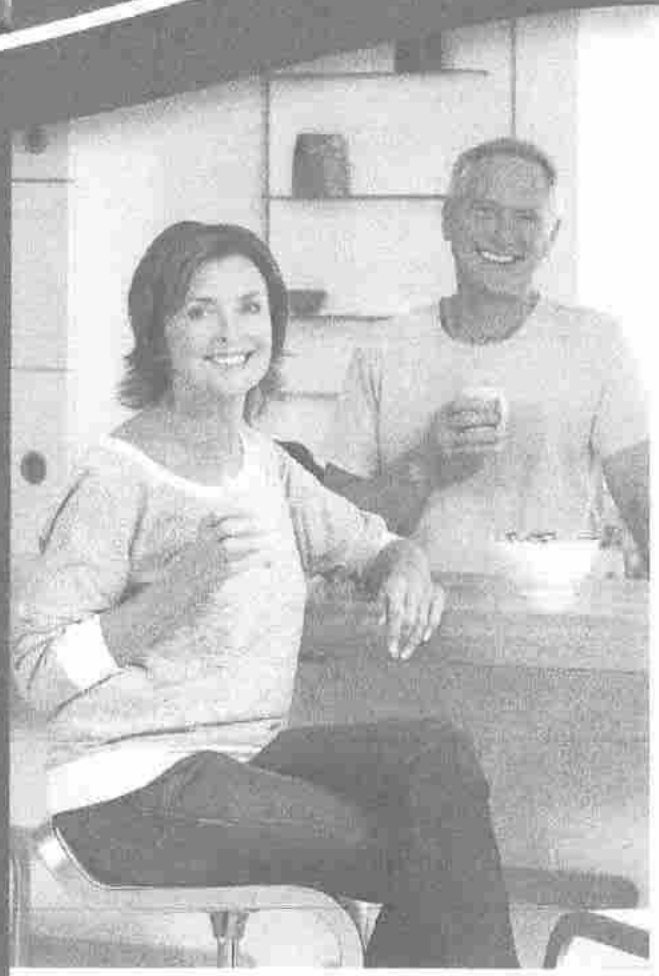


Features of **Graded Benefit Life**

PLAN PROVISIONS IF DEATH OCCURS DURING:

- 1st certificate year - The premiums paid will be returned with 4.5% interest.
- 2nd certificate year - The death benefit is 25% of the face amount.
- 3rd certificate year - The death benefit is the face amount.

If death in the first or second year results directly from accidental bodily injury, the death benefit will be the face amount.



ROYAL ARCANUM

AN INTERNATIONAL FRATERNITY PROVIDING FAMILY PROTECTION

WWW.ROYALARCANUM.COM

THE PLAN

With the Graded Benefit life plan, Adults ages 45 - 85 can get from $2,500 to $15,000 of coverage with No Medical Exam and rates that don't go up!!

ELIGIBILITY

You are guaranteed this insurance if you can make the following statements in the application:

1. I am not now confined to a bed, or in a hospital, clinic, rest or convalescent home.
2. I have not been diagnosed or treated by a licensed medical doctor for AIDS or AIDS Related Complex (ARC).

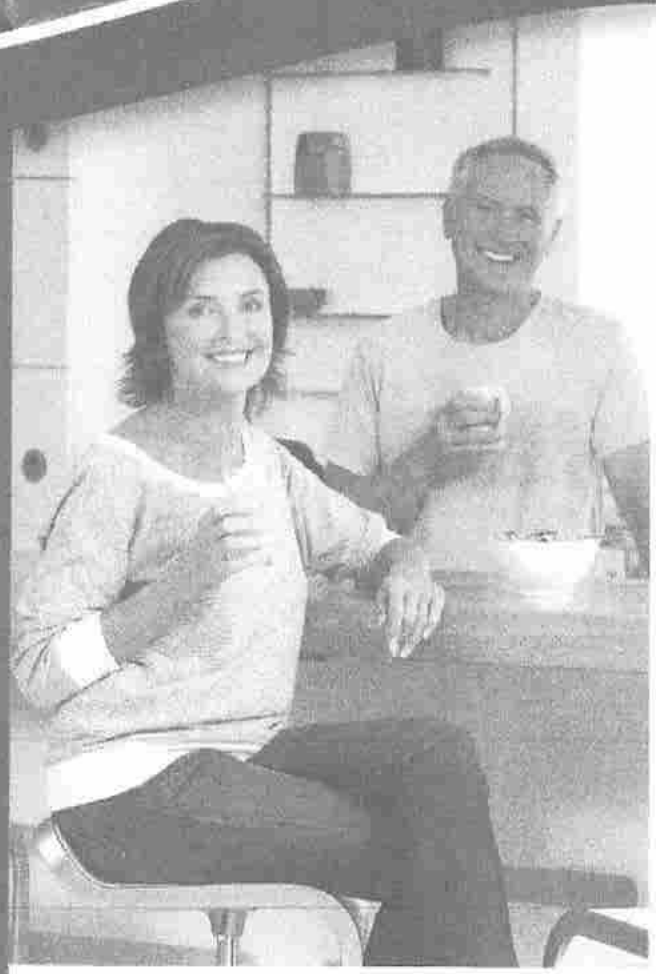


Features of **Graded Benefit Life**

PLAN PROVISIONS IF DEATH OCCURS DURING:

- 1st certificate year - The premiums paid will be returned with 4.5% interest.
- 2nd certificate year - The death benefit is 25% of the face amount.
- 3rd certificate year - The death benefit is the face amount.

If death in the first or second year results directly from accidental bodily injury, the death benefit will be the face amount.



ROYAL ARCANUM

AN INTERNATIONAL FRATERNITY PROVIDING FAMILY PROTECTION

WWW.ROYALARCANUM.COM

THE PLAN

With The Graded Benefit Life Plan, Adults ages 50 - 75 can get from $2,500 to $25,000 of coverage with no medical exam. Best of all, your premiums never increase. We offer convenient monthly premium payments from your checking account, medicaid card or credit card.

ELIGIBILITY

You are guaranteed this insurance if you can make the following statements in the application:

1. I am not now confined to a bed, or in a hospital, clinic, rest or convalescent home.
2. I have not been diagnosed or treated by a licensed medical doctor for AIDS or AIDS Related Complex (ARC).

G. Secondary Addressee (Optional) – This person will receive copies of overdue premiums and lapse notices.

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

H. Insurance in Force and Applied for: (If none, so state) Do not include this application.

	Year Issued	Company	Amount	Plan
1.				
2.				
3.				

I. Medical Information

If any answer is "Yes", then you are not eligible for coverage. ROYAL ARCANUM 2 HEALTH QUESTIONS

	Yes	No	
1.	☐	☐	Are you currently confined to a bed, or in a hospital, clinic, rest or convalescent home?
2.	☐	☐	Have you ever been diagnosed by a member of the medical profession or tested positive for Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system?

J. Replacement of Insurance - Will the insurance applied for replace or change any existing insurance or annuity contracts with the Royal Arcanum or any other company or fraternal benefit society? ☐ Yes ☐ No.

If yes, show the name of Company and Policy Number(s); add an additional sheet of paper, if necessary. A state replacement form must be completed should there be a replacement or potential replacement because of the new coverage.

_____

_____

_____

K. Agreement Declaration

Each of the undersigned certify that we have read the completed application. We, the undersigned, agree to the following:

1. All answers and statements in this application are true and complete to the best of our knowledge and belief. The Supreme Council of the Royal Arcanum ("the Society") will rely on the answers and statements in the application as the basis for any policy issued. I, the applicant, understand that no coverage will be issued if the age of the Proposed Insured or the face amount applied for do not meet the underwriting standards that apply to this policy.
2. Coverage under the policy will become effective only if and when (a) the first premium has been paid during the lifetime of the Proposed Insured, (b) the Society has been notified of any change since the date of the application in the health of the Proposed Insured, and (c) the policy is delivered and all delivery requirements are fulfilled during the lifetime of the Proposed Insured.
3. If there is a change in the Proposed Insured's health before a policy is delivered, and the change will alter any statement or answer to any question in the application, the applicant or the Proposed Insured will immediately notify the Society. If the Proposed Insured is not eligible for the insurance applied for, no policy of any kind will be in effect.
4. The Charter, Constitution and Laws of the Society now in effect or hereafter enacted shall be binding upon them and their beneficiary.
5. If the Monthly premium mode is selected, the applicant authorizes premiums due to be automatically paid to the Society

THE APPLICATION- Each person signing below agrees that: (1) to the best of his/her knowledge and belief, all statements made in this application and any supplements are complete and true and were correctly recorded; (2) this application and any supplements shall form the basis for and become part of any policy issued by the Society; (3) no information about the Proposed Insured will be considered to have been given to the Society unless it is stated in the application, and (4) they will notify the Society of any changes in the statements or answers given in the application between the time of the application and the delivery of the policy. Each person agrees that the Charter, Constitution and Laws of the Supreme Council of the Royal Arcanum now in effect or hereafter enacted shall be binding upon them and their beneficiary.

Gerber Life Insurance

Open in Browser

Being a Hero Is Easy With **Gerber** Life

DON'T LET CORONAVIRUS FEARS STOP YOUR CLIENTS FROM OBTAINING THE LIFE INSURANCE COVERAGE THEY NEED

The impact of the Coronavirus (COVID-19) outbreak is being felt on many levels. As we continue to monitor the developments around this illness, we understand the impact it can have on your clients, especially your elderly clients, making them fearful of external in-person contact.

We want you to know that you can still help your clients obtain the life insurance coverage they need through Gerber Life's remote capabilities. There's no need to meet face-to-face if your clients are fearful of in-person contact.

Gerber Life Agent Portal for Remote Life Insurance Sales
Using the Gerber Life Agent Portal, you can work with your client via telephone to obtain the necessary information to complete a rate quote and an electronic application (e-App) on the Portal. Once the e-App is complete, it can be sent to your client via email for e-signature[1] and submitted to Gerber Life electronically. This is an efficient way to work remotely and submit business quickly.

Gerber Life E-A-S-Y Phone Service for Agents – 1.877.885.7612
You can also take advantage of Gerber Life E-A-S-Y. This service provides agents with an easy and streamlined way to submit applications over the phone. Call **1.877.885.7612, Monday through Friday, 8:30 a.m. to 6:00 p.m., EST,** and a licensed Gerber Life Agency Support Specialist will take application information over the phone from you and your client.[2] A flyer that provides details about Gerber Life E-A-S-Y is included here.

Don't let Coronavirus fears stop your clients from obtaining the life insurance coverage they need. Use Gerber Life's remote capabilities to support your life insurance sales and be a hero to your clients.

Questions? Contact your General Agent.

PUT THE POWER OF **GERBER** LIFE TO WORK
FOR YOU AND YOUR CLIENTS TODAY



Gerber Life Insurance

The Gerber Life E-A-S-Y

1-877-885-7612

Monday - Friday 8:30 AM EST - 6:00 PM EST

You can get an **instant decision** in most states on Gerber Life's simplified issued products or submit an application over the phone for any of Gerber Life's products including our Guaranteed Life product.
You still keep the commission!

Pre-call check list:

Plan for the call to take 10 to 15 minutes

- ☐ Writing Agent must have readily available for authentication:
  - Agent Name
  - Gerber Life Writing Number (Must have Writing Number to proceed with call)
  - Email
- ☐ For Simplified Senior Life/Whole Life/Duet:
  - Client must have all doctor's names and addresses
  - Clients over the age of 71 will require a paramed and will not be eligible for an instant decision
  - Client must have an email address
- ☐ For Guaranteed Life:
  - Writing Agent must have explained product detail to client
  - Writing Agent must have reviewed 2 year Graded Death Benefit for Guaranteed Life
  - Client must have an email address in the state of NY
- ☐ Indiana Telemarketing Registration:
  - Agent is responsible for providing customer with their Indiana registration number prior to calling Gerber Life for application completion. (Telemarketing calls)
- ☐ New York Requirements:
  - NY agents must provide proof of Reg. 187 training prior to calling Gerber Life for application completion.
- ☐ Quote of premium amount and payment frequency must have been presented and accepted by Client
- ☐ Client must:
  - Have ID readily available if face-to-face
  - Provide Social Security number if not face-to-face
  - Have routing and account number or credit card information

Gerber Life Insurance is a trademark. Used under license from Société des Produits Nestlé S.A. and Gerber Products Company.
Copyright © 2020 Gerber Life Insurance Company, White Plains, NY 10605.
All rights reserved

FOR AGENT USE ONLY. NOT TO BE USED WITH CONSUMERS.



Gerber Life Insurance

During the call with Agency Support Specialist:

- All calls will be recorded
- Calling Agent must be present and on the phone during entire application

- **Step 1:** Writing Agent must provide 2 of the 3 items below with the Agency Support Specialist:
  - Agent Name
  - Gerber Life Writing Number
  - Email on file
- **Step 2:** Agency Support Specialist verify customer ID has been shown (face-to-face)

- **Step 3:** Agent to provide Agency Support Specialist with:
  - Clients Name
  - Clients Age
  - Face Amount
  - Product
  - Premium quoted (monthly/annual)
  - State
  - Tobacco and Non tobacco for Simplified Senior Life/Whole Life

- **Step 4:** Agency Support Specialist will run the quote to verify amount and move forward with the application

- **Step 5:** Client (not Writing Agent) must answer all questions on application

- **Step 6:** Client email and phone number is required at time of application for Simplified Senior Life/Whole Life

- **Step 7:** Payment information is needed at time of application (ACH or Credit Card)

- **Step 8:** Agency Support Specialist will provide an application number

- **Step 9:** Agency Support Specialist will provide decision on Simplified Senior Life/Whole Life/Duet
  - Approved
  - Declined
  - More information needed (further details are needed to determine coverage, Gerber Life's Underwriting department will contact the client via email)

Please note: The Gerber Life Agency Support Specialist is a licensed agent but their role is not to sell the product, only to take the application on your behalf.

The E-A-S-Y phone number is for applications only. Please call 1-800-497-4947 to receive support on application status, commissions, etc.

Gerber Life Insurance is a trademark. Used under license from Société des Produits Nestlé S.A. and Gerber Products Company.
Copyright © 2020 Gerber Life Insurance Company, White Plains, NY 10605.

FOR AGENT USE ONLY. NOT TO BE USED WITH CONSUMERS.