

Maximum face amounts:

	STANDARD	GUARANTEE ISSUE
Issue age 0 - 50	\$1,000 - \$30,000	\$1,000 - \$30,000
Issue age 51 - 70	\$1,000 - \$20,000	\$1,000 - \$30,000
Issue age 71 - 85	\$1,000 - \$10,000	\$1,000 - \$10,000
Death Benefit	Immediate	110% premiums paid for 1 st two years
Riders included	Terminal Illness Dismemberment	Terminal Illness Dismemberment Accidental Death
Optional Paid riders	Accidental Death	

Additional Coverage:

- **Terminal Illness Accelerated Death Benefit** - Maximum accelerated benefit payment equals \$15,000.
- **Accidental Death Benefit** – Doubles the policy face amount. Maximum benefit payment equals \$30K. Available ages 0 – 84. Coverage terminates at attained age 85. Additional premium of \$5 per month regardless of face amount.
- **Dismemberment** - The dismemberment benefit varies based on the type of dismemberment.

Underwriting:

- No Height/Weight requirement
- No tobacco usage question
- No MIB or RX
- Physician information is recommended but is not required.

Any health question answered 'yes' will result in the client qualifying only for the Guarantee Issue policy.

A.) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable to care for yourself, or terminally ill?

B.) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection.

C.) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?

D.) In the past 10 years, have you been medically diagnosed, for which you have **NOT** been treated by a licensed member of the medical profession, or have **NOT** taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including COPD (Chronic Obstructive Pulmonary Disease)/emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?

-Standard approval if the client IS taking medication or being treated by a licensed member of the medical profession.

E.) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?

F.) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has **NOT** been received or completed?

G.) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?

H.) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant?

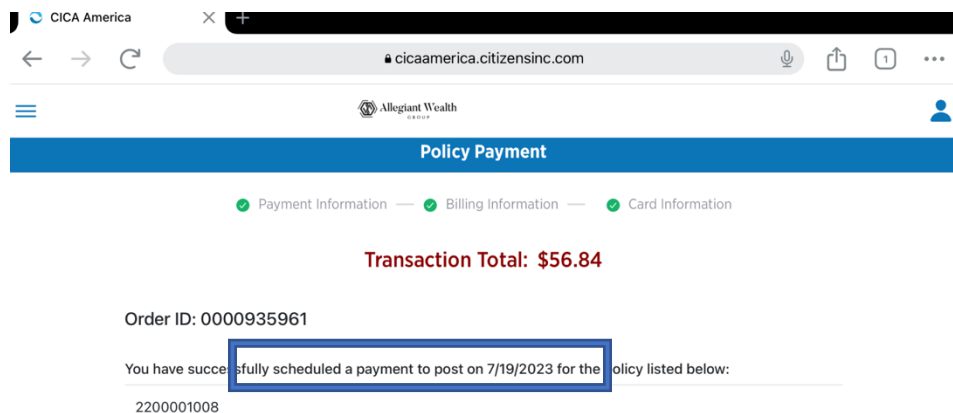
Common health conditions:

CONDITION	POLICY
AIDS / HIV	Guaranteed
Amputation	Standard
Aneurysm	Standard
Cardiomyopathy– being treated by a physician/medication	Standard
CHF– being treated by a physician/medication	Standard
Chronic Pancreatitis	Standard
COPD– being treated by a physician/medication	Standard
Current cancer (excluding skin cancer)	Guaranteed
Past cancer (no time requirement)	Standard
Cystic Fibrosis	Guaranteed
Dementia	Guaranteed
Diabetic coma	Standard
Dialysis– being treated by a physician/medication	Standard
Heart attack	Standard
Heart disease– being treated by a physician/medication	Standard
Hepatitis	Standard
Insulin use	Standard (any age / amounts)
Kidney Failure– being treated by a physician/medication	Standard
Multiple Sclerosis	Standard
Obesity	Standard (no height/weight requirement)

Organ transplant – over 5 years ago	Standard
Organ transplant – under 5 years ago	Guaranteed
Oxygen use	Standard
Pacemaker	Standard
Parkinson's	Standard
Sickle Cell Anemia	Standard
Single cancer occurrence	Standard
Wheelchair confinement	Standard

Premiums:

- Premiums may be paid Monthly, quarterly, semi-annually, or annually.
- Payment modes accepted:
 - Electronic Funds Transfer, Direct bill , Credit/Debit Card, Direct Express card,
- Third party premium payor is allowed.
- Delayed Premiums/future draft dates:
 - Premiums may be delayed by selecting ‘delay premium’ on the application and inputting desired draft date.
 - After entering the desired draft date, you will be prompted to input the billing information. Please note the initial screen will say to ‘process payment’, however no payment will be paid until the draft date. A second confirmation screen will appear stating the policy will be held until the indicated draft date.



- The draft date must be within 28 days of the application date.
- Draft dates may be any day between the 1st and 28th of the month.
- If a premium is missed, client must pay the due amount to maintain the policy. This can be done in the agents’ portal as well as by contacting Policy Holder Services

- If the missed premium is the client's 1st premium, the agent and client will have 2 days to input new payment information or try the account/card again from the agent portal, client portal, or by calling PHS. After the 2 days, if the application does not have a payment applied, the application will be 'denied, rejected payment'. Once an application has this status it is no longer accessible to update and a new application would be needed for the client.
- In-force policies will lapse 90 days after missed premium
- Premium changes such as draft date, bank account information, credit card information, can be made by contacting Policy Holder Services
- Premium changes that increase or decrease the clients premium, must be submitted with a signed change form from the client and submitted to Policy Holder Services
- Premiums are calculated based on the insured's last birthday. At the time the application is uploaded, when the agent clicks on Step 9: Upload Application, that is the issue date and will lock in the premium rate. If a hold date is set, and the insured has a birthday between the date of the application and the date of the first premium, the issue date is still the day the application was uploaded and there is no change in the premium.

Nonforfeiture Options:

- Reduced Paid-Up and Extended Term Insurance permitted.
- **REDUCED PAID-UP INSURANCE:** The Owner may elect at any time while this policy is in force on a premium-paying basis, or within 60 days after the due date of any unpaid premium, to have this policy continued from the date to which premiums have been paid as Reduced Paid-Up Insurance for a reduced level amount, payable at the Insured's death. The amount of Reduced Paid-Up Insurance will be such as the net cash value would provide, if applied as a net single premium, at the Insured's then attained age.
- **EXTENDED TERM INSURANCE:** The Owner may elect at any time while this policy is in force on a premium-paying basis, to have this policy continued from that date to which premiums have been paid as Extended Term Insurance, payable in the event of the Insured's death during the period of Extended Term Insurance. The amount of Extended Term Insurance will be for a level amount equal to the Face Amount of insurance as of the premium paid to date, less any indebtedness under this policy. The period of Extended Term Insurance will be such as the net cash value would provide at the Insured's then attained age.
- **AUTOMATIC OPTION:** If any premium remains unpaid at the end of the grace period, and there is cash value, but the Automatic Premium Loan option was not selected, the automatic nonforfeiture option will apply unless the Owner requests another available option within 60 days after the due date of the unpaid premium. Extended Term Insurance is the automatic nonforfeiture option if Extended Term values are shown on the Table of Guaranteed Values page. If Extended Term values are not shown on the Table of Guaranteed Values page, then Reduced Paid-Up Insurance will be the automatic nonforfeiture option.

Commissions:

Commissions are paid on a 6 month advance for policies paid via EFT ONLY. All policies paid with other premium payment methods including direct bill, direct express, credit and debit cards, will be paid to the agent on an as-earned basis.

In the first policy year for any Contract sold ("Policy Year 1"), upon initial receipt of premium payment by the policyholder to CICA, premiums will be annualized and 6 months of commission shall be paid in advance. Beginning in the 7th month of Policy Year 1 and through the end of the 12th month of Policy Year 1, Policy Year 1 commissions shall be paid as-earned

For example: Assuming agent is on a 50% commission contract, if monthly premiums for Standard Issue Option 1 are \$100, then annualized premiums will be \$1,200 and commission advanced will be \$600 (full commission on a 50% level) TIMES 50% (6 month advance), which equals \$300. In months 7-12, upon payment of the \$100 premium by the policyholder to CICA, General Agent would earn and be paid \$100 TIMES 50%, which equals \$50 per month.

Policy Year 1 commissions shall be subject to pro rata charge-backs if a Product lapses in the first 6 months. In such case, the commission will be charged-back in proportion to the amount of the premiums received on the Product (e.g., if the Product lapses after 3 months of Premiums received, 50% of the commission will be charged-back). Charge-backs will be transferred to an Agent's statement balance and deducted from earned commissions until debt is resolved.

Commissions are paid each Friday for business settled between the previous Wednesday – Tuesday.

-Any business that is settled between (1st premium payment is successful) Wednesday July 5th - Tuesday July 11th at 5pm, will be paid to the agent on Friday July 14th

July 2023 < Today >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	Jul 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	Aug 1	2	3	4	5

Policy Service:

- Once an application is ‘uploaded’, changes can NOT be made.
- If an error is found or change is needed, please contact Policy Holder Services as soon as possible to make the correction.
- If the error effects the policy type, face amount, premium or beneficiary, the CICA change form must be completed and signed by the insured/policy owner and submitted with a copy of the insured/policy owners drivers license.
- For matters unresolved by PHS or that require immediate attention, please inform your agency manager to submit an electronic ticket at HIGH priority to expedite service.
- [beneficiary change request form](#)
- [policy owner change form](#)

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT:

While this Policy is in force on a premium paying or fully paid-up basis, if the Insured has been diagnosed with a "Terminal Illness," the Company will pay an accelerated benefit equal to the lesser of:

1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
2. \$15,000

The accelerated benefit payment will be reduced by an administrative charge of not more than \$100. The minimum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$5,000. The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$30,000.

Payment will be made in a onetime lump sum to the Owner, if other than the Insured, subject to the rights of any collateral assignment of benefits of this Policy currently in effect and filed with the Company.

DEFINITION OF TERMINAL ILLNESS

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured's life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

IMPACT OF A BENEFIT PAYMENT ON THE POLICY

The remaining non-accelerated portion of the base policy will have premiums, cash values, and face amounts reduced pro rata based on the portion of face amount accelerated excluding any term insurance riders attached to the policy. The new premiums will be those which would apply if the policy had originally been issued at the reduced base policy insurance amount. Term insurance rider premiums will not be affected.

ACCIDENTAL DISMEMBERMENT BENEFIT PROVISION:

While this Policy is in force on a premium paying or fully paid-up basis, the Company will pay the Accidental Dismemberment Benefit Percentage of the applicable death benefit amount of the base Policy insurance in accordance with the Table of Benefits. The applicable death benefit amount is the base Policy insurance and can be no more than \$30,000 or no less than \$5,000 for any Accidental Dismemberments to be paid. Benefits are only payable under this provision upon receipt of written evidence satisfactory to the Company that the specific losses have resulted, directly and independently of all other causes as listed in the table, from bodily injuries caused by an accident occurring while this Policy was in force and the loss occurred within 90 days following the date of the accident. This benefit will be paid in addition to any other benefits provided in this Policy, except if the same accident causes dismemberment and death, only the death benefit amount will be paid. Dismemberment coverage terminates at attained age 85.

Notice of Claim: Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to the insurer at its home office or to the insurer's agent. Notice should include the name of the insured and the policy number.

Claim Forms: When the insurer receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving the insurer a written statement of the nature and extent of the loss within the time limit stated in the 'Proof of Loss' provision.

Proof of Loss: If the policy provides for periodic payment for a continuing loss, written proof of loss must be given the insurer within 90 days after the end of each period for which the insurer is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Time of Payment of Claims: After receiving written proof of loss, the insurer will pay monthly all benefits then due for Dismemberment Benefit. Benefits for any other loss covered by this policy will be paid as soon as the insurer receives proper written proof.

Payment of Claims: Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

Denial of claims: Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary will be provided an opportunity for an appeal to the Company's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the Company's licensed physician must respond within a reasonable time, not to exceed 15 business days.

LIMITATIONS FOR ACCIDENTAL DISMEMBERMENT BENEFIT

No benefits will be paid for dismemberment resulting directly or indirectly from:

1. intentionally self-inflicted injury, while sane or insane;
2. suicide or attempted suicide, while sane or insane;
3. the Insured's participation in or attempt to commit a crime, assault, felony or any illegal

activity, regardless of any legal proceedings;

4. involvement with or use of alcohol, illegal or controlled chemicals, drugs or substances, unless taken upon the advice of a licensed physician in the prescribed manner and dosage;

5. war or any act of war, whether declared or undeclared;

6. involvement in or as a result of any riot, insurgency, or insurrection;

7. service in military forces of any country, combination of countries or international organization;

8. voluntary exposure to hazards which result in bodily injury;

9. motor vehicle accident or collision where the Insured is the operator of the motor vehicle and the Insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the accident occurred, regardless of any legal proceedings;

10. operating, traveling in, descending or falling from or with, any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft flown by a licensed pilot;

11. bodily or mental infirmity, or disease, or medical or surgical treatment thereof; or

12. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.

A. For loss of both hands 33% by severance at or above the wrist joint

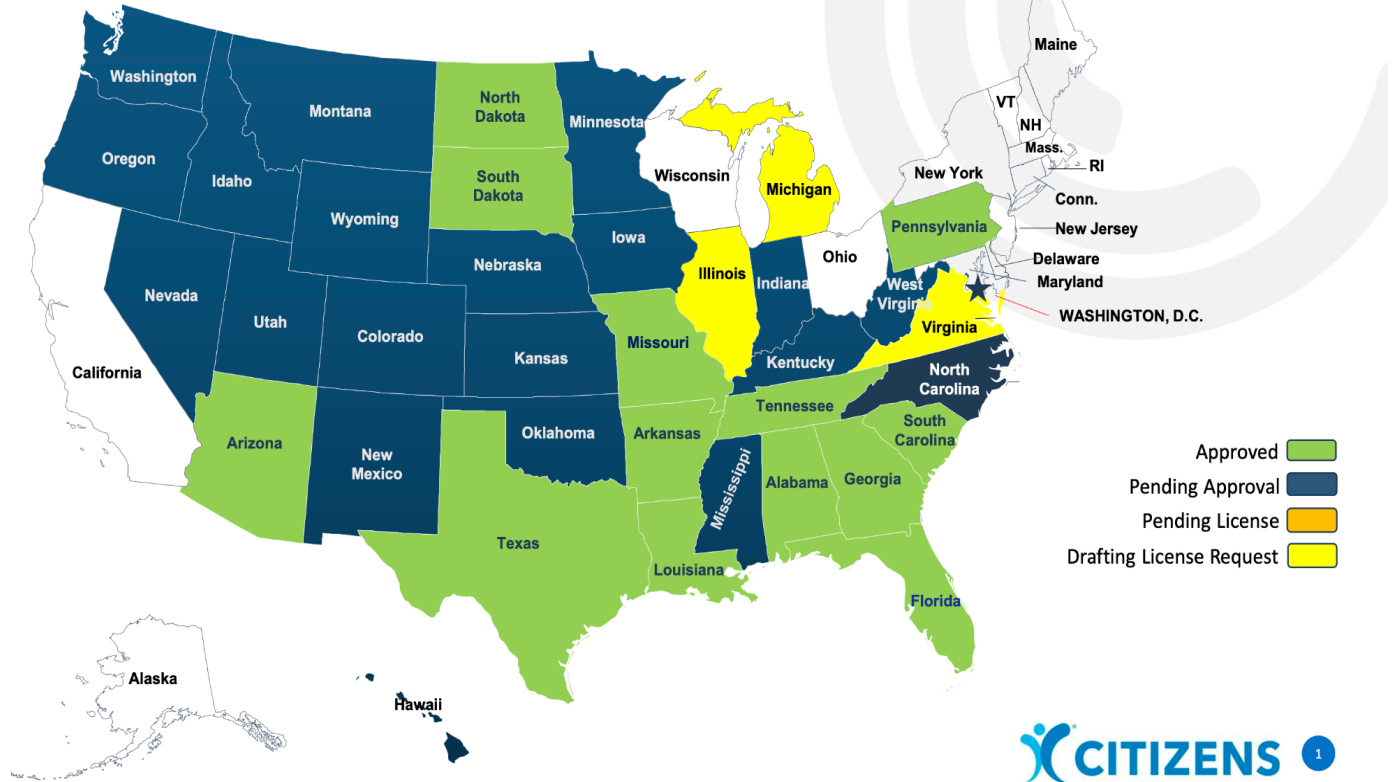
B. For loss of both feet 33% by severance at or above the ankle joint

F. For the complete and 33% irrecoverable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint 25%

C. For the complete 33% and irrecoverable loss of the sight of both eyes

G. For the loss of one hand or one foot by severance at or above the wrist or ankle joint

CICA STATE APPROVALS As of 4/25/23



Superior Choice Standard

Annual Premium Rate per
\$1,000

Iss Age	Male	Female
0	10.02	10.02
1	10.02	10.02
2	10.19	10.02
3	10.45	10.02
4	10.61	10.19
5	10.88	10.45
6	11.06	10.61
7	11.22	10.88
8	11.49	11.06
9	11.65	11.23
10	11.84	11.49
11	12.10	11.65
12	12.36	11.84
13	12.71	12.10
14	13.06	12.36
15	13.32	12.71
16	13.67	13.06
17	14.02	13.32
18	14.26	13.67
19	14.60	14.02
20	14.88	14.27
21	15.22	14.61
22	15.56	14.88
23	15.83	15.22
24	16.18	15.57
25	16.52	15.83
26	16.95	16.18
27	17.42	16.53
28	17.99	16.95
29	18.56	17.43
30	19.13	18.00

Superior Choice GI

Annual Premium Rate per
\$1,000

Iss Age	Male	Female
0	41.59	40.79
1	42.00	39.37
2	42.82	40.14
3	43.53	40.80
4	44.55	41.76
5	45.26	42.43
6	46.18	43.29
7	46.90	43.96
8	47.71	44.73
9	48.63	45.59
10	49.44	46.35
11	50.46	47.31
12	51.18	47.98
13	51.89	48.64
14	52.60	49.31
15	53.22	49.88
16	53.83	50.46
17	54.13	50.75
18	54.44	51.03
19	54.85	51.42
20	55.15	51.70
21	55.26	51.80
22	55.66	52.18
23	56.27	52.75
24	56.89	53.33
25	57.60	54.00
26	57.94	54.36
27	58.28	54.72
28	58.62	55.08
29	58.96	55.44
30	59.30	55.80

31	19.79	18.57	31	59.64	56.16
32	20.44	19.14	32	59.98	56.52
33	21.09	19.79	33	60.32	56.88
34	21.82	20.44	34	60.66	57.24
35	22.56	21.10	35	61.00	57.60
36	23.29	21.83	36	61.34	57.96
37	24.13	22.56	37	61.68	58.32
38	24.94	23.30	38	62.02	58.68
39	25.86	24.13	39	62.36	59.04
40	26.86	24.95	40	62.70	59.40
41	27.86	25.87	41	63.04	59.76
42	28.94	26.87	42	63.38	60.12
43	30.02	27.86	43	63.72	60.48
44	31.20	28.95	44	64.06	60.84
45	32.38	30.03	45	64.40	61.20
46	33.63	31.21	46	64.74	61.56
47	34.89	32.39	47	65.08	61.92
48	36.24	33.64	48	65.42	62.28
49	37.67	34.90	49	65.76	62.64
50	39.11	36.25	50	66.09	63.00
51	40.72	37.68	51	66.43	63.36
52	42.74	39.12	52	66.77	63.72
53	44.92	40.63	53	67.11	64.08
54	47.21	42.54	54	67.45	64.44
55	49.63	44.61	55	67.79	64.80
56	52.39	46.77	56	72.84	69.41
57	55.03	49.05	57	78.25	74.35
58	57.78	51.66	58	84.07	79.64
59	60.68	54.13	59	90.32	85.30
60	63.71	56.70	60	97.04	91.37
61	66.90	59.41	61	104.26	97.87
62	70.25	62.22	62	112.01	104.84
63	73.76	65.18	63	120.34	112.30
64	77.46	68.28	64	129.29	120.29
65	83.12	72.04	65	138.91	128.85
66	89.20	76.36	66	149.24	138.01
67	95.72	80.94	67	160.33	147.83
68	102.72	85.80	68	172.26	158.35
69	110.22	90.94	69	185.07	169.62
70	118.28	96.40	70	198.83	181.68

71	126.93	102.18	71	204.62	190.86
72	136.21	108.31	72	210.42	200.04
73	146.17	114.81	73	216.21	209.22
74	156.85	121.70	74	222.00	218.40
75	168.32	129.00	75	232.83	229.05
76	180.62	136.74	76	244.58	240.61
77	193.83	144.95	77	257.27	253.10
78	208.00	153.65	78	270.89	266.50
79	223.08	164.40	79	284.86	280.23
80	239.25	175.91	80	299.07	294.21
81	256.60	188.22	81	318.97	318.97
82	275.20	201.40	82	338.76	338.76
83	295.15	215.50	83	358.55	358.55
84	316.55	230.58	84	378.34	378.34
85	339.50	246.72	85	397.67	397.67