

General Information		Simplified Issue Term Life	Final Expense Whole Life
Agent Contact List	Policy Delivery	Application Information	Application Information
Beneficiary Change	Replacement	Product Information	Product Information
FAQ's	Policy Conservation	Height & Weight Chart	Height & Weight Chart
Free Look	Reinstatement	Medical Impairment	Medical Impairment
New Business / Underwriting		Occupational Classes	Risk Assessment Results
		Telephone Interview	RX Reference Charts
			Telephone Interview

These products are intended as a supplement to and not a substitute for comprehensive health insurance. This document is not inclusive of all policy provisions. Please see policy forms for complete details and any additional state variations regarding Termination of Coverage, Renewability, Premium Changes, Eligible Dependents, and Policy Definitions. For reference purposes only. Not for public distribution.



If you should have any questions concerning the processing of an application, the distribution of commissions, Policy Service or Claims, please do not hesitate to contact the department(s) shown below. You may call during regular business hours (8:00 am to 5:00 pm) or we also have email access for your convenience.

Groups	Contact Information	Special Instructions
Agent Services	(866) 292-9908	Agents call this number and select Service Area as appropriate
Policy Owner Services	(866) 215-5343	Policy Owners can call this number and select the Service Area as appropriate.
Apptical	(800) 737-6972	Phone number if an interview is required. This will be ordered by Underwriting.
Risk Assessment	(800) 262-3849	Agents can call this number for underwriting questions only .

Service Area	Contact Information	Special Instructions
New Business / Underwriting / Risk Assessment	Fax: (803) 333-4454 Email: nb-uw@csc.com Addresses: PO Box 305009 Nashville, TN 37230-5009 100 Centerview Drive Ste 100 Nashville, TN 37214	(Any other forms, not submitted with original)
Policy Owner Service / Bank Drafts	Fax: (803) 333-4439 Addresses: PO Box 30501 Nashville, TN 37230-5014 100 Centerview Drive Ste 100 Nashville, TN 37214	
Premium Billings	Lockbox Address: PO Box 105003 Atlanta, GA 30348-5003	
Claims	Insurance Services Address: PO Box 1417 Jacksonville, IL 62651-1417	

General Information

Beneficiary Change or Designation



Questions may arise at the time you are completing an application or when the Policy Owner wishes to change the beneficiary designation.

In providing this information, the company and its sales representatives are not expressing a legal opinion or engaging in the practice of law.

In the event the policy is owned by more than one person, each owner must sign the application or beneficiary change form. This form can be found on the Agent web page.

The following samples will assist in making sure the designation is clear to both the Policy Owner and the company. If the beneficiary arrangement desired cannot be accommodated by the e-app, designate an acceptable beneficiary that the e-app allows. The beneficiary designation can be changed after issue by completing a Change of Beneficiary form. Contact the Home Office for instructions.

Beneficiary	Special Instructions
Spouse	Jane Doe (wife) DO NOT USE Mrs. Doe
Two (2) Primary Beneficiaries – Equal	Mary Doe & James Doe, children of the Insured, equally or to the survivor
More than Two (2) Primary Beneficiaries – Not Equal	50% Mary Doe 25% James Doe 25% Betty Doe DO NOT Specify dollar (\$) amounts, use percentages (%)
Primary – Spouse	Jane Doe, spouse if living, otherwise to Betty Doe and James Doe, children of the
Contingent – Children, if living, otherwise to that child's children	Insured, per stirpes
Children of the Insured	Children of the Insured, to share equally or the survivors or survivor
Children, born of the marriage	Children born of the marriage of the Insured to Jane Doe
Trust	John Doe Trust dated 1-1953 If trust date changes, the beneficiary designation must be updated
Estate of the Insured	The Estate of John Doe
Last Will and Testament	Last Will & Testament of John Doe DO NOT include Will date
Note: For any beneficiary, the individual must have an insurable interest in the policy holder.	



For Beneficiary Changes

Change	Special Instructions
Form	A company approved form must be used. The application or, the multi-purpose change form which is contained in the policy package and on the website may be used for beneficiary changes. Policy Owner Services can also provide the form.
Signature	The Policy Owner must sign all requests to change the beneficiary. If there is more than one Owner, all owners must sign the request to change the beneficiary.
Date	The form must include the date and place signed.
Witness	Someone other than a relative must witness the change of beneficiary form.
Full Names	The full names of each beneficiary must be listed, including relationship to the Insured. The beneficiary must have an insurable interest in the life of the Insured.
Irrevocable Beneficiary	If the beneficiary is made irrevocable, the signature of the beneficiary is suggested.
Community Property States	If the Insured lives in a community property state, the spouse must also sign the beneficiary change request. In the event the Insured is not married print N/A.

Funeral Home

Situation	State Requirements
A funeral establishment cannot be named as the beneficiary in an application for life insurance. A funeral establishment cannot purchase a life insurance policy on a person's life. In addition, it is unlawful to sell a life insurance policy to someone with the intention of having the purchaser assign the proceeds of the policy to a funeral establishment.	MI only
A funeral establishment cannot purchase a life insurance policy on a person's life. A person can purchase a policy on his or her own life and name anyone as the beneficiary of the policy, including a funeral home.	GA, IA, MD, MT, OK, TX, WV only



Question	Answers
When does the 1 st year start on a policy?	The 1 st year starts per the Policy Date shown in the Policy Specifications Page of the policy. For example, Application is submitted on January 1 st , 2012 but not issued until March 1st 2012; the 1 st year begins March 1 st .
What happens if a premium is applied after the date of death?	Premium is refunded, earned commission is charged back.
When are earnings charged back?	Earnings are charged back when the premium that generated the earning is reversed. These reversals can occur when the premium is returned unpaid by the bank, refunded to the client or a policy rescission. Earnings are charged back during the next commission cycle.
What portion of the premium is commissionable?	SI Term Life – the entire premium is commissionable, but only for the level period Final Expense Level – the entire premium is commissionable Final Expense Graded – the Policy fee is not commissionable
How can the Final Expense plan be sold?	The Agent is required to interview the Applicant Face to Face . Selling through the mail, internet or telephone is strictly prohibited. All applicants are required to complete a telephone interview after signing the completed application.
What is the MIB (Medical Information Bureau)?	MIB is a cooperative data exchange and operates a database of medical information on some individuals who have previously applied for health insurance, life insurance, disability insurance, critical illness and long-term care insurance. These services alert underwriters to errors, omissions or misrepresentations made on insurance applications. By mitigating the risk of applicant errors, omissions and misrepresentations, MIB may help lower the cost of life and health insurance for consumers.
What is Milliman IntelliScript?	The Milliman IntelliScript system is a proven method for insurance companies to quickly gather and review their applicants' prescription histories. Milliman IntelliScript delivers complete and current prescription histories that allow insurers to make instant underwriting decisions with confidence. Insurers use Milliman IntelliScript to gather prescription information in real time and then review and easy-to-read online report.



The Free Look Period is 30 days from when the Policy Owner received the policy. If the Policy Owner does not sign, date, and return the Delivery Receipt when they receive the policy, Chesapeake administratively allows 60 days from the date mailed which allows for mail time.

Agents should instruct the Policy Owner to review the policy as soon as they receive and return the signed **AND** dated Delivery Receipt in the envelope provided. This will allow the Company to start counting the 30 days from the date signed. If the Policy Owner does not sign or return the Delivery Receipt, the Company allows a total of 60 days from the date the policy was mailed.

If the policy is mailed to the agent for delivery, and the agent is able to have the Delivery Receipt signed at the time of delivery, the Company will allow 30 days from the date signed.

For example:

A policy was mailed June 6th. The Policy Owner received the policy, then dates, signs and mails the delivery receipt on June 16th. The 30 day free look period would extend through July 16th or 30 days from the date signed. If the Policy Owner does not date, sign or return the delivery receipt, then the Company would accept a request for a free look cancelation, including a full refund through August 5th.



Should I Select an Effective Date?

Leaving the effective date blank can expedite the issuing of the policy and payment of commissions.

If you do have to pick an effective date for your customer, keep this in mind:

- Unlike other SureBridge supplemental policies, the amount due for the policy will not be drafted until the effective date.
- This also means that you will not receive commission until after the effective date.
Important: Do not call New Business and try to change the draft date after the policy is submitted. For life insurance, when the policy is drafted coverage is presumed. Your customer may not meet the criteria for coverage; and that must be determined before the policy becomes effective and money is drafted.
- The effective date cannot be the 29th, 30th, or 31st of any month.

What if my Customer has Issues?

If the applicant has issues, it is your job as the agent to be the go-between for the applicant and New Business. Under no circumstances should the applicant be instructed to contact New Business.

For questions regarding an MIB (Medical Information Bureau) Report, it is a good idea to have a copy of **Description of Information Practices** disclosure available for your reference.

This contains instructions on how to verify information on the applicant if an issue arises. This same disclosure also has information for addressing a dispute or question about Rx history.

Quick reference numbers for MIB and IntelliScript:

MIB: 617-426-3660

Milliman IntelliScript: 877-211-4816

Final Expense Plan Only:

The Agent is required to interview the Applicant face to face. Selling through the mail, internet or telephone is strictly prohibited. All applicants are required to complete a telephone interview after signing the completed application.



The absence of routine medical requirements makes the agent's role as field underwriter extremely important for the continued success of the simplified issue life program.

All Agents must completely read the health questions and verify applicants understanding and answers. Impairments in the application are general terms and may be known to the applicant by another name.

Ineligible Persons

Someone who has an invalid social security number; is without a social security number or refuses to provide their social security number.	Someone who is mentally incompetent or who lacks the legal capacity or mental fitness to conduct their own affairs.
Someone who is in a psychiatric facility or correctional facility.	Someone who has not been a permanent U.S. resident for at least 12 months.
Someone who is terminally ill.	Someone who is unable to complete the Application/Telephone Interview.
Someone who answers yes to questions on the application.	Someone who is unemployed with no alternate income source and is not actively seeking employment (does not include retirees).

Simplified Underwriting

SI Term Life

Final Expense

Identity Verification	Yes	Yes
No medical exam	Yes	Yes
Prescription History search	Yes	Yes
MIB (Medical Information Bureau) inquiry	Yes	Yes
Point of Sale Telephone Interview required	No, unless discrepancy / clarification	Yes, all applications
A check for prior Health Claims	Yes	Yes
Generally no APS (Attending Physicians Statement) is required	No	Yes

Pre-qualify the Applicant

- If face to face, make observations such as evidence of smoking, oxygen tanks, assisted living, wheelchairs, missing limbs, surgical scars, slurred speech, etc.
- Compare the applicant's height and weight to the abbreviated Build Chart.
- Review the applicant's prescription medications and refer to the prescription reference chart.
- Ask the applicant the health questions. Note their ability to understand the application questions and their ability to complete the interview.
- If there are any questions as to the accuracy of the applicant's answer to the health questions, the agent should call underwriting, Risk Assessment.
- Verify any foreign born applicants hold U.S. Citizenship, a work permit or a non-expired acceptable Visa.
- Applicant must also be a permanent resident of the United States for at least 12 months.



Mailing Policy

Important: If the agent checks **Mail to: Agent** under Section 8, Acknowledgements, Declarations and Agreements, the agent is responsible for delivering the policy to the Insured¹. If **Mail to: Applicant** is checked, the policy will go directly to the applicant with no need for intervention. An email is sent to the agent indicating the policy print had been mailed.

¹Do not deliver policy if Proposed Insured's health status has changed. Call the New Business Call Center for instructions.

Amendments

When the application is submitted to the Administrative Office, there are times when the information on the original application may need to be changed. For example, the applicant may want to change:

- Face amount
- Beneficiary
- Effective date

The policy will not be active until the Amendment(s) are signed and returned. This will delay commissions until the document(s) are received.

Any Conditionally Issued policy with an Amendment will be mailed to the agent. Failure of the applicant to sign and return the Amendment in a timely manner will result in the cancellation of the application.

Note: *Apptical may use a telephone interview to assist the applicant in signing an "emendment" (over the phone policy amendment) to the coverage during the call. This will speed the process of policy issuance.*

A Policy will be mailed with the Amendment and a return addressed envelope placed on the left hand side of the policy jacket. Signed Amendment(s) may be mailed or faxed back to New Business at (803) 333-4454.

The policy will be activated, including premium drafting and commission payment, as soon as the signed Amendment is received in the Administrative Office.

Delivery Notice

Every Policy will have a Delivery Receipt contained in the Delivery Notice.

Stress to the client that it should be signed, dated, and returned to New Business in the envelope provided or faxed to (803) 333-4454.

If there is an Amendment or additional premium due, a separate notice will be included in the policy envelope.

For LA, PA, SD, VA, and WV, if application is checked to be mailed to agent, then commission will not be paid until signed Delivery Receipt is received by New Business. Commissions will be paid immediately if New Business sends policy directly to Policy Owner (If no other delivery requirements exist).

Signed Delivery Receipt will confirm start date for 30 day Free Look Period.

Confirmation Notices

An email is sent to the agent when the policy is mailed.

Confirmation notices will show basic policy information and delivery requirements.



Replacement of existing insurance is rarely in either the client's or Company's best interest. Issues an agent must consider are:

Situation

- Exposure of the client to new contestable and suicide periods whereby a claim under the new policy might be denied.
- New sales and expense loads
- Increased age which could cause higher premiums
- Deteriorated health which could cause the new policy to be more expensive or have limitations not present on the old policy.
- Loss of any tax benefits
- Potential increased exposure to complaints
- Loss of revenue and surplus to the company

Most states require some type of replacement form. These forms will be presented as part of the e-application process if required. Clarifying guidelines for the completion of these forms is provided below for those states that have adopted the NAIC Model Replacement Regulation requiring Form A, Form B or both. Other states will use the form approved by that state.

Situation	Requirements
No existing Insurance	No Form Required
Has existing Insurance but not replacing	Form A only <ol style="list-style-type: none"> 1. Answer questions #1 and #2 (no). 2. Applicant and Agent sign Form A; page 2 at the top. 3. Form A; pages 1 and 2 are submitted to the Home Office via the e-application process.
Has existing Insurance and will be replacing	Form A and Form B <ol style="list-style-type: none"> 1. Answer questions #1 and #2 on Form A. 2. List out all existing insurance, indicating which ones will be replaced or financed, on Form A; Page 1. 3. Indicate the reason why the policy is being replaced at the bottom of Form A; page 1. 4. Applicant and Agent sign Form A; page 2 at the top. 5. Ask the Applicant if they want you to read the notification to them out loud. If not, they must initial immediately below the signatures on Form A; page 2. 6. Agent to complete Form B regarding the use of sales material and sign/date at the bottom. 7. Form A; pages 1 and 2, and Form B are submitted to the Home Office via the e-application process.



A replacement should be recommended only when it is in the best interest of the applicant. The company does not condone unwarranted or unsuitable replacements.

Requested Effective Date - Requested effective date can be up to 30 days ahead of the date the application was signed.

Backdating - A policy can be backdated up to 6 months (3 months in Ohio) to save age if all the back premiums are collected.

If an agent wants to backdate to the previous month to save age, the following example will apply:

Date application is being written: June 20, 2009

Applicant's current age: 45

Applicant's Birthday: May 16, 1964

In order to save age and write the application at age 44 rate, policy effective date will be backdated to the day before the applicant's birthday (providing that doesn't fall on the 29th, 30th, or 31st of the month).

Since the applicant turned 45 on May 16th, the requested effective date will be May 15th and the policy will be issued as of that date. Two months premium must be sent in with the application; that will pay the policy to July 15th. The first draft will be done on July 15th and on the 15th of each month thereafter.

If the applicant should want a specific draft date, say the 5th of the month, the policy can be backdated to May 5th with 2 months premium being sent with the application paying to July 5th with the account being drafted on July 5th. It may be necessary to send in three months premium with the application depending on the requested effective date.

Agents will be notified before back drafting occurs.

No backdating is allowed on anyone who is already age 56 (for 20-year Term), 66 (for 10-year Term), 86 (for Final Expense).



Policy Conservation

An Easy Reinstatement Offer (SI Term Life) or a Late Payment Offer (Final Expense) is sent (with a copy to the agent) on the 32nd day past due which allows easy reinstatement if:

Lapse

All past due premiums are paid.

The Insured accepts the offer during their lifetime and continued good health.

The past due premiums are received by Policy Owner Services before the offer expiration date. The offer expires on the 60th day past due.

If the offer is accepted and payment is received before the 60th day past due, no evidence of insurability is necessary.

If the premium is not paid by the 61st day past due, the policy will APL (Automatic Premium Loan), terminate, or be placed under a Non-Forfeiture Option.

If the policy terminated, see Reinstatement procedures.

Returned Initial Premium

If the initial premium is not honored by the bank, premium will be reversed causing an immediate chargeback of commissions/advances.

A letter will be sent to the Policy Owner which can be returned **SIGNED by the Insured** along with a check to begin coverage.

This offer expires after 14 days.

Returned Drafts

The premium will be reversed, causing commissions of advance recoveries to be reversed for that premium payment.

A letter will be sent to the Policy Owner outlining 4 options to resume payments.

A copy of the Returned Draft letter will be sent to the agent.

An email will be sent to the agent when a returned draft is received from the bank.



Any policy lapsed less than 12 months may not be submitted as New Business. There are two reinstatement options available, subject to evidence of insurability. In order to reinstate, the policy must be for the same plan, same face amount and same benefits. **A reinstatement application, including a wet signature, is required.** The reinstatement application can be located on your dashboard or agent website. The agent responsible for the reinstatement will become the agent of record for commission purposes. **Reinstatement Applications are available for printing from the website.**

Reinstatement Option 1

Option available up to 3 years for policies lapsed less than 3 months.
All past due premiums must be remitted.

Reinstatement Option 2

A policy lapse of 4 months, but not more than 12 months.
One month's premium must be submitted to pay the policy current upon approval to reinstate.
Upon approval, the policy will be reinstated with a current paid to date and all premiums paid will be applied to establish the new effective date.
This option is only allowed one time per policy.

For example (option 2):

The original effective date of the policy is December 5, 2013. The policy lapsed April 5, 2014. The reinstatement of the policy was approved; upon approval one month's premium was requested and received on September 1, 2014. The policy is reinstated by redating the policy.

Issue Date	12-5-2013	Paid to Date (at time of lapse)	4-5-2014	4 months premium paid
New Issue Date	5-5-2014	New Paid to Date (does not include 1 month's premium submitted for reinstatement)	9-5-2014	4 months premium paid

The one month's premium submitted is applied to the reinstated policy making the Paid to Date October 5, 2014.

Rewriting and Submitting as New Business – A completely new application on a lapsed policy of more than 12 months may be submitted and issued as new business. A rewrite as new business will only be allowed one time per policy and first year commissions will be paid.

Please review the agent guide for additional information and contact the New Business team for questions and further clarification.

Simplified Issue Term Life

Application Questions

Copy of Application
ICC11 – CSITL - 11

Copy of Application
CSITL - 11

Copy of Required Forms



	<div>LEGEND SI – Applies to Term Life Simplified Issue Application ALBR – Applies only if the Critical Condition Rider is selected</div>	Term Life Compact States ICC11 – CSITL - 11	Term Life Non - Compact States CSITL - 11
Questions			
	Underwriting Questions – Applicant History		
1	Has Applicant EVER been diagnosed or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?	SI	SI
2	Has Applicant EVER been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery, or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus)?	SI	SI
3	Is Applicant currently confined in a hospital or nursing home or has Applicant received medical advice or treatment for Alzheimer’s Disease or Dementia, or does Applicant require human assistance of any kind to perform activities of daily living (bathing, dressing, continence, eating, or using the toilet)?		SI
3	Has Applicant been confined in a hospital or nursing home within the previous 90 days; or within the last 5 years: a. received medical advice or treatment for, or been prescribed, by a licensed member of the medical profession, or taken Aricept (Donepezil), Reminyl, Razadyne (Galantamine), Cognex, Namenda or Exelon (Rivastigmine) medication for the treatment of Alzheimer’s Disease or Dementia; or b. required human assistance of any kind to perform activities of daily living (bathing, dressing, continence, eating, or using the toilet).	SI	
4	Has Applicant had, or been advised by a member of the medical profession to have, an organ transplant, or been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next 12 months?	SI	SI



	Questions	Term Life Compact States ICCL1 – CSITL - 11	Term Life Non - Compact States CSITL - 11
	Underwriting Questions		
5	<p>Has Applicant been hospitalized, diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following:</p> <ul style="list-style-type: none"> (a) Cholesterol/Blood Pressure: Uncontrolled Cholesterol (total Cholesterol greater than 240 or Triglycerides greater than 325), or Uncontrolled Blood Pressure (a Systolic reading greater than 150 or Diastolic reading greater than 95), WITHIN THE LAST 6 MONTHS? (b) Mental Diseases or Disorders: Bipolar Disorder, Schizophrenia, Major Depressive Disorder, Manic Disorder, Alcoholism, Alcohol Abuse, Drug Abuse or Drug Addiction, WITHIN THE LAST 5 YEARS? (c) Heart and Circulatory System: Coronary Artery Disease, Heart Attack, Heart Surgery, (including Angioplasty and Stent Placement), Congestive Heart Failure, Cardiomyopathy, Pacemaker Insertion, Heart Valve Replacement, or Aneurysm, Stroke (CVA), Transient Ischemic Attack (TIA), or had any procedure to improve circulation to the heart, brain or extremities, WITHIN LAST 5 YEARS OR PRIOR TO AGE 50? (d) Renal System and Liver: End Stage Kidney Disease, Renal Insufficiency, Chronic Renal Failure (including dialysis); Liver Failure, Cirrhosis, or Chronic Hepatitis (excluding type A), WITHIN THE LAST 5 YEARS? (e) Endocrine System: Diabetes prior to age 20, or taken Insulin Injections prior to age 40 or been treated for Insulin Shock, or been Hospitalized 2 or more times for Diabetic Coma or Diabetic Complications WITHIN THE LAST 5 YEARS? (f) Respiratory System: Chronic Obstructive Pulmonary or Lung Disease (COPD/COLD), Emphysema, Chronic Bronchitis, Respiratory Failure, Cystic Fibrosis, or required oxygen to assist in breathing, WITHIN THE LAST 5 YEARS? (g) Nervous System: Multiple Sclerosis, Huntington's Disease, Muscular Dystrophy, Guillain-Barre Syndrome, Paralysis, Parkinson's Disease or Traumatic Brain Injury, WITHIN THE LAST 5 YEARS? (h) Connective Tissue Disease or Disorder: Systemic Lupus (SLE), WITHIN THE LAST 5 YEARS? (i) Cancer or Tumors: Melanoma, Breast Cancer, Prostate Cancer, Colon Cancer, Hodgkin's Disease, Non-Hodgkin's Lymphoma, Leukemia, or other malignant growths or tumors, WITHIN THE LAST 5 YEARS? 	SI	SI
6	Has Applicant ever pled guilty to or been convicted of a felony, or within the last 3 years has Applicant been convicted of reckless driving or operating a motor vehicle while intoxicated or under the influence of drugs or alcohol?	SI	SI



Questions		Term Life Compact States ICCL - CSITL - 11	Term Life Non - Compact States CSITL - 11
Underwriting Questions – Family History			
7	Does Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have had any form of cancer (other than skin cancer) prior to age 65?		ALBR
7	Does Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have been diagnosed by a licensed member of the medical profession with any form of cancer (other than skin cancer) prior to age 65?	ALBR	
8	Does Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have had Heart Disease, Stroke, Diabetes (type I), Kidney Disease, Liver Disease, Alzheimer's or Dementia prior to age 65?		ALBR
8	Does Applicant have two or more immediate family members (biological parents or siblings), living or deceased, who have been diagnosed by a licensed member of the medical profession with Heart Disease, Stroke, Diabetes (type I), Kidney Disease, Liver Disease, Alzheimer's or Dementia prior to age 65?	ALBR	



Applying for Additional Coverage

- Customers with an existing Term Life policy administered by Wilton Re are eligible to apply for additional coverage, as long as their total combined coverage does not exceed \$200K.
- If the new Application is submitted within 60 days or less from the issue date of the existing Term Life policy, the existing policy will be amended with the new total face amount.
- If applying more than 60 days from the original issue date of the Term Life policy AND the combined face amount is less than 200K, separate policies will be issued and billed separately.

	10 Year Term Life Plan	20 Year Term Life Plan
Issue Ages	25 – 65	25 – 55
Death Benefit Options	<ul style="list-style-type: none"> \$25,000 - \$200,000 <p>Note: the maximum amount of coverage for the SI Term product, one policy or multiple policies, is \$200,000. The maximum amount for SI Term and FE combined, is \$235,000. (This includes coverage in-force and applied for, including the policies branded SureBridge).</p>	Same as 10 Year Term Life
Rating Classes	<ul style="list-style-type: none"> Unisex rates <ul style="list-style-type: none"> Non-tobacco Tobacco 	Same as 10 Year Term Life
Death Benefits	<ul style="list-style-type: none"> Death Benefit will be paid to the beneficiary when proof of the insured's death is received Death Benefit is payable in a lump sum 	Same as 10 Year Term Life
Suicide Exclusion	<ul style="list-style-type: none"> 2 Years 1 year in North Dakota 	Same as 10 Year Term Life
Contestability Period	<ul style="list-style-type: none"> 2 Years 	Same as 10 Year Term Life
Fees	<ul style="list-style-type: none"> Policy Fee: \$75 commissionable per year Application Fee: \$0.00 	



Rider Information

- No combination of Riders can accelerate more than 100% of the original death benefit of the policy.
- Claims will be paid in a lump sum.
- Administrative charges may apply to some claims under the Riders.
- The Rider terminates upon payment of the accelerated benefit.
- For application ICC11-CSTIL-11, this rider is called the Terminal Illness Accelerated Death Benefit Rider (ICC11-TIAB-11). For application CSTIL-11, this rider is called the Terminal Illness Accelerated Living Benefit Rider (TIAB-11)

	10 Year Term Life Plan	20 Year Term Life Plan
Terminal Illness Accelerated Living Benefit Rider <i>(Form IC11-TIAB-11/TIAB-11, or its state variation)</i>	<ul style="list-style-type: none"> ▪ Included, no additional premium ▪ The insured can receive 50% of the death benefit if diagnosed as having a terminal medical condition with a life expectancy of 12 months or less. ▪ The face amount is reduced when this benefit is paid out. ▪ An administrative charge of \$100 applies to claims paid under the Rider. ▪ After the policy's initial term, the Rider is annually renewable with the Policy, without underwriting, to age 95 ▪ During the first 2 policy years, no benefits are payable under the Rider for loss caused directly, indirectly, wholly or partly from an intentionally self-inflicted injury, while sane or insane ▪ Owner should consult a personal tax advisor before electing accelerated benefits as the accelerated benefit may be taxable ▪ Payment of the accelerated benefit could adversely affect eligibility under Medicaid or other governmental benefits 	Same as 10 Year Term Life



10 Year Term Life Plan

20 Year Term Life Plan

Critical Condition**Accelerated Benefit Rider**

(Form CCAB 11/11, or its state variation)

- Requires additional premium
- Subject to a 30 day waiting period
- No administrative charge applies to claims under this Rider.
- Rider terminates at age 70 or end of the initial base plan term period, whichever is earlier

Not available

Option 1**For Death Benefit Amounts up to \$100,000 (issue ages 25 – 49)**

- Type A Qualifying Event, pays 100% of selected Death Benefit amount
- Type B Qualifying Event, pays up to 25% of selected Death Benefit amount

For Death Benefit Amounts up to \$50,000 (issue ages 50 – 65)

- Type A Qualifying Event, pays 100% of selected Death Benefit amount
- Type B Qualifying Event, pays up to 25% of selected Death Benefit amount

Option 2**For Death Benefit Amounts up to \$200,000 (issue ages 25 – 49)**

- Type A Qualifying Event, pays 50% of selected Death Benefit amount
- Type B Qualifying Event, pays up to 12.5% of selected Death Benefit amount

For Death Benefit Amounts up to \$100,000 (issue ages 50 – 65)

- Type A Qualifying Event, pays 50% of selected Death Benefit amount
- Type B Qualifying Event, pays up to 12.5% of selected Death Benefit amount



	Type A Qualifying Events	Type B Qualifying Events
Qualifying Events - Critical Condition Accelerated Benefit Rider* (First Occurrence means Diagnosis, treatment, surgery or advice by a legally qualified physician having initially occurred for the first time in the insured's lifetime after the 30 day waiting period and while the Rider is in force.)	Advanced Alzheimer's Disease Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) Coma End-Stage Renal Failure Heart Attack Hemiplegia Life-Threatening Cancer Paraplegia Quadriplegia Second-Degree Burn Stroke Third-Degree Burn Major Organ Transplant	Benign Brain Tumor Cancer In Situ Coronary Bypass
If an accelerated benefit is paid: <ul style="list-style-type: none"> The Death Benefit under the Policy will be reduced by the amount of the accelerated benefit paid. The premium for the Policy and Rider will also be adjusted for the remaining Death Benefit Amount. 		
<i>*Accidental death benefits, if any, are not affected by the acceleration of benefits.</i>		



	10 Year Term Life Plan	20 Year Term Life Plan
Accidental Death Rider <i>(ICC11-CTLAD-11 or CTLAD-11, or its state variation)</i>	<ul style="list-style-type: none"> Requires additional premium Death Benefit Doubles Death must occur directly as a result of an injury, within 180 days after the injury 	Same as 10 Year Term Life
Waiver of Premium Rider <i>(Form ICC11-CWOP-11 or CWOP-11, or its state variation)</i>	<ul style="list-style-type: none"> Requires additional premium Premiums for Policy and all Riders are waived if the insured becomes Totally Disabled Must be totally disabled for at least 6 months and disability must begin prior to 65th birthday Only available at policy issue Rider is not renewable. <ul style="list-style-type: none"> Rates are unisex, not nicotine distinct. Rider terminates at age 65 or end of initial base plan term period, whichever is earlier (or if the insured is totally disabled at age 65, on the date the insured has recovered from the total disability). 	Same as 10 Year Term Life



The following chart applies to the Term Life Plan only and is not an all inclusive list. Contact Underwriting with any medical questions you have.

Impairment	Criteria	Approval Results
AIDS		Decline
Alcoholism	Within 5 years	Decline
	After 5 years	Standard
Alzheimer's		Decline
Aneurysm		Decline
Angina	See Heart Disease	
Angioplasty	See Heart Disease	
Aortic Valve Replacement		Decline
Blood Pressure	See Hypertension	
Bronchitis	Acute	Standard
	Chronic	Decline
Build	See Height and Weight Chart	
By-Pass Surgery	See Heart Disease	
Cancer	Basal Cell Carcinoma (skin)	Standard
	Internal, within 5 years	Decline
	Internal, after 5 years	Standard
	Malignant Melanoma, within 5 years	Decline
	Malignant Melanoma, after 5 years	Standard
Chronic Obstructive Lung Disease		Decline
Cirrhosis of Liver		Decline
Congestive Heart Failure		Decline
CVA – Stroke	Within the last 5 years or prior to age 50	Decline
Cystic Fibrosis		Decline
Depression	Mild-Moderate	Standard
	Severe	Decline
Diabetes	Oral Meds or diet control, age 20 or older	Standard
	Oral Meds or diet control, under age 20	Decline
	Insulin Dependent, prior to age 40	Decline
Driving Record	DWI or Reckless Driving, within 3 years	Decline
	License, currently suspended	Decline
	Others	Standard
Drug Abuse	Current or within 5 years	Decline
	After 5 years	Standard



Impairment	Criteria	Approval Results
Emphysema		Decline
Heart Disease	Includes Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline
Hepatitis	A or Non A/B B or C	Standard Decline
Hodgkin's Disease		Decline
Hypertension	Controlled	Standard
Kidney Disease	Failure Stones Nephrectomy Dialysis Infection Transplant	Decline Standard Decline Decline Standard Decline
Leukemia		Decline
Liver Failure		Decline
Lupus Erythematosus	Discoid Systemic	Standard Decline
Mitral Valve Replacement		Decline
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Major Depression, Schizophrenia		Decline
Neuropathy		Decline
Pacemaker		Decline
Parkinson's Disease		Decline
Peripheral Vascular Disease	With Surgery	Decline
Prostate Disorder	Infection Cancer	Standard Decline
Stroke	Within the last 5 years or prior to age 50	Decline
Transient Ischemic Attack (TIA)	Within the last 5 years or prior to age 50	Decline
Vascular Impairments	With Surgery	Decline
Weight	See Height and Weight Chart	



This is not intended as an all inclusive list. A full Build Chart is used by Underwriting for risk assessment.

FOR MALES - AGE 25 AND HIGHER			FOR FEMALES - AGE 25 AND HIGHER		
Height Ft. In.	Minimum	Maximum	Height Ft. In.	Minimum	Maximum
4' 10"	85	180	4' 10"	83	176
5' 0"	91	193	5' 0"	87	188
5' 5"	106	227	5' 5"	101	221
5' 10"	123	263	5' 10"	119	256
6' 2"	138	294	6' 2"	133	289



Waiver of Premium Ineligible Occupations

Occupations not listed are **NOT** eligible for the Waiver of Premium Benefit. If you have any questions regarding eligibility, you can call the Risk Assessment line at 1-800-262-3849 for assistance.

This list of occupations is a general guide for determining the eligibility of the Waiver of Premium and Accidental Death Benefits. It is **not** all inclusive and underwriting retains the right to determine if the Benefits are eligible for occupations not listed here. As a general rule, if Waiver of Premium is not available, the Accidental Death benefit is also not available. However, there are exceptions for certain occupations where there is no adverse risk involved. For example, a Homemaker is not eligible for Waiver of Premium but is eligible for Accidental Death. If you have any questions regarding eligibility, you can call the Risk Assessment line at 1-800-262-3849 for assistance.

Accidental Death Benefit is **NOT eligible, unless otherwise noted.**

Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Actor / Actress	N/E	N/E	Visual & Performing Arts
Agriculture (Farms, Orchards, Ranches, Nurseries, Dairy Farms, Hatcheries)	N/E	N/E	Farming, fishing, forestry, lumber industry
Agriculture (Farms, Orchards, Ranches, Nurseries, Dairy Farms, Hatcheries) - Hired Hand	N/E	N/E	Farming, fishing, forestry, lumber industry
Air Traffic Controller	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Ambulance Driver	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Amusements / Sports	N/E	ADB OK	Entertainment & Gaming
Amusements / Sports - Proprietors: Video Arcades	N/E	ADB OK	Entertainment & Gaming
Antenna Erector and Maintenance	N/E	N/E	Installation, Maintenance & Repair
Armed Forces Personnel	N/E	N/E	Government & Military
Armored Car Driver or Guard	N/E	N/E	Security & Protective Services
Artist	N/E	ADB OK	Creative/Design
Artist - Self Employed	N/E	ADB OK	Creative/Design
Asphalt Paver / Worker	N/E	N/E	Construction & Extraction
Athlete (Professional / Semi-Professional)	N/E	N/E	Sports, Fitness & Recreation

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Author, Journalist, Writer	N/E	ADB OK	Media & Communication
Auto Rental	N/E	ADB OK	Vehicle Rental & Leasing
Auto, Trailer and Mobile Home Sales and Service - Body Shops, Repair Garages, Service Station	N/E	N/E	Installation, Maintenance & Repair
Auto, Trailer and Mobile Home Sales and Service (Owners)	N/E	ADB OK	Sales & Retail
Auto, Trailer and Mobile Home Sales and Service (Owners) - Other Dealership	N/E	ADB OK	Sales & Retail
Aviation	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Aviation - Pilot	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Bailiff	N/E	N/E	Security & Protective Services
Banking - Armored Car Drivers	N/E	N/E	Security & Protective Services
Banking - Guards	N/E	N/E	Security & Protective Services
Bartender	N/E	N/E	Food Services, Hospitality & Travel
Bellboy, Bellhop, Bell Capitan	N/E	N/E	Food Services, Hospitality & Travel
Billboard Erector	N/E	N/E	Construction & Extraction
Biographer	N/E	ADB OK	Media & Communication
Blaster	N/E	N/E	Construction & Extraction
Body Piercers & Tattoo Artists	N/E	N/E	Body Piercers & Tattoo Artists
Boom Operator (Motion Picture/TV)	N/E	ADB OK	Media & Communication
Building Mover or Wrecker	N/E	N/E	Construction & Extraction
Building Mover or Wrecker - Building Mover or Wrecker	N/E	N/E	Construction & Extraction
Building Services	N/E	N/E	Installation, Maintenance & Repair
Building Services - Other (than Executive and Supervision)	N/E	N/E	Installation, Maintenance & Repair
Bus Driver	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Cab Driver	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Car Rental / Leasing	N/E	ADB OK	Vehicle Rental & Leasing

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Car Wash	N/E	N/E	Skilled Labor/Trades
Car Wash - Attendant	N/E	N/E	Skilled Labor/Trades
Carpets / Rugs -- Clean, Repair, Installing	N/E	N/E	Installation, Maintenance & Repair
Casino Worker	N/E	ADB OK	Entertainment & Gaming
Catering Services	N/E	N/E	Food Services, Hospitality & Travel
Catering Services - Other (than Office Only and Supervision)	N/E	N/E	Food Services, Hospitality & Travel
Census Taker	N/E	N/E	Government & Military
Check Cashing Service	N/E	ADB OK	Customer Support/Client Care
Chimney Sweep	N/E	N/E	Installation, Maintenance & Repair
Cleaners & Dryers, Laundries	N/E	ADB OK	Personal & Home Services
Cleaners & Dryers, Laundries - Other Workers (other than Office only)	N/E	ADB OK	Personal & Home Services
Clerk	N/E	ADB OK	Customer Support/Client Care
Clerk - Postal	N/E	N/E	Government & Military
Collection Agency	N/E	ADB OK	Administrative/Clerical
Collection Agency - Other (than Office Only)	N/E	ADB OK	Administrative/Clerical
Construction	N/E	N/E	Construction & Extraction
Construction - Contractors, Building Demolition, Construction, Electrical, Plumbing, Cabinet Makers, Drywall Installers, Bricklayers, Heating and Air Conditioning, Glaziers	N/E	N/E	Construction & Extraction
Construction - Skilled Traders	N/E	N/E	Construction & Extraction
Contractors	N/E	N/E	Construction & Extraction
Contractors - Blasters, Roofers, Setters, Siding Installers, Insulators	N/E	N/E	Construction & Extraction
Coroner	N/E	ADB OK	Healthcare & Medical Services
Correction Officer	N/E	N/E	Security & Protective Services
Customs Inspector	N/E	N/E	Government & Military
Dairy Products Processing	N/E	N/E	Skilled Labor/Trades

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Dairy Products Processing - Driver	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Day Care Center / Provider	N/E	ADB OK	Personal & Home Services
Day Care Center / Provider - Working from Home	N/E	ADB OK	Personal & Home Services
Decorator, Interior, Window and Display	N/E	ADB OK	Creative/Design
Decorator, Interior, Window and Display - Interior -- Out of Home	N/E	ADB OK	Creative/Design
Demolition Specialist	N/E	N/E	Construction & Extraction
Detective, Private	N/E	N/E	Security & Protective Services
Detective, Private - Other (than NA Gun)	N/E	N/E	Security & Protective Services
Diamond Cutter, Polisher, or Sales	N/E	N/E	Skilled Labor/Trades
Distribution	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Distribution - Deliverymen, Drivers, Warehousemen	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Dock Workers	N/E	N/E	Marine Industry - Marinas
Dock Workers - Guard, Watchman, Longshoreman, Other	N/E	N/E	Marine Industry - Marinas
Dog Catcher / Warden	N/E	N/E	Government & Military
Domestic Servant	N/E	ADB OK	Personal & Home Services
Dry Cleaner	N/E	ADB OK	Personal & Home Services
Dry Cleaner - Other than (Office Only)	N/E	ADB OK	Personal & Home Services
Electrical (Powerline), Construction and Maintenance	N/E	N/E	Skilled Labor/Trades
Electrical (Powerline), Construction and Maintenance - Conduit & Tunnel	N/E	N/E	Skilled Labor/Trades
Electrical (Powerline), Construction and Maintenance - Conduit & Tunnel -Other (than Foreman & Inspectors)	N/E	N/E	Skilled Labor/Trades
Electrical (Powerline), Construction and Maintenance - Overhead Lines	N/E	N/E	Skilled Labor/Trades
Electrical (Powerline), Construction and Maintenance - Overhead Lines - Other (than Foreman & Inspectors)	N/E	N/E	Skilled Labor/Trades
Explosive Handler	N/E	N/E	Construction & Extraction
Exterminator	N/E	N/E	Installation, Maintenance & Repair

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Fashion Model	N/E	N/E	Visual & Performing Arts
Federal Marshal	N/E	N/E	Government & Military
Fire Extinguisher (Refill/Service)	N/E	N/E	Installation, Maintenance & Repair
Fire Extinguisher (Refill/Service) - Other (than Supervision)	N/E	N/E	Installation, Maintenance & Repair
Fire Fighter	N/E	N/E	Security & Protective Services
Fire Fighter - Municipal, State or Federal Employee	N/E	N/E	Security & Protective Services
Fire Marshal	N/E	N/E	Security & Protective Services
Fish & Game Warden	N/E	N/E	Farming, fishing, forestry, lumber industry
Fish Farm & Hatchery	N/E	N/E	Farming, fishing, forestry, lumber industry
Fish Farm & Hatchery - Other (than Executive/Office, Supervision/Superintendent/Skilled Workers)	N/E	N/E	Farming, fishing, forestry, lumber industry
Fisherman	N/E	N/E	Farming, fishing, forestry, lumber industry
Flight Attendant	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Flight Instructor	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Forest Ranger / Forester	N/E	N/E	Farming, fishing, forestry, lumber industry
Furniture Mover / Driver	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Furrier	N/E	ADB OK	Creative/Design
Gambling Casino (Owner)	N/E	ADB OK	Entertainment & Gaming
Game Warden	N/E	N/E	Farming, fishing, forestry, lumber industry
Garbage Collector	N/E	N/E	Skilled Labor/Trades
Gem Cutter / Polisher	N/E	N/E	Skilled Labor/Trades
Geologists	N/E	N/E	Science, Research & Development
Geologists - Other (than Office Only)	N/E	N/E	Science, Research & Development
Glass Installation	N/E	N/E	Installation, Maintenance & Repair
Glass Installation - Automobiles	N/E	N/E	Installation, Maintenance & Repair

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Glass Installation - Automobiles - Other (than Office Only)	N/E	N/E	Installation, Maintenance & Repair
Guard	N/E	N/E	Security & Protective Services
Guide	N/E	N/E	Food Services, Hospitality & Travel
Guide - Hunting / Fishing	N/E	N/E	Sports, Fitness & Recreation
Harbor Master	N/E	N/E	Marine Industry - Marinas
Harbor Master - Government Employees	N/E	N/E	Marine Industry - Marinas
Hazardous Waste Disposal	N/E	N/E	Construction & Extraction
Hazardous Waste Disposal - Other (than Executive)	N/E	N/E	Construction & Extraction
Helicopter Pilot	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Hospital Attendant, Orderly or Aide	N/E	ADB OK	Healthcare & Medical Services
Hotels and Motels	N/E	N/E	Food Services, Hospitality & Travel
Hotels and Motels - Housekeeper, Cleaner, Porter, Bellboy	N/E	N/E	Food Services, Hospitality & Travel
Housewives, Homemakers, Housekeeping	N/E	ADB OK	Other - Homemaker
Incinerator Plant	N/E	N/E	Skilled Labor/Trades
Incinerator Plant - Trash Collector	N/E	N/E	Skilled Labor/Trades
Income Tax Services	N/E	ADB OK	Accounting/Finance/Insurance
Income Tax Services - Other (than Executive and Supervision)	N/E	ADB OK	Accounting/Finance/Insurance
Industrial Water Softening	N/E	N/E	Manufacturing & Production Operations
Industrial Water Softening - Other (than Executive and Supervision)	N/E	N/E	Manufacturing & Production Operations
Interior Decorator	N/E	ADB OK	Creative/Design
Interior Decorator - Working Out of Home	N/E	ADB OK	Creative/Design
Investigator (Private)	N/E	N/E	Security & Protective Services
Investigator (Private) - Other (than NA Gun)	N/E	N/E	Security & Protective Services
Jailer	N/E	N/E	Security & Protective Services

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Janitors	N/E	N/E	Installation, Maintenance & Repair
Jockey	N/E	N/E	Sports, Fitness & Recreation
Journalist (Freelance)	N/E	ADB OK	Media & Communication
Junk Dealer / Owner / Yardworker	N/E	N/E	Skilled Labor/Trades
Kennel (Owner / Worker)	N/E	ADB OK	Veterinarians & Veterinary Technicians
Laborers	N/E	N/E	Construction & Extraction
Landscape / Horticulture Services	N/E	N/E	Skilled Labor/Trades
Landscape / Horticulture Services - Other (than Office Only/ Supervision/Working Supervisor/Foreman)	N/E	N/E	Skilled Labor/Trades
Leasing Companies	N/E	ADB OK	Sales & Retail
Leasing Companies - Other (than Executive and Supervision)	N/E	ADB OK	Sales & Retail
Limousine Service	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Limousine Service - Driving	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Lineman - Telephone, Telegraph, or Electrical	N/E	N/E	Skilled Labor/Trades
Livestock	N/E	N/E	Farming, fishing, forestry, lumber industry
Livestock - Yardman, Shearer, Other	N/E	N/E	Farming, fishing, forestry, lumber industry
Lumber Industry	N/E	N/E	Farming, fishing, forestry, lumber industry
Lumber Industry - Blasters, Boomers, Rafts Man	N/E	N/E	Farming, fishing, forestry, lumber industry
Lumber Industry - Logging and Related Occupations	N/E	N/E	Farming, fishing, forestry, lumber industry
Lumber Industry - Logging and Related Occupations - Blasters, Boomers, High Climbers, Rafts Men, River Men, Truck Drivers	N/E	N/E	Farming, fishing, forestry, lumber industry
Lumberyard Workers	N/E	N/E	Construction & Extraction
Lumberyard Workers - Loaders, Truckers, Pilers, Other	N/E	N/E	Construction & Extraction
Machine Shop (Owner)	N/E	N/E	Manufacturing & Production Operations
Machine Shop (Owner) - Other (than Supervision)	N/E	N/E	Manufacturing & Production Operations
Machine Shop Workers	N/E	N/E	Manufacturing & Production Operations

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Mail Carrier	N/E	N/E	Government & Military
Mail Clerk / Sorter	N/E	N/E	Government & Military
Manicurist	N/E	ADB OK	Personal & Home Services
Manufacturer's Representative / Agent	N/E	ADB OK	Sales & Retail
Manufacturer's Representative / Agent - Liquor Sales	N/E	N/E	Manufacturing & Production Operations
Manufacturer's Representative / Agent - Skilled Workers: Includes Assembler, Tool and Die Maker, Gear Machine Operator, Grinder, Lathe Operator, Milling Machine Operator, Machinist, Press Operator, Wheel Cutter, Saw Operator, Blacksmith, Forger, Textile Worker, Mechanic, Woodworkers, Shearer, Shaver, Stonecutter, Millwright, Glass Blower, Boilermaker, Adjuster, Engraver, Polisher Sewer	N/E	N/E	Manufacturing & Production Operations
Manufacturer's Representative / Agent - Unskilled Worker	N/E	N/E	Manufacturing & Production Operations
Marine Industry	N/E	N/E	Marine Industry - Marinas
Marine Industry - Boatswain, Carpenter, Cook, Electrician, Steward Waiter, Other Crewman, Offshore Oil Worker	N/E	N/E	Marine Industry - Marinas
Marine Industry - Land or in Harbor	N/E	N/E	Marine Industry - Marinas
Marine Industry - Land or in Harbor - Other Lightship Service Crewman, Wrecking and Salvage Officer, Crew Driver	N/E	N/E	Marine Industry - Marinas
Marine Industry - Marinas	N/E	N/E	Marine Industry - Marinas
Marine Industry - Marinas - Longshoreman Under Dock	N/E	N/E	Marine Industry - Marinas
Marine Industry - Marinas - Other Skilled Workers	N/E	N/E	Marine Industry - Marinas
Masseur / Masseur	N/E	ADB OK	Personal & Home Services
Meat Pack Plant	N/E	N/E	Manufacturing & Production Operations
Meat Pack Plant - Meat Cutter, Skilled Process Worker, Inspector, Packer, Shipping Clerk, Dressing Operations	N/E	N/E	Manufacturing & Production Operations
Midwives	N/E	ADB OK	Healthcare & Medical Services
Midwives - Not RN (not licensed or working from home)	N/E	ADB OK	Healthcare & Medical Services
Military Personnel	N/E	N/E	Government & Military
Mining Industry	N/E	N/E	Construction & Extraction
Mining Industry - Truck Driver, Other	N/E	N/E	Construction & Extraction



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Mining Industry - Underground Mines	N/E	N/E	Construction & Extraction
Mining Industry - Underground Mines - Superintendent, Assayer, Chemist, Manager, Metallurgist, Engineer, Surveyor	N/E	N/E	Construction & Extraction
Mining Industry - Underground Mines - Superintendent, Assayer, Chemist, Manager, Metallurgist, Engineer, Surveyor - Other Worker or Underground more than one day per week	N/E	N/E	Construction & Extraction
Model	N/E	N/E	Visual & Performing Arts
Movie Theaters	N/E	ADB OK	Entertainment & Gaming
Movie Theaters - Other (than Office Only and Supervision)	N/E	ADB OK	Entertainment & Gaming
Moving and Storage Companies	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Moving and Storage Companies - Driver, Packer, Crater Munitions Handler	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Newspaper Industry	N/E	ADB OK	Media & Communication
Newspaper Industry - Foreign Correspondent	N/E	ADB OK	Media & Communication
Nuclear Power Plant	N/E	N/E	Manufacturing & Production Operations
Nuclear Power Plant - Exposure to Radiation or Radiation Monitoring	N/E	N/E	Manufacturing & Production Operations
Oil & Natural Gas Industry	N/E	N/E	Construction & Extraction
Oil & Natural Gas Industry - Offshore Oil Worker	N/E	N/E	Construction & Extraction
Oil & Natural Gas Industry - Others (than Operators/Producers (Office Only). Superintendents, Managers, Geologists, Foremen, Tool Pushers, Gaugers, Inspectors, Pumpment, Drillers, Blacksmiths, Cranemen, Stationary and Other Engineers, Firemen, Motormen)	N/E	N/E	Construction & Extraction
Orderly (Hospital)	N/E	ADB OK	Healthcare & Medical Services
Other - Retired Person	N/E	ADB OK	Other - Retired Person
Other - Temporary, Seasonal, Part Time Worker	N/E	N/E	Other - Temporary, Seasonal, Part Time Worker
Other - Unemployed	N/E	N/E	Other - Unemployed
Packing & Slaughter House	N/E	N/E	Manufacturing & Production Operations

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Packing & Slaughter House - Other (than Supervision)	N/E	N/E	Manufacturing & Production Operations
Park Superintendent, Ranger	N/E	N/E	Farming, fishing, forestry, lumber industry
Parking Lot / Garage Attendant	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Parole Officer	N/E	N/E	Security & Protective Services
Pawnbroker (best grade)	N/E	ADB OK	Customer Support/Client Care
Photographer	N/E	ADB OK	Media & Communication
Photographer - Aerial Photography	N/E	ADB OK	Media & Communication
Photographer - Freelance	N/E	ADB OK	Media & Communication
Police Officer, Inspector, Chief, Deputy, Detective	N/E	N/E	Security & Protective Services
Porter	N/E	N/E	Food Services, Hospitality & Travel
Prison Warden	N/E	N/E	Security & Protective Services
Private Investigators, Detective	N/E	N/E	Security & Protective Services
Private Investigators, Detective - Other (than NA Gun)	N/E	N/E	Security & Protective Services
Probation Officer	N/E	N/E	Security & Protective Services
Quarry Workers	N/E	N/E	Construction & Extraction
Quarry Workers - Blasters, Explosive Handlers	N/E	N/E	Construction & Extraction
Rental / Leasing Companies	N/E	ADB OK	Vehicle Rental & Leasing
Restaurants	N/E	N/E	Food Services, Hospitality & Travel
Restaurants - Catering Services	N/E	N/E	Food Services, Hospitality & Travel
Restaurants - Catering Services - Other (than Office Only and Supervision)	N/E	N/E	Food Services, Hospitality & Travel
Restaurants - Liquor Less Than 50% of Business	N/E	N/E	Food Services, Hospitality & Travel
Restaurants - Liquor Less Than 50% of Business - Other (than Owner/Manager and Supervision)	N/E	N/E	Food Services, Hospitality & Travel
Restaurants - Liquor Sales Primary (More Than 50% of Business)	N/E	N/E	Food Services, Hospitality & Travel
Restaurants - Liquor Sales Primary (More Than 50% of Business) - Tending Bar	N/E	N/E	Food Services, Hospitality & Travel



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Roofer	N/E	N/E	Construction & Extraction
Sales	N/E	ADB OK	Sales & Retail
Sales - Liquor Sales Primary (More Than 50% of Business)	N/E	N/E	Food Services, Hospitality & Travel
Sales - Liquor Sales Primary (More Than 50% of Business) - Other Proprietors, All Other Workers	N/E	N/E	Food Services, Hospitality & Travel
Sales - Managers	N/E	ADB OK	Sales & Retail
Sales - Managers - Tending Bar Occasionally	N/E	N/E	Food Services, Hospitality & Travel
Sales - Managers - Tending Bar Regularly	N/E	N/E	Food Services, Hospitality & Travel
Sales - Managers- Bartenders, Busboys, Dishwashers, and Other Workers	N/E	N/E	Food Services, Hospitality & Travel
Sales - Used Appliances / Goods	N/E	ADB OK	Sales & Retail
Sanitation Workers	N/E	N/E	Skilled Labor/Trades
Sanitation Workers - Disposal and Incinerator Plants, Landfills, and Street Cleaning	N/E	N/E	Skilled Labor/Trades
Sanitation Workers - Disposal and Incinerator Plants, Landfills, and Street Cleaning - Others (than Chemist, Foreman, Inspector, Maintenance Man), Collectors, Truckers	N/E	N/E	Skilled Labor/Trades
Screenwriter (Freelance)	N/E	ADB OK	Media & Communication
Sculptor	N/E	N/E	Visual & Performing Arts - Actors, Stunts, Dancers
Security Alarm System	N/E	N/E	Installation, Maintenance & Repair
Security Alarm System - Other (than Office Only and Supervision)	N/E	N/E	Installation, Maintenance & Repair
Security Guard	N/E	N/E	Security & Protective Services
Sheriff	N/E	N/E	Government & Military
Shoe Shine Parlors (Owners / Others)	N/E	ADB OK	Personal & Home Services
Signs & Billboards	N/E	N/E	Construction & Extraction
Signs & Billboards - Erector, Repairer, Other	N/E	N/E	Construction & Extraction
Singer	N/E	N/E	Visual & Performing Arts

Simplified Issue Term Life

Occupation Classes



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Social Services / Psychological	N/E	N/E	Social & Community Services
Social Services / Psychological - Other (than Social Workers (Office Only and MSW))	N/E	N/E	Social & Community Services
Sports Team (Owners / Managers)	N/E	N/E	Sports, Fitness & Recreation
Steeplejack	N/E	N/E	Construction & Extraction
Street Cleaner	N/E	N/E	Skilled Labor/Trades
Student (not medical)	N/E	ADB OK	Other - Full-time student, College student
Swimming Pool Service	N/E	N/E	Installation, Maintenance & Repair
Swimming Pool Service - Other (than Installer / Maintenance)	N/E	N/E	Installation, Maintenance & Repair
Taxicab Companies	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Taxicab Companies - Others (Office Only) / Drivers	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Telephone	N/E	N/E	Skilled Labor/Trades
Telephone - Lineman	N/E	N/E	Skilled Labor/Trades
Tow Truck Driver	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Transportation Industry	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Transportation Industry - Track Walkers, Laborers, Porters, Truckers, Bus Drivers	N/E	N/E	Aviation, Drivers, Logistics & Transportation
Trash Collector	N/E	N/E	Skilled Labor/Trades
Tree Surgeon, Pruner, Trimmer	N/E	N/E	Installation, Maintenance & Repair
Usher	N/E	ADB OK	Entertainment & Gaming
Vending Machine Industry	N/E	N/E	Manufacturing & Production Operations
Vending Machine Industry - Other (than Office Only and Supervision and Routeman (within 50 mile radius))	N/E	N/E	Manufacturing & Production Operations
Video Arcades	N/E	ADB OK	Entertainment & Gaming
Vocalist	N/E	N/E	Visual & Performing Arts



Occupation in Sales Tool	WOP Eligibility	ADB Eligibility	Occupation Match
Warehouse & Distribution	N/E	N/E	Warehouse & Distribution
Watchman	N/E	N/E	Security & Protective Services
Welfare Worker	N/E	N/E	Social & Community Services
Window Washer	N/E	N/E	Installation, Maintenance & Repair
Writer	N/E	ADB OK	Media & Communication

Occupations Eligible for WOP and ABD in Sales Tool

Advertising and Marketing - Includes Survey Managers, Public Relations, Interpreters, Translators
Architecture and Engineering – Includes Architects, Cartographers, Drafters, Engineers, and Supervisors
Banking, Real Estate and Mortgage – Includes Banker, Credit Analyst, Loan Officer, Tax Examiner, Real Estate Brokers and Sales Agents
Education, Training, and Library - Includes Teachers, Librarians, Curators, and Archivists
Information Technology - Includes Computer Analysts, Consultants, and Information Systems Managers
Legal and Paralegal - Includes Lawyers, Judges, Paralegals, and other Judicial workers



Simplified Issue Term Life

A Health Telephone Interview may be required only if a discrepancy is found or a clarification is needed with regard to the application answers and the MIB/Rx results.

- If the telephone interview is required, Apptical will call the applicant directly and ask particular questions based on the MIB/Rx results.
- Apptical will advise the applicant that they are calling on behalf of SureBridge/Chesapeake Life Insurance.
- If Apptical has difficulty contacting the applicant, Apptical will contact the agent for assistance.
- Additional requirements and underwriting may be necessary to determine eligibility for coverage.
- Apptical may use voice signature to assist the applicant in signing an “emendment” (over the phone policy amendment) to the coverage during the call. This will speed the process of policy issuance.

Interview Guidelines

Only the applicant is allowed to answer the interviewer questions. No other person is allowed to answer questions on behalf of the applicant.

All Telephone Interviews are recorded.

If the applicant **refuses the interview**, they will not be eligible for coverage.

The Telephone Interview can be completed in **most languages**.

- If there are special language needs, please alert the interviewer at the beginning of the interview.
- Bi-lingual staff is available to cover a number of language needs. For all other languages, they will connect with an AT&T translator who will translate for the applicant.

The **hearing impaired** can be accommodated with a TTY.

- If there are special needs for the hearing impaired, please alert the interviewer. The interviewer will turn on their receptor to utilize the TTY system.

Apptical Phone Number: 800-737-6972

Normal Business Hours – Eastern Standard Time

Monday – Friday, 8:30 a.m. - 2:00 a.m. EST (7:30 a.m. – 1:00 a.m. Central Standard Time)

Final Expense Whole Life

Application Information

Copy of Application
ICC11 - CWL APP 9/11

Copy of Application
CWL APP 9/11

Copy of Required Forms



<div> LEGEND L – Applies to Level Benefit G – Applies to Graded Benefit G/L – Applies to Level and Graded benefit </div>		Final Expense Compact States ICC11 - CWL APP 9/11	Final Expense Non - Compact States CWL APP 9/11
Questions			
Underwriting Questions – Applicant History			
1	Has Applicant EVER been diagnosed or treated by a medical professional for: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?	G/L	G/L
2	Is Applicant NOW, or has Applicant a) been in the PAST 90 DAYS: confined to a Hospital, Psychiatric or Nursing Facility; receiving Home Health Care or needing personal assistance performing activities of daily living (ADLs) such as bathing, dressing, toileting, moving about or personal assistance taking medications? b) been in the PAST 2 YEARS: confined to a correctional facility?		G/L
2	Is Applicant NOW, or has Applicant a) been in the PAST 90 DAYS: confined to a Hospital, Psychiatric or Nursing Facility; receiving Home Health Care or needing personal assistance performing activities of daily living (ADLs) such as bathing, dressing, toileting, moving about or personal assistance taking medications? b) in the last three years pled guilty to or been convicted of a felony or do they have such a charge pending against them?	G/L	
3	Has Applicant EVER been medically diagnosed as having: a) a life expectancy of 12 months or less, end stage liver disease, cirrhosis, end stage renal (kidney) disease or failure, end stage cancer, or any other end stage disease or condition; b) malignant melanoma, any form of metastatic cancer, Hepatitis C, chronic hepatitis, systemic lupus (SLE), Alzheimer's Disease or Dementia?	G/L	G/L
4	Has Applicant EVER received or been advised he/she needed to receive: an Organ or Tissue Transplant?	G/L	G/L
5	Has Applicant EVER been advised or recommended to have: any diagnostic testing, surgery, Home Health Care, or hospitalization which has not been completed or for which the results have not been received (except those related to the Human Immunodeficiency Virus (AIDS)), or been advised to take any medication and have not been compliant?	G/L	G/L
6	Is Applicant NOW taking or has Applicant EVER been prescribed any of the following medication: Aricept (Donepezil), Reminyl, Razadyne (Galantamine), Cognex, Namenda or Exelon (Rivastigmine)?	G/L	G/L



	Questions	Final Expense Compact States ICCL1 - CWL APP 9/11	Final Expense Non - Compact States CWL APP 9/11
	Underwriting Questions – Applicant History: Level Coverage		
1	Within the PAST 2 YEARS, has Applicant been medically diagnosed, been treated, taken or been prescribed medication for: a) Kidney Disease, Dialysis, Renal Insufficiency or Renal Failure, or Liver Disease? b) Tuberculosis, Black Lung, Cystic Fibrosis, or other Chronic Respiratory Disorders (excluding Asthma), or used oxygen equipment to assist in breathing (excluding CPAP or Nebulizer)? c) Alcohol Abuse, Drug Abuse, or used Illegal Substances?	L	L
2	Within the PAST 2 YEARS has Applicant been medically diagnosed, treated, taken or been prescribed medication for: Brain Tumor, Internal Cancer, Leukemia or Melanoma (excluding Basal/Squamous cell skin cancer)?	L	L
3	Within the PAST 2 YEARS, has Applicant a) had an occurrence of or been diagnosed for: Stroke; Transient Ischemic Attack (TIA); Aneurysm; Heart Attack; or b) had: Brain, Heart or Circulatory Surgery, Bypass Surgery, Angioplasty, Stent Insertion, or any procedure to improve circulation, such as Femoral Bypass (lower extremities) or Endarterectomy (carotid arteries)?	L	L
4	Within the PAST 2 YEARS, has Applicant experienced any complications of diabetes (Type 1 or Type 2) such as: a) Neuropathy, Amputation, or Retinopathy; Diabetic Coma, Insulin shock or Diabetic Shock? b) OR, is Applicant taking Insulin for Diabetes combined with medications for any Heart or Circulatory Disorder (excluding medications for Blood Pressure or Cholesterol)?	L	L
5	Has Applicant EVER been medically diagnosed as having, been treated for, or been prescribed or taken medication for: a) Parkinson's Disease; Sickle Cell Anemia; b) Chronic Obstructive Pulmonary Disease (COPD), or Emphysema, c) Congestive Heart Failure (CHF), or Cardiomyopathy?	L	L

Note: Questions on this page must be asked of all applicants.



	Questions	Final Expense Compact States ICCL1 - CWL APP 9/11	Final Expense Non - Compact States CWL APP 9/11
	Underwriting Questions – Applicant History: Graded Coverage		
1	Within the PAST 12 MONTHS, has Applicant been medically advised to have: Brain, Heart, Circulatory Surgery, Stent insertion, or any procedure to improve circulation, such as Femoral bypass (lower extremities) or Endarterectomy (carotid arteries); Bypass surgery, Angioplasty; Amputation caused by disease; or Kidney Dialysis?	G	G
2	Within the PAST 12 MONTHS, has Applicant been medically diagnosed or advised as having: Brain Tumor; Stroke; Heart Attack; Congestive Heart Failure or Cardiomyopathy; or used oxygen equipment to assist in breathing (excluding CPAP or Nebulizer)?	G	G
3	Within the PAST 18 MONTHS, has Applicant been medically diagnosed or advised, been treated or taken prescription drugs for: Internal Cancer, Leukemia or Melanoma (excluding Basal/Squamous cell skin cancer), Alcohol Abuse, Drug Abuse or used illegal substances?	G	G

Note: Questions on this page must be asked of all applicants.



	Level Death Benefit Plan	Graded Death Benefit Plan	Major State-Specific Variations
Issue Ages	45 – 85 Level Death Benefit	50 – 85 Graded Death Benefit	
Death Benefit Options	<ul style="list-style-type: none"> Ages 45 – 80 \$3,000 - \$35,000 Ages 81 – 85 \$2,000 - \$35,000 Available in increments of \$1,000 <p>Note: Maximum coverage determined by the cumulative amounts of Final Expense coverage in force and applied for.</p>	<ul style="list-style-type: none"> Ages 50 – 80 \$3,000 - \$35,000 Ages 81 – 85 \$2,000 - \$35,000 Available in increments of \$1,000 <p>Note: Maximum coverage determined by the cumulative amounts of Final Expense coverage in force and applied for.</p>	WA – The minimum benefit amount for any age for Level or Graded plans is \$5,000.
Rating Classes	<ul style="list-style-type: none"> Male/Female Non-tobacco Tobacco 	Same rating classes as Level Death Plan	
Death Benefits	Provides for the full death benefit stated in the policy as of the policy date	Limited Death Benefit in Years 1 and 2 Year 1 – 30% of death benefit selected Year 2 – 70% of death benefit selected Year 3 and beyond – 100% of death benefit selected	
Accidental Death	Pays death benefit selected regardless of policy year	If death occurs due to an accident in the first 2 years, the full death benefit is payable subject to policy provisions.	
Accelerated Benefit Terminal Illness Rider	Included with all Level Death Policies – the Owner may elect to have 50% of the death benefit paid upon first diagnosis of a qualifying event. Face amount will be reduced by 50% if benefit paid under this rider.	Not available	



	Level Death Benefit Plan	Graded Death Benefit Plan
Accidental Death Benefit to age 100 <i>(Death must occur within 180 days after an injury)</i>	<ul style="list-style-type: none"> Optional Rider requires additional premium Only available at issue Death benefit doubles Common Carrier death benefit triples 	Same as Level Death Plan
Cash Value	<ul style="list-style-type: none"> Policy cash value is guaranteed 	Same as Level Death Plan
Policy Loans	<ul style="list-style-type: none"> Policy loans are available from the Cash Value Loans are subject to interest (as described in Policy) of no more than 7.4% per year in advance 	Same as Level Death Plan
Automatic Premium Loan	Automatic unless declined on application	Same as Level Death Plan
Suicide Exclusion	<ul style="list-style-type: none"> 2 Years 	Same as Level Death Plan
Contestability Period	<ul style="list-style-type: none"> 2 Years 	Same as Level Death Plan
Fees	<ul style="list-style-type: none"> Policy Fee: \$36 commissionable per year Application Fee: \$0.00 	
The Policy is Non-Participating and does not share in dividends of the company.		



This is not intended as an all inclusive list. Contact Underwriting with any medical questions you have.

Impairment	Criteria	Approval Results
Alzheimer's (includes presenile dementia, senile dementia, or organic brain syndrome)	Requiring personal assistance with taking prescription drugs or with normal ADL	Decline
Amputation (Due to disease only)	Over 12 months since amputation due to disease	Graded
Amputation (Due to disease only)	Over 24 months since amputation due to disease	Level
Cancer	Basal Cell Carcinoma (skin)	Graded/Level
Cancer , including leukemia, lymphoma, Hodgkin's disease, myeloma, sarcoma	Internal, during treatment	Decline
Cancer	Malignant Melanoma, during treatment	Decline
Cancer	Metastatic	Decline
Cardiomyopathy including congestive myopathy, restrictive myopathy, and ischemic cardiomyopathy		Decline
Chronic Obstructive Lung Disease including chronic obstructive pulmonary disease, emphysema, cystic fibrosis, chronic bronchitis, bronchiectasis, black lung, tuberculosis, or any other chronic respiratory disorder	Oxygen used in the last 90 days, or using an "oxygen concentrator"	Decline
Chronic Obstructive Lung Disease including chronic obstructive pulmonary disease, emphysema, cystic fibrosis, chronic bronchitis, bronchiectasis, black lung, tuberculosis, or any other chronic respiratory disorder	No use of oxygen equipment to assist in breathing in the last 12 months	Graded
Congestive Heart Failure		Decline
Diabetes	Diabetics who had, in the past two years, complications of diabetes such as: Neuropathy, Amputation, or Retinopathy, diabetic shock	Graded
Diabetes	Diabetics taking insulin and medications for blood pressure and cholesterol	Level
Diabetes	Diabetics taking insulin combined with medications for heart and circulatory disease (excluding medications for blood pressure and cholesterol)	Graded
Diabetes	Tingling, numbness or burning in the extremities in the past two years	Graded
Diabetes	Uncontrolled blood sugar levels (an average of 175 or higher)	Decline
Diabetes	Multiple medication changes in the past two years	Graded
Diabetes	Diabetic coma within the last 2 years	Graded
End-Stage or Terminal (liver disease, lung disease, renal disease, cancer, etc...)		Decline

ADL - Activities of daily living

Treatment - Used in the application question means management and care of the patient in the combating of a Disease, Injury, Impairment, or Disorder including but not limited to a) the giving of remedies to cure or alleviate symptoms or recurrence, **including prescription drugs** (Doctor prescribed or over-the-counter aspirin is not considered treatment in reference to heart conditions); b) Surgery, Oxygen Use, Dialysis; c) X-Ray, Radium, Chemotherapy; d) Physical Therapy, and Home Health Care.



Impairment	Criteria	Approval Results
Heart Attack (Myocardial Infarction)	Over 12 months since	Graded
Heart Attack (Myocardial Infarction)	Over 24 months since	Level
Heart or Circulatory Disorders - Cardiac Catheterization with procedure (stenting, ballooning) , Coronary Artery By-Pass Operations, Angioplasty, Heart Valve and Pacemaker operations. Surgery for peripheral vascular disease, Amputation and Endarterectomy.	Over 12 months since	Graded
Heart or Circulatory Disorders - Cardiac Catheterization with procedure (stenting, ballooning) , Coronary Artery By-Pass Operations, Angioplasty, Heart Valve and Pacemaker operations. Surgery for peripheral vascular disease, Amputation and Endarterectomy.	Over 24 months since	Level
Kidney Failure Renal Failure, Azotemia or Uremia	Currently receiving dialysis or dialysis in the past 12 months, or end stage	Decline
Liver Disease: Any type diagnosed as end-stage		Decline
Liver Disease: Liver failure; Cirrhosis and/or Hepatitis C		Decline
Liver Disease: Hepatitis A and B; Cholangitis, Cholestasis	Not diagnosed as chronic and in remission for at least 2 years	Graded
Liver Disease: Hepatitis A and B; Cholangitis, Cholestasis	Hepatitis A and B, no longer chronic and not currently active	Level
Lupus	Discoid/Cutaneous	Level
Lupus	Systemic	Decline
Non Compliance with any Treatment		Decline
Parkinson's Disease	Can complete ADLs without assistance	Graded
Parkinson's Disease	Cannot complete ADLs without assistance	Decline
Skin graft	Due to injury	Graded/Level
Skin graft	Due to illness	Decline
Sickle Cell Anemia and other Blood Disorders		Graded
Stroke (Mini Stroke, CVA (Cerebrovascular Accident), Cerebral Hemorrhage, Cerebral Infarct, TIA (Transient Ischemic Attack))	Over 12 months since	Graded
Stroke (Mini Stroke, CVA (Cerebrovascular Accident), Cerebral Hemorrhage, Cerebral Infarct, TIA (Transient Ischemic Attack))	Over 24 months since	Level
Transplant, Organ or Tissue (does not include cataract)	Awaiting, or has received a transplant	Decline
Transplant, Bone or Corneal	Due to injury	Graded/Level
Transplant, Bone or Corneal	Due to illness	Decline



This is not intended as an all inclusive list. Contact Underwriting with any medical questions you have. **Bold indicates medications for Long Term Ailments.**

Prescription	Use	Plan
AZT	AIDS	Decline
Abilify	Schizophrenia	Level ₂
Accupril	HTN	Level
Adalat	HTN	Level
Adriamycin	Cancer	***
Adruanycin	Cancer	***
Advair 250/50	COPD	Graded
Advair 100/50	Asthma	Level
Advair 500/50	Asthma	Level
Aggrenox	Circulation	Level ₅
Akineton	Parkinson	Graded
Albuterol	Asthma	Level
Albuterol	Emphysema	Graded ₁
Aldomet	HTN	Level
Allopurinol	Gout	Level
Alkeran	Cancer	***
Altace	HTN	Level
Altretamine	Cancer	***
Amantadine	Parkinson	Graded
Amaryl	Diabetes	Level
Antabuse	Alcohol	Decline
Aricept	Dementia/Alzheimer's	Decline
Arimidex	Cancer	Decline
Aromasin	Cancer	***
Arsenic Trioxide	Leukemia	***
Artane	Parkinson	Graded
Atacand	HTN	Level
Atenolol	HTN	Level
Atrovent	Emphysema	Graded ₁
Avandia	Diabetes	Level
Avapro	HTN	Level
Avonex	Multiple Sclerosis	Level ₁
Azmacort	Asthma	Level

Prescription	Use	Plan
Azmacort	Emphysema	Graded ₁
Baclofen	Multiple Sclerosis	Level ₁
Bendopa	Parkinson	Graded
Benztropine	Parkinson	Graded
Mesylate		
Betapace	Atrial Fibrillation	Level ₅
Betaseron	Multiple Sclerosis	Level ₁
Bidil	CHF	Decline
Bienoxane	Cancer	***
Bleomycin	Cancer	***
Brethene	Asthma	Level
Brethene	Emphysema	Graded ₁
Bromocriptine	Parkinson	Graded
Busulfan	Cancer	***
Bumex	CHF	Decline
Bumex	HTN	Level
Calan	HTN	Level
Campral	Alcohol	Decline
Capecitabone	Cancer	***
Carvedilol	CHF	Decline
Carvedilol	HTN	Level
Capoten	HTN	Level
Captopril	HTN	Level
Carbidopa	Parkinson	Graded
Carboplatin	Cancer	***
Cardizem	Angina	Level
Cardizem	HTN	Level
Cardura	HTN	Level
Cartia	Angina	Level
Cartia	HTN	Level
Casodex	Cancer	***
Catapress	HTN	Level
Cee Nu	Cancer	***



Prescription	Use	Plan
Celebrex	Arthritis	Level
Chlorambucil	Cancer	***
Chlorpropamide	Diabetes	Level
Chlorotrianisene	Cancer	***
Chlorpromazine	Antipsychotic	Level ₂
Cilostazol	PVD	Level ₅₊₆
Cisplatin	Cancer	***
Clopidogrel	Circulation	Level ₅
Cogentin	Parkinson	Graded
Cognex	Dementia/ Alzheimer's	Decline
Combivent	COPD	Graded
Combivir	HIV	Decline
Copaxone	Multiple Sclerosis	Level ₁
Cordarone	Arrhythmias	Level
Coreg	CHF	Decline
Coreg	HTN	Level
Corgard	HTN	Level
Cosmegen	Cancer	***
Coumadin	Circulation	Level ₅
Cozaar	HTN	Level
Crixivan	AIDS	Decline
Cyclophosphamide	Cancer	***
Cytosar	Cancer	***
Cytosan	Cancer	***
d4T	AIDS	Decline
Dantrium	Multiple Sclerosis	Level ₁
Dantrolene	Multiple Sclerosis	Level ₁
DES	Cancer	***
Deapril	Dementia/Alzheimer's	Decline
Depakote	Seizures	Level
Demadex	HTN	Level
Diabeta	Diabetes	Level
Diabinese	Diabetes	Level

Prescription	Use	Plan
Digitex	CHF	Decline
Digitex	A-FIB	Level ₅
Digoxin	CHF	Decline
Digoxin	A-FIB	Level ₅
Dilacor	Angina	Level
Dilantin	Seizures	Level
Diltia	Angina	Level
Diltia	HTN	Level
Disulfiram	Alcohol	Decline
Ditiazem	Angina	Level
Ditiazem	HTN	Level
Diovan	HTN	Level
Dipyridamole	Circulation	Level ₅
Dolophine	Narcotic	Level ₂
Donepezil	Dementia/Alzheimer's	Decline
Dopar	Parkinson	Graded
Doxorubicin	Cancer	***
Dyazide	HTN	Level
Dynairc	HTN	Level
Eldepryl	Parkinson	Graded
Emcyt	Cancer	***
Epivir	HIV	Decline
Epoetin Alfa	Dialysis	Decline
Epogen	Dialysis	Decline
Ergamisol	Cancer	***
Ergoloid Mesylates	Dementia/Alzheimer's	Decline
Eskalith	Psychosis	Level ₂
Estinyl	Cancer	***
Estamustine	Cancer	***
Eulexin	Cancer	***
Exelon	Dementia/Alzheimer's	Decline
Exemestane	Cancer	***



Prescription	Use	Plan
Eulexin	Cancer	***
FUDR	Cancer	***
Fareston	Cancer	***
Felodipine	HTN	Level
Femara	Cancer	Decline
Filgrastim	Cancer	***
Fluphenazine Hydrochloride	Psychosis	Level 2
Flutamide	Cancer	***
Foscamet	AIDS	Decline
Foscavir	AIDS	Decline
Furosemide	HTN	Level
Gabitril	Seizures	Level
Galantaine	Dementia/Alzheimer's	Decline
Gallium Nitrate	Cancer	***
Ganite	Cancer	***
Gemtuzumab	Leukemia	***
Ozogamicin		
Gerimal	Dementia/Alzheimer's	Decline
Glatiramer	Multiple Sclerosis	Level 1
Glucophage	Diabetes	Level
Glucotrol	Diabetes	Level
Gyburide	Diabetes	Level
Glynase	Diabetes	Level
Goserelin	Cancer	***
Haldol	Antipsychotic	Level 2
Haloperidol	Antipsychotic	Level 2
Hexalen	Cancer	***
HCTZ	HTN	Level
Humalog	Diabetes	Level 4
Humulin	Diabetes	Level 4
Hydergine	Dementia/Alzheimers	Decline
Hydrea	Cancer	***
Hydroxyurea	Cancer	***

Prescription	Use	Plan
Hyoscyamine	Parkinson	Graded
Hytrin	HTN	Level
Hyzaar	HTN	Level
Imdur	Angina	Level
Imuran	Immuno suppressant	Decline
Insulin	Diabetes	Level 4
Interferon	Cancer	***
Inferon Beta 1a	Multiple Sclerosis	Level 1
Isoptin	HTN	Level
Isordil	Circulation	Level 5
Isosorbide	Angina	Level
Kemadrin	Parkinson	Graded
Kaletra	AIDS	Decline
L-Dopa	Bipolar	Level 2
Lamictal	Bipolar	Level 3
Lamotrigine	Bipolar	Level 4
Lanoxicaps	CHF	Decline
Lanoxin	CHF	Decline
Lantus	Diabetes	Level 4
Larodopa	Parkinson	Graded
Lasix	CHF	Decline
Lasix	HTN	Decline
Letrozole	Cancer	***
Leukeran	Cancer	***
Leuprolide	Cancer	***
Levodopa	Parkinson	Graded
Levodopa	RLS	Level
Levaimsole	Cancer	***
Levsin	Parkinson	Graded
Levsinex	Parkinson	Graded
Lioresal	Multiple Sclerosis	Level 1
Lisinopril	HTN	Level
Lithium	Psychosis	Level 2
Lodosyn	Parkinson	Graded



Prescription	Use	Plan
Loniten	HTN	Level
Lopinavir	AIDS	Decline
Lopressor	HTN	Level
Lpratriptium	COPD	Graded
Loxapine	Antipsychotic	Level ₂
Loxitane	Antipsychotic	Level ₂
Lozol	Cholesterol	Level
Lupron	Cancer	Decline
Lysoden	Cancer	***
Maxide	HTN	Level
Megace	Cancer	***
Megestrol Acetate	Cancer	***
Mellani	Schizophrenia	Level ₂
Melphalan	Cancer	***
Memantine Hydrochloride	Dementia/Alzheimer's	Decline
Mesoridazine	Antipsychotic	Level ₂
Metformin	Diabetes	Level
Methadone	Narcotic	Level ₂
Methadose	Narcotic	Level ₂
Methotrexate	Arthritis	Level ₁
Methotrexate	Cancer	***
Methyldopa	HTN	Level
Metoprolol	HTN	Level
Mevacor	Cholesterol	Level
Mexitil	Atrial Fibrillation	Level ₅
Micardis	HTN	Level
Micronase	Diabetes	Level
Minipress	HTN	Level
Mirapex	Parkinson	Graded
Mirapex	RLS	Level
Mitomycin	Cancer	***
Moban	Antipsychotic	Level ₂
Modutetic	HTN	Level
Molindone	Antipsychotic	Level ₂

Prescription	Use	Plan
Monoket	Angina	Level
Monopril	HTN	Level
Morphine	Narcotic	Level ₂
Mustargen	Cancer	***
Mutamycin	Cancer	***
Procyclidine Hydrochloride	Parkinson	Graded
Myleran	Cancer	***
Mylotarg	Leukemia	***
Mysoline	Seizures	Level
Namenda	Dementia/Alzheimer's	Decline
Navane	Antipsychotic	Level ₂
Navelbine	Cancer	***
Neosar	Cancer	***
Neostigmine	Cancer	***
Neupogen	Cancer	***
Nifedipine	Angina	Level
Nifedipine	HTN	Level
Nilandron	Cancer	***
Niloric	Dementia/Alzheimers	Decline
Nilutamide	Cancer	***
Nitroglycerine	Angina	Level
Nitro Patch	Angina	Level
Nitrotab	Angina	***
Nolvadex	Cancer	***
Norpace	Atrial Fibrillation	Level ₅
Norvasc	HTN	Level
Novolin	Diabetes	Level ₄
Olanzapine	Schizophrenia	Level ₂
Oncavin	Cancer	***
Orinase	Diabetes	Level
Pacerone	Atrial Fibrillation	Level ₅
Pagitane	Parkinson	Graded
Parlodel	Parkinson	Graded
Parsidol	Parkinson	Graded



Prescription	Use	Plan
Parsitan	Parkinson	Graded
Pentam	AIDS	Decline
Pentamidine	AIDS	Decline
Pentoxifylline	PVD	Level ₅₊₆
Pepcid	Stomach	Level
Pergolide	Parkinson	Graded
Permax	Parkinson	Graded
Persantine	Circulation	Level/Graded
Phenobarbital	Seizures	Level
Platinol	Cancer	***
Plavix	Heart	Level ₅
Plendil	HTN	Level
Pletal	Circulation	Level ₅
Pramipexole	Parkinson	Graded
Prandin	Diabetes	Level
Prazosin	HTN	Level
Prednisone	Asthma	Level
Prednisone	Emphysema	Graded
Prednisone	Lupus	Decline
Primidone	Seizures	Level
Prinvil	HTN	Level
Procan	HTN	Level
Procardia	Angina	Level
Prolixin	Psychosis	Level ₂
Propanolol	HTN	Level
Proventil	Asthma	Level
Proventil	Emphysema	Graded
Pureinethol	Cancer	***
Quetiapine	Schizophrenia	Level ₂
Quinaglute	Atrial Fibrillation	Level ₅
Quinidine	Arrhythmias	Level ₅
Ranitidine	Stomach	Level
Razadyne	Dementia/Alzheimer's	Decline
Rebif	Multiple Sclerosis	Level ₁
Reglan	Stomach	Level

Prescription	Use	Plan
Reminyl	Dementia/Alzheimer's	Decline
Requip	Parkinson	Graded
Requip	RLS	Level
Retrovir	AIDS	Decline
Rilutek	ALS	Graded
Riluzole	ALS	Graded
Risperdal	Schizophrenia	Level ₂
Risperidone	Schizophrenia	Level ₂
Rivastigmine	Dementia/Alzheimer's	Decline
Roferon	AIDS	Decline
Roferon	Cancer	***
Ropinirole	Parkinson	Graded
Hydrochloride		
Rythmol	Arrhythmias	Level ₅
Selegiline	Parkinson	Graded
Serapes	HTN	Level
Serentil	Antipsychotic	Level ₂
Serlect	Antipsychotic	Level ₂
Seroquel	Schizophrenia	Level ₂
Sinemet	Parkinson	Graded
Slo-Bid	Asthma	Level
Slo-Bid	Emphysema	Graded
Spiriva	COPD	Graded
Spironolactone	HTN	Level
Suboxone	Narcotic	***
Symbicort160/4.5	COPD	Graded
Symbicort 80/4.5	Asthma	Level
Symadine	Parkinson	***
Symmetrel	Parkinson	Graded
TACE	Cancer	***
Tacrine	Dementia/Alzheimer's	Decline
Tagamet	Stomach	Level
Tambacor	Atrial Fibrillation	Level
Tamoxifen	Cancer	Decline
Taxol	Cancer	***



Prescription	Use	Plan
Tegretol	Seizures	Level
Tenex	HTN	Level
Tenoretic	HTN	Level
Tenormin	HTN	Level
Teslac	Cancer	***
Thalidomide	AIDS	Level
Thalidomide	Cancer	***
Theodur	Asthma	Level
Theodur	Emphysema	Graded
Theolair	Asthma	Level
Theolair	Emphysema	Graded
Theophylline	Asthma	Level
Theophylline	Emphysema	Graded
Thioridazine	Schizophrenia	Level ₂
Thiothixene	Antipsychotic	Level ₂
Thorazine	Antipsychotic	Level ₂
Tiagabine	Seizures	Level
Tiazac	HTN	Level
Ticlid	Circulation	Level ₅
Ticlopidine	Circulation	Level ₅
Tiotropium Bromide		Graded
Tolazamide	Diabetes	Level
Tolinase	Diabetes	Level
Toprol	HTN	Level
Toremifene	Cancer	***
Trelstar	Cancer	***
Tremin	Parkinsons	Graded
Trihexyphenidyl	Parkinsons	Graded
Triptorelin	Cancer	***
Trisenox	Leukemia	***
Tumor Necrosis	AIDS	Decline
Valproic Acid	Bipolar	Level ₂
Vasotec	HTN	Level
Velban	Cancer	***

Prescription	Use	Plan
Ventolin	Asthma	Level
Ventolin	Emphysema	Graded
Verapamil	HTN	Level
Verelen	HTN	Level
Visken	HTN	Level
Warfarin	Circulation	Level ₅
Wellferon	HIV	Decline
Xeloda	Cancer	***
Zantac	Stomach	Level
Zaroxolyn	HTN	Level
Zerit	HIV	Decline
Zestril	HTN	Level
Ziac	HTN	Level
Zidovudine	AIDS	Decline
Zoladex implant	Cancer	***
Zyprexa	Schizophrenia	Level ₂

- Level₁ if proposed insured can do ADL's; otherwise Decline
 - Level₂ if compliant with therapy
 - Level₃ If no other heart medication; otherwise graded
 - Level₄ without Complications
 - Level₅ if not on insulin
 - Level₆ if event is (>) more than two years
 - Graded₁ if on oxygen, Decline
- *** Currently taking is decline, Graded if over 18 months, Level if over 2 years

Final Expense Whole Life

Height and Weight Chart



This is not intended as an all inclusive list. A full Build Chart is used by Underwriting for risk assessment.

Height Feet/Inches	Maximum Weight Level	Maximum Weight Graded
4' 10"	225	245
5' 0"	235	255
5' 5"	264	284
5' 10"	303	323
6' 2"	335	355



Final Expense Whole Life

There are two options when the telephone interview can be conducted:

1. Agent to call at the time of sale.
2. Agent to order interview and Apptical to call the applicant.

At Time of Sale

Agent can call Apptical and have the interview conducted while the agent is still with the applicant.

All forms in the Eapp must be electronically signed before calling Apptical.

- The eApplication process will mark “No” to indicate the interview has not been completed. The interview cannot be completed until the medical authorization has been esigned at the end of the eApplication process.

When Apptical is called, they will first ask if the application and supporting forms have been electronically signed. If not, the agent will have to call back once the signatures are completed.

When initiating the telephone interview, the agent needs to immediately identify the Company as **SureBridge**, and identify themselves with their full name and agent number, and specify Level or Graded coverage.

If all forms have been signed, Apptical will then ask for agent information, applicant information, state and type of coverage.

Apptical to call Applicant (Agent orders interview)

Agent will call Apptical and order the interview.

Apptical will ask the best time to call.

The agent will let Apptical know the plan, state, applicant name, etc.

Apptical will provide a reference number to the agent, which can be input into the Eapp system.

The agent should:

- Provide the reference number to the applicant.
- Confirm with the applicant when Apptical will call.
- Confirm with the applicant that they must have all of the forms electronically signed before Apptical calls them.
- Let the applicant know the Caller ID number from which Apptical will be calling - Florida 305-351-1170.

When Apptical calls, they will state they are calling on behalf of Chesapeake Life Insurance, ask for the reference number and then begin the interview.

Apptical may use voice signature to assist the applicant in signing an “emendment” (over the phone policy amendment) to the coverage during the call. This will speed the process of policy issuance.



Interview Guidelines

Only the applicant is allowed to answer the interviewer questions. No other person is allowed to answer questions on behalf of the applicant.

Any interruption or comments by the agent prior to or during the Telephone Interview is considered coaching and will invalidate the Telephone Interview. All Telephone Interviews are recorded.

A second telephone interview may be required if there was a discrepancy in the information retrieved from the first Telephone Interview, Rx history, or MIB Report.

If the applicant **does not have a telephone or refuses the interview**, they will not be eligible for coverage; do not submit application.

If an agent is taking an application **after hours** when Apptical is closed and, therefore the agent cannot complete the PHI, agent is to call Apptical and leave a message. The message should state that the agent just completed an application for SureBridge. Agent must give their name and agent number - specify the type of coverage, i.e., Level or Graded. Agent must give the applicant's name, street address, city, state, zip code, and telephone number, and indicate when Apptical should call the applicant.

If the applicant responds with a **yes answer** to a health question during the Interview, the interviewer will stop the interview at that point and ask to speak with the Agent. If interviewer does not volunteer the question or condition causing the **yes** answer, the agent should ask the interviewer for the specific information to determine what plan the applicant qualifies for.

The agent should always call the **Risk Assessment** Department if there is any doubt as to what coverage the applicant qualifies for. After Business Hours, the agent should leave Risk Assessment a voice mail requesting a return call the next morning.

Applicant may request a **call back** to complete interview if privacy is required.

The Telephone Interview can be completed in **most languages**.

- If there are special language needs, please alert the interviewer at the beginning of the interview.
- Bi-lingual staff is available to cover a number of language needs. For all other languages, they will connect with an AT&T translator who will translate for the applicant.

The **hearing impaired** can be accommodated with a TTY.

- If there are special needs for the hearing impaired, please alert the interviewer. The interviewer will turn on their receptor to utilize the TTY system.

Apptical Phone Number: 800-737-6972

Normal Business Hours – Eastern Standard Time

Monday – Friday, 8:30 a.m. - 2:00 a.m. EST (7:30 a.m. – 1:00 a.m. Central Standard Time)

Saturday – Sunday, 10:00 a.m. – 10:00 p.m. EST (9:00 a.m. – 9:00 p.m. Central Standard Time)



It is highly recommended that the agents contact underwriting for a Risk Assessment if possible. The underwriter can often determine if the application will be approved, if medical requirements will need to be ordered, or, if there is another option for coverage.

Possible Results for Level Benefit Interview

Eligibility – Level	Order	Telephone Interview Decision Wording (Apptical)	Underwriting Guidelines
Level	0	Congratulations, your applicant is eligible for the Level plan applied for. The application has been sent to the New Business Department to complete the Underwriting process.	No Adverse Rx history or MIB Reports, all questions answered NO, no adverse comments or adverse interaction during the interview.
Level With Refer	1	Based on the information provided, I am pleased to inform you that the applicant should be eligible for Coverage. However, this does require a brief review by our Home Office Underwriter. You may be able to confirm this coverage now with a phone call to the Risk Assessment department. I can transfer you right now (Transfer #:877-868-0058) and the Senior Underwriter may be able to approve this Coverage as applied for while you are with your applicant, or you can call 800-262-3849 at your convenience.	Rx history that could be adverse. Normally dual use Rx that needs to be clarified for the underwriter. I.e. is Advair used for asthma or COPD?
Step Down to Graded	2	Based on the information provided in this interview, the applicant would be eligible for Graded coverage. The application has been sent to the New Business Department to complete the Underwriting process.	No Adverse Rx history or MIB Reports, all questions answered NO, no adverse comments or adverse interaction during the interview.
Step Down to Graded with Refer	3	Based on the information provided, I am pleased to inform you that the applicant should be eligible for Graded Coverage. However, this does require a brief review by our Home Office Underwriter. You may be able to confirm this coverage now with a phone call to the Risk Assessment department. I can transfer you right now (Transfer #:877-868-0058) and the Senior Underwriter may be able to approve this Coverage as applied for while you are with your applicant, or you can call 800-262-3849 at your convenience.	Rx history that could be adverse. Normally dual use Rx that needs to be clarified for the underwriter. I.e. is Advair used for asthma or COPD?
Refer to Underwriter	4	Based on the information provided in this interview, additional underwriting is needed by our Home Office underwriter. The application has been sent to the New Business Department to complete the Underwriting process.	Adverse Rx History or adverse MIB Report. Underwriter may need additional requirements such as an IBU (Interview by Underwriter) to drill down on specific ailments, or may need to order an APS.
Refer to Senior Underwriter	5	Based on the information provided in this interview, we will need some additional underwriting by our Senior Home Office underwriter. The application has been sent to the New Business Department to complete the Underwriting process.	Adverse Rx and/or MIB Reports. Underwriter must review closely. APS is needed.



Potential Results for Graded Benefit Interview

Eligibility – Graded	Order	Telephone Interview Decision Wording (Apptical)	Underwriting Guidelines
Applied Graded	0	Congratulations, your applicant is eligible for the Graded plan applied for. The application has been sent to the New Business Department to complete the Underwriting process.	No Adverse Rx history or MIB Reports, all questions answered NO, no adverse comments or adverse interaction during the interview.
Applied Graded with Refer	1	Based on the information provided, I am pleased to inform you that the applicant should be eligible for Coverage. However, this does require a brief review by our Home Office Underwriter. You may be able to confirm this coverage now with a phone call to the Risk Assessment department. I can transfer you right now (Transfer #:877-868-0058) and the Senior Underwriter may be able to approve this Coverage as applied for while you are with your applicant, or you can call 800-262-3849 at your convenience.	No Adverse Rx history or MIB Reports, all questions answered NO, no adverse comments or adverse interaction during the interview.
Applied Graded Refer to Underwriter	2	Based on the information provided in this interview, additional underwriting is needed by our Home Office underwriter. The application has been sent to the New Business Department to complete the Underwriting process.	Adverse Rx History or adverse MIB report. Underwriter may need additional requirements such as an IBU (Interview by Underwriter) to drill down on specific ailments, or may need to order an APS.
Applied Graded Referred to Senior Underwriter	3	Based on the information provided in this interview, we will need some additional underwriting by our Senior Home Office underwriter. The application has been sent to the New Business Department to complete the Underwriting process.	Adverse Rx and/or MIB Reports. Underwriter must review closely. APS is needed.

Administrative Information

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Location

This original document is housed in the following location. All revisions to or convenience copies of this document must be copied from this location:

W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
04/27/2015	1	Initial Draft created to combine the Wilton RE Simplified Issue Agent Guide and Final Expense Underwriting Guide into one document.	Angie Jenks Stephanie Savidge	Linton Checka Taryn Risucci John Satore David VanDerBeek	W:\Supplemental Operations\BPM\Supp Ops Training\z - Products\17 - Term Life
07/01/2015	2	Added Product Information for Final Expense Whole Life and Simplified Issue Term Life	Ryan Johnson Steve Parsons, Jr.	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\z - Products\17 - Term Life
03/24/2015	3	Addition of state-specific WA minimum benefit amounts	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals
06/22/2016	4	<ul style="list-style-type: none">Change of maximum benefit amount to \$200,000Indication that maximum amount between FI and SI is \$235,000Addition of notes on mail processAddition of notes on "emendment" processAddition of note box with rules regarding increasing benefits on Final Expense for existing Wilton Re Customers	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals

Revision Date	Version	Reason for Change	Author	Approved By	Approval Location
09/09/2016	5	<ul style="list-style-type: none"> Revised Simplified Issue Height and Weight Chart to reflect ages 25+ 	Jena McGaha	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals
11/17/2016	6	<ul style="list-style-type: none"> Revise rider amounts Critical Condition Accelerated Rider for Term Life 10 and 20 year plans 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals
01/09/2017	7	<ul style="list-style-type: none"> Add information regarding policy fees from product training for Final Expense and Term Life 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals
03/23/2017	8	<ul style="list-style-type: none"> Reformatted to match the CLICO Product and UW Guide Added examples of policy prints, apps, required forms Added UW questions for each product Clarify marketing name for Terminal Illness Accelerated Benefit Rider depending on application form. 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals
08/03/2017	9	<ul style="list-style-type: none"> Liver conditions update, page 44 	Ryan Johnson	Taryn Risucci	W:\Supplemental Operations\BPM\Supp Ops Training\Supp Ops - UW\Wilton RE\Approvals