

LifeCrest[®] SI

Simplified Issue Life Insurance

Agent Guide

Policy Series 405



- ▶ All Non-med, Simplified Issue¹
- ▶ 15-year no-lapse guarantee²
- ▶ Issued Standard through Table 4
- ▶ Death benefits from \$25,000 to \$400,000

Americo Contact Information

Americo.com: Access product information, forms and consumer-friendly information, and download quote software at our agent website, www.americo.com.

Sales Support:
800.231.0801 or
salesupport@americo.com
Monday – Friday
8 A.M. to 5 P.M., Central.

Agent Contact Center:
800.231.0801 or
pending.business@americo.com
Monday – Friday
8 A.M. to 5 P.M., Central.

Underwriting: Have a special situation? Refer to Americo.com. For specific underwriting questions, contact an underwriter directly through Sales Support at 800.231.0801.

For faster issue, fax underwriting and delivery requirements to 800.395.9261.

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¹Issuance of policy may depend upon answers to medical questions.

²Benefits are guaranteed as long as all minimum required premiums are paid as scheduled.

Your clients deserve financial security, and the freedom that comes with guaranteed life insurance.



Provide peace of mind with LifeCrest SI, simplified issue universal life insurance that can give your clients a strong guarantee, protection for their families, and living benefits:

- ▶ **Simplified Issue.** There are no medical exams and just a few medical questions on the application, so it is quick and easy to apply.¹ Most LifeCrest SI policies are issued within days of submission.
- ▶ **15-year no-lapse death benefit guarantee.** Your clients have 15 years of guaranteed coverage, as long as minimum premiums are paid.²
- ▶ **Premium flexibility.** Policies can be adjusted to meet your clients' needs. Your clients decide how much insurance they need and the amount of premium they wish to pay.
- ▶ **Tax advantages.** Offers tax advantages over other types of financial products. Under current tax law the interest earned grows tax-deferred in the accumulation account while it remains in the policy. And, the policy death benefit is paid income tax-free to the named beneficiary.
- ▶ **Living benefits.** If unexpected needs arise, LifeCrest SI provides access to cash through partial surrenders (withdrawals) and zero net cost loans, as well as a lump-sum benefit if your client is diagnosed with a terminal illness.

LifeCrest SI is flexible, offering your clients
all the benefits they need in one simple package.

LifeCrest SI at a Glance

Issue Ages:

18 - 70, age last birthday

Face Amount:

Minimum: \$25,000

(Subject to a minimum no-lapse guarantee premium of \$20 per month excluding riders.)

Maximum: \$400,000

Underwriting:

Accept/Reject through Table 4
Non-medical up to \$250,000;
saliva test \$250,001 to \$400,000.
See Underwriting section for more information.

Classes:

Non-nicotine or Nicotine

Sex Rating:

Male/Female

Death Benefit:

Option A: Level

Premium Modes:

Annual, semiannual, quarterly,
monthly bank draft

Riders Automatically Included:

Accelerated Benefit Payment Rider
& Accidental Death Benefit Rider

Highlights

LifeCrest SI is simplified issue, non-medical, flexible universal life insurance with affordable minimum premiums.

- ▶ 15-year no-lapse guarantee (as long as minimum premiums are paid)
- ▶ Non-medical up to \$250,000 (saliva required \$250,001-\$400,000)
- ▶ Issued Standard through Table 4
- ▶ Zero net cost loans
- ▶ Accelerated Benefit Payment Rider and Accidental Death Benefit Rider included at no additional cost
- ▶ Variety of optional riders available

Product Specifications

Application

Application	Series 5098
DI Rider Application	Series 5083

Consult www.americo.com for applicable state forms.

Non-Nicotine Classification

Defined as no nicotine (cigarettes, cigars, pipe or chewing tobacco, nicotine gum, nicotine patches, or any other products containing nicotine) of any kind in the last 12 months.

Interest Rate

The guaranteed minimum interest rate is 2.5%. Interest rates in excess of the minimum may be declared by the company.

No-Lapse Guarantee

If the minimum premium is paid every year and no partial surrenders or loans have been taken, the policy is guaranteed to remain in force for 15 years. After 15 years, the cash surrender value must be positive for the policy to continue.

Changes in Coverage

After the first year, the face amount may be increased, subject to evidence of insurability, or decreased.

Decreases in the face amount result in a pro-rata surrender charge, which will be deducted from the accumulation account. Increases in the face amount result in an increase to surrender charges.

The no-lapse guarantee premium and the Accidental Death Benefit Rider benefit amounts will be adjusted based upon the revised face amount.

Partial Surrenders (Withdrawals) and Surrender Charges

LifeCrest SI policies may be surrendered at any time for the cash surrender value. Surrender charges apply for the first 15 years (additional surrender charges apply for 15 years following the effective date of any increase in face amount). Decreases in the face amount and partial surrenders (withdrawals) will be assessed a partial surrender charge.

A partial surrender charge is a percentage of the surrender charge equal to the percentage reduction in the face amount, but in no event less than \$20. Partial surrenders must be at least \$500, with one partial surrender allowed per policy year after the first policy year. Partial surrenders will reduce the face amount by the amount of the partial surrender excluding the partial surrender charge. The remaining face amount must not be less than the minimum amount allowed by the contract.

Accumulation Value

The accumulation value is the sum of premiums paid less any premium or monthly expense charges, cost of insurance charges, and any partial withdrawals, plus interest.

Cash Surrender Value

Cash surrender value is defined as the accumulation value less any applicable surrender charges and any outstanding policy loan balances.

Policy Loans

A preferred policy loan for up to 15% of the cash surrender value may be taken once each policy year after:

- ▶ the 10th policy anniversary if the Insured was age 55 or younger on the original policy date;
- ▶ the insured's 65th birthday if the Insured was 56 to 60 on the original policy date; or
- ▶ the fifth policy anniversary if the Insured was age 61 or older on the original policy date.

Interest charged on preferred policy loans will be 2.44% in advance (2.50% annual effective rate).

Non-preferred policy loans can be taken whenever there is a positive cash surrender value. Interest charged will be 7.4% in advance (8.00% effective rate).

On any policy loans, loan interest not paid when due will be added to the existing loan balance and bear interest on the same terms as the original loan.

Riders & Additional Benefits

Some riders are optional and available for an additional cost. Riders may not be available in all states.

Accelerated Benefit Payment Rider

Rider Series 2127

An Accelerated Benefit Payment Rider is included with every LifeCrest SI policy at no additional cost.

With this benefit, if the Insured is diagnosed with a qualifying terminal illness that is expected to result in a life expectancy of 12 months or less (24 months in some states), Americo will advance up to 50% of the death benefit payable under the policy. The benefit will be reduced by the amount of any outstanding policy loans, and will not exceed \$200,000. The minimum accelerated benefit is \$10,000. A one-time administration fee of \$250, plus interest, may be assessed with payment. The accelerated benefit will be treated as a lien against the policy and will accrue interest on the full amount of the acceleration. Only one acceleration available per policy.

Accidental Death Benefit Rider

Rider Series 2165

An Accidental Death Benefit Rider is included with every LifeCrest SI policy at no additional cost.

This rider pays an additional 50% of the specified amount to the named beneficiary if the Insured's death is the result of an accidental injury and occurs within 180 days of the date of accidental injury; OR, an additional 100% of the specified amount if the Insured's death is due to injury as a direct result of an accident while riding as a fare-paying passenger on a common carrier, and death occurs within 180 days of the date of the common carrier accident.

Children's Level Term Insurance Rider

Rider Series 2022

The Children's Level Term Insurance Rider provides insurance for any and all children of the primary Insured. In the event of a child's death prior to age 25, the benefit is paid to the Insured, if living, otherwise, to the child's estate.

The rider benefit may be converted without evidence of insurability for up to five times the rider face amount upon the primary Insured's 65th birthday or

the covered child's 25th birthday, whichever comes first. Waiver of Premium Rider and/or Accidental Death Benefit Rider may be included in the new policy with the consent of the company. If the Insured under the base policy dies, the child will be issued a policy paid up until he/she is age 25.

Specifications

Issue Ages: For primary Insureds ages 18-60, children 15 days to 18 years at the time of issue.

Any children born or adopted after issue will be covered automatically. Adopted children must be younger than 19 years old at time of adoption to be covered.

Face Amount:

Issued in units of \$1,000. Maximum units is 15. The rider ends on the policy anniversary at which the primary insured is age 65.

Premium: \$6.00 per unit annually.

Expense Charges:

Percent of Premium: Same as base policy.

Disability Income Rider

Rider Series 2145

The Disability Income (DI) Rider allows the Insured to receive monthly benefit payments in the event of a total disability. This rider can only be added at time of policy issue.

A 90-day waiting period applies, which means disability income benefits begin to accrue after the Insured has been totally disabled for 90 continuous days, and the Insured has met all of the requirements for benefits under this rider. No benefits are payable unless the period of total disability lasts longer than 90 days. Benefit payments begin to accrue on the 91st day and are payable in arrears on or near the 120th day. The exact date that the client begins receiving benefits depends on the issue state of the Insured. See the policy for complete details.

Total disability:

- ▶ begins while coverage is in effect.
- ▶ continues for at least three months.
- ▶ begins before the insured person's contract expiration date.
- ▶ results from injury or disease.
- ▶ keeps the Insured from being able to perform the material and substantial duties of his or her regular occupation while not engaged in any other occupation for wage or profit as a result of the injury or disease.

Specifications

Supplemental Application: Series 5083

Issue Ages: 18 - 60, age last birthday

Minimum Benefit: \$100 per month

Maximum Benefit: The maximum benefit is the lesser of \$2,000 per month or 2% of the base face amount. Benefit amounts are limited to a maximum of 60% of the applicant's gross earned monthly income (40% in California). For state, county, and city employees, benefit amounts are limited to a maximum monthly benefit of \$1,500.

The DI benefit issued will coordinate with other individual DI insurance in force on the applicant. The maximum benefit issued will be based upon the total DI benefits on the applicant, not exceeding the percentages stated above. Group DI insurance will not be included in determining the amount of coverage currently in force on the applicant.

Maximum Benefit Period: Benefits will be paid for a maximum of one to two years depending on which option is chosen at time of issue (two years only in New Jersey). After a period of total disability, if the Insured returns to work for a period of less than six months, any subsequent total disability resulting from the initial cause or a related condition(s) will be considered a part of the initial total disability.

Termination: DI Rider coverage terminates upon:

- ▶ surrender or termination of the policy,
- ▶ policy anniversary following the Insured's 65th birthday, or
- ▶ the monthly policy date following the receipt of written request to terminate the rider.

Claiming the Benefit: The Insured must send us satisfactory written notice of total disability. We must receive such notice:

- ▶ while the rider coverage is in effect for the insured,
- ▶ during the insured person's life,
- ▶ while the insured is totally disabled, and
- ▶ within 30 days of becoming totally disabled.

In addition to the notice, proof of total disability must be furnished, and all requirements for claiming the benefit must be met. See contract for details and exceptions.

Proof of Continued Total Disability: We may periodically require proof of continued total disability. We may also require that a physician of our choice, at our expense, examine the Insured. Monthly benefits will end if the Insured does not provide satisfactory proof within 30 days of our request, if the Insured is no longer totally disabled, or if the policy is surrendered or terminated. The Insured will agree to notify us as soon as possible after the Insured is no longer totally disabled.

See Disability Income Rider underwriting guidelines for more information.

Expense Charges:

Percent of Premium: Same as base policy.

Spouse Level Term Insurance

(In Delaware, New Jersey and New Hampshire: Spouse/Partner to a Civil Union Level Term Insurance Rider)

Rider Series 2107

The Spouse Rider provides level insurance protection on the Insured's Spouse. Spouse means husband or wife of the Insured named in the base policy. Adding this rider enables the Insured to increase the family protection afforded by the basic universal life plan.

After the Spouse Rider has been in effect for one year, the amount of protection can be decreased as long as the face amount of the rider after the decrease is at least \$10,000. This rider may be added at the same time the base policy is issued or at any time after issue until the Insured is age 70.

Specifications

Spouse Ages: 18 – 70, age last birthday. Renewable to earlier of age 95 of Spouse or policy termination, whichever comes first.

Rating Classes: (Based on Spouse) Non-nicotine or Nicotine

Face Amount:

Minimum = \$10,000

Maximum = Amount equal to the base policy

Expense Charges:

Percent of Premium: Same as base policy.

Waiver of Cost of Insurance Rider

Rider Series 2029

The monthly cost of insurance and monthly expense charges for the policy and any attached riders will be waived if the Insured is totally disabled for at least six consecutive months. The benefits are retroactive to the date of the claim. "Disabled" is based upon his or her occupation during the first 24 months of total disability and after 24 months, on any and all employment or occupation for which he or she is, or may become, qualified by reason of education, training or experience.

Specifications

Issue Ages: 18 – 59, age last birthday

Expiry Age: 65 years old

Benefit Period: If the Insured becomes totally disabled on or after age 60, costs are waived until age 65 or for two years, whichever is the longer period. If the Insured becomes disabled before age 60, costs are waived for entire lifetime.

Expense Charges:

Percent of Premium: Same as base policy.

New Business Information

Completing the Application

- ▶ Print clearly and use black ink.
- ▶ Answer all questions thoroughly.
- ▶ Make sure that you have all of the required forms for your product and state.
- ▶ Note special requests such as effective date, draft date, save age, issue family members together in the Agent Comments section of the application.
- ▶ Double check for correct signatures, agent number, and dates.
- ▶ The Payor section of the application is not necessary unless the Payor is different than the policyowner or Insured.

Fax Your Application

- ▶ Use the Amerigo Fax Application Transmittal Form (#AFSFAX2002)
- ▶ Attach the application, additional required forms and a copy of the premium check or EFT form
- ▶ Fax to: 800.395.9261
- ▶ If you provide your fax number or email address on the Fax Transmittal form, you will receive a confirmation within 3 business hours, which will include the policy number.
- ▶ Please do not mail the originals.

Upload Your Application

Submit your business electronically to Amerigo's secure site.

- ▶ If your documents are not already saved electronically, scan and save them to your PC. We accept the following file types: .doc, .jpg, .pdf, .tif, .tiff, .bmp
- ▶ You can upload 5 documents at a time with a maximum size of 10 megabytes.
- ▶ The name of your documents must be 45 characters or less.
- ▶ Log on to Amerigo.com and click on the "Upload Documents" link on the lower left side of the home page.
- ▶ Follow the easy instructions.
- ▶ You can also upload outstanding requirements for existing pending business. Please make sure to write a policy number on the document.

Forms of Payment

- ▶ Please do not send cash or partial premiums.
- ▶ Amerigo will accept cashier's checks, but NOT money orders.
- ▶ We cannot process premium checks that are postdated, backdated by more than six months, or improperly endorsed. Please make sure the policy number, if you know it, is on any check sent to Amerigo.
- ▶ Personal checks written by the agent on behalf of the applicant will not be accepted.

Drafting for Premium

Amerigo will draft for initial premium.

- ▶ If outstanding requirements are not received on a timely basis, or if you request a future effective date, we will draft for the first and second month's premium.
- ▶ If a third month is required, we will call you for approval.
- ▶ Drafting is not available on the 29th, 30th or 31st of any month.
- ▶ If your client requests a specific draft date, please write it in the Agent Comments section of the application.
- ▶ The draft date and the effective date will always be the same.
- ▶ If no specific draft date is requested, the first draft will be submitted the day the application is approved and issued.
- ▶ Some clients may prefer to write a check for the initial premium and then provide the Bank Draft Authorization form (AF55019) for monthly drafts. If this is the case, please provide a copy of the initial premium check with application if you fax or upload your documents. This will prevent us from drafting for the initial premium.
- ▶ Amerigo will draft from a checking or savings account as follows:
 - Checking accounts – include voided check
 - Savings accounts – must include a pre-printed deposit slip
 - Or, complete Amerigo's Bank Draft Authorization Form (AF55019) for either type of account.

Please remember to explain the drafting process to your clients when taking an application. This will lead to fewer drafts being returned and fewer complications for you and your client.

General Underwriting Information

Important Note Regarding Americo's Underwriting Standards

The following information is a subset of Americo's underwriting guidelines and does not reflect the full underwriting standards of Americo. Because Americo's underwriting guidelines are extensive and cannot be condensed for practical field use, this information provides a list of common factors for agent consideration when screening clients for Americo products. The information provided is to assist you in understanding the guidelines used by Americo when reviewing applications. These are guidelines only. Each case underwritten by Americo is unique and all factors from all sources are taken into consideration before a final underwriting decision is made. Each application is reviewed based on the circumstances and conditions contained therein and may involve additional requirements. The underwriting staff at Americo reserves the right to deviate from these guidelines as may be appropriate for the proper underwriting of any case. This information and the full underwriting guidelines used by Americo are subject to change.

Insurable Interest

The first step in assessing life insurance risk is establishing insurable interest, which must be determined before the life insurance policy is approved. An insurable interest exists when the Owner (sometimes referred to as the Applicant) is likely to suffer some financial loss or detriment if the insured dies.

Most often, life insurance contracts are written naming the Insured as the Owner of their own policy. In this situation, the Insured is said to have an unlimited insurable interest in their own life. Other close personal relationships may also have an insurable interest in the life of the Insured and are able to apply for and own life insurance on another individual. Some of these personal relationships include:

- ▶ Spouse
- ▶ Parent (of minor children)
- ▶ Child, Brother, or Sister (in some circumstances)
- ▶ Grandparents (with parent permission)
- ▶ Legal Guardian and Conservator (with accompanying court documentation)

Certain Business and Financial relationships may represent special instances of limited insurable interest as well. The purpose of the insurance may also be accomplished by the way the beneficiary designation is written.

Some examples of these situations are:

- ▶ Creditor (the amount of insurance must not exceed the indebtedness)
- ▶ Key Person (the general rule for the amount of insurance is no more than five times the proposed insured's annual income)
- ▶ Principal stockholders
- ▶ Employer to key employee
- ▶ Business partnerships

Ownership in all cases must be prudent and reasonable.

Examples of questionable ownership would be:

- ▶ Application requests owner to be the parent of an adult, married, proposed insured without reasonable explanation.
- ▶ Applicant requests owner to be the adult child of an adult proposed insured without reasonable explanation.

If proper insurable interest has been established, beneficiary designations on the application are generally acceptable as written. Usually, if the Insured is the Owner of their own policy, they are free to name a beneficiary with few restrictions. Please contact Underwriting if you have questions.

Questionnaires

Questionnaires are available on Americo.com and may be used for life insurance applications. Some questionnaires are state specific and may have another form number. The following questionnaires are available:

- ▶ Alcohol Usage
- ▶ Arthritis
- ▶ Aviation
- ▶ Back Disorders
- ▶ Business Insurance
- ▶ Chest Pain
- ▶ Diabetic
- ▶ Prescription Medication & Drug Use
- ▶ Epilepsy / Seizure
- ▶ High Blood Pressure
- ▶ Military
- ▶ Sports Activities
- ▶ Tumor
- ▶ Nervous Disorders
- ▶ Residence & Foreign Travel
- ▶ Respiratory Disorders
- ▶ Coronary Disease
- ▶ Personal Financial

Health Changes Underwriting

Any change in the health of the proposed insured that occurs after the original application date, but before coverage becomes effective, must be reported to Amerigo. Provide detailed information regarding the health change directly to Underwriting through the Agent Contact Center.

Medical Check-Ups

Whether the medical check-up is for periodic wellness exams or symptomatic in nature, it is important to provide complete details on the application. You should list the reason for the exam, date, and results of the check-up for all proposed insureds. Always provide the name, address, and telephone number of the attending physician or medical facility. If there is a patient identification number such as a Kaiser Permanente number, please include that information on the application as well.

Military Guidelines

Active military personnel must complete a Military Questionnaire and submit it with the application for insurance. If deployment orders are pending, or have been received (verbal or written), please indicate the location of the next duty site for underwriting consideration.

Please note, agents are not permitted to sell Amerigo products on military bases.

In the event of any future military conflict, these guidelines may be discontinued.

Foreign Nationals and Foreign Travel

Coverage is not available for foreign nationals visiting, those temporarily residing in the United States, or individuals not residing legally in the United States. Consideration may be given to noncitizens who have established legal, permanent residency in the United States and are applying for citizenship. Any applicant who is not a U.S. citizen must reside in the United States for a minimum of one continuous year prior to application and have no significant medical history that would require medical records from a foreign country. For non-U.S. citizens without a Social Security number, a copy of the Proposed Insured's U.S. issued Driver's License or state-issued identification card must be submitted with the application. In addition, one of the following documents must be submitted with the application. No exceptions will be made.

- ▶ Copy of the applicant's Green Card or Permanent Visa (B1 - B2 Visas not acceptable)

- ▶ Copy of U.S. Citizenship and immigration Services Form I-551

Underwriting reserves the right to use any and all information developed in making a determination of eligibility under these guidelines.

Foreign Residence and Travel – United States citizens making short trips (4 weeks or less) out of the country for business, pleasure, or educational purposes are usually acceptable risks, depending on their destination. Please complete a Residency and Foreign Travel Questionnaire for applicants who anticipate future foreign travel and submit it at the time of application. The Foreign Travel Questionnaire is not required in all states. Please contact your underwriter to determine which states do not require this information and form.

LifeCrest SI Underwriting Advantages

- ▶ Clean applications are typically issued in a couple of days.
- ▶ Underwriting decisions are based on medical questions on the application, an MIB, and prescription drug check. No paramed, no blood, no urine, no APS ... no hassle.

On face amounts over \$250,000, agent collected saliva is required. This is a simple requirement fulfilled easily at the point of sale.

Standard Underwriting Requirements

Medical Requirements

Amounts	Ages 18 - 70
\$25,000-250,000	Non-medical*
\$250,001-400,000	Agent Collected Saliva

*Maine Residents: Agent-collected saliva required.

Non-Medical

It is important to secure an accurate medical history, asking all health questions and providing the answers in the space provided on the application. In every case, please provide the name, address, and telephone number of the applicant's personal physician plus the date, reason, and results of the last check-up.

Agent Collected Saliva

The saliva specimen is collected by the agent during the sale. The process is simple:

- ▶ You must complete a brief training and obtain your certification. Please go to www.salivatrainning.com. The entire process should take only 10 minutes.
- ▶ The specimen is collected by you and sent to the lab in a special postage-paid envelope provided in the saliva kit.
- ▶ To order your saliva kits or ask any questions regarding the process, please contact Clinical Reference Laboratory (CRL) at ilscskits@crlcorp. When ordering saliva kits, include your name, address, phone number, and indicate you are with Amerigo. Once the order is placed, CRL will send an email confirmation.

Medical Impairments

If your client answers "yes" to any of the medical questions on the application, please provide full details on the application. If your applicant has a condition or activity covered by an additional questionnaire, we suggest that you complete it. The additional information provided by these questionnaires allows us to make a quicker decision. Many times it will also provide enough information to approve the case, rather than decline the case because we do not have sufficient information.

Underwriting Build Chart

HEIGHT	LIFECREST SI	DI RIDER
4'8"	74 - 189	74 - 178
4'9"	77 - 196	77 - 184
4'10"	79 - 203	79 - 191
4'11"	82 - 210	82 - 198
5'0"	85 - 217	85 - 204
5'1"	88 - 224	88 - 211
5'2"	91 - 232	91 - 218
5'3"	94 - 239	94 - 225
5'4"	97 - 247	97 - 233
5'5"	100 - 255	100 - 240
5'6"	103 - 263	103 - 247
5'7"	106 - 271	106 - 255
5'8"	109 - 279	109 - 263
5'9"	112 - 287	112 - 270
5'10"	115 - 296	115 - 278
5'11"	119 - 304	119 - 286
6'0"	122 - 313	122 - 294
6'1"	126 - 322	126 - 303
6'2"	129 - 331	129 - 311
6'3"	133 - 340	133 - 320
6'4"	136 - 349	136 - 328
6'5"	140 - 358	140 - 337
6'6"	143 - 367	143 - 346
6'7"	147 - 377	147 - 355

Disability Income Rider Underwriting

Underwriting for the DI Rider utilizes information obtained from the base policy as well as information obtained on the DI Rider supplemental application (Application Series 5083).

Sex Rating

Unisex

Underwriting

Accept/Reject through Table 2.

Benefit Amount

- ▶ The maximum monthly benefit is 2% of the face amount subject to percentage of income limitations
- ▶ The benefit cannot exceed \$2,000 per month for all policies in force with Americo.
- ▶ Maximum benefit amounts for all inforce individual disability income products are based on a calculation of percentage of salary.
- ▶ 60% of applicant's earned income or 40% in CA.
- ▶ **Self-employed individuals** are considered based on their net income (gross income less expenses) from Schedule C of their Federal tax return or their 1099 totals. The Disability Income Rider is not offered to self-employed individuals working from their home.
- ▶ 60% for **eligible government occupations** (maximum \$1,500).

Full Time Employment

- ▶ Applicant must be employed **FULL TIME (at least 30 hours per week)** year round. No seasonal, temporary, or part-time occupations will be considered.

Employment History

- ▶ Stable employment is of primary importance for the qualification.
- ▶ Applicant should be employed in the same occupation for at least **12 months**.
- ▶ If self-employed, applicant must have prior experience in that industry.
- ▶ Details of frequent occupation and employer changes must be provided.
- ▶ Periods of unemployment for the previous five years must be provided. (Reason, duration, and frequency or periods of unemployment.)

Annual Earned Income

- ▶ Earned income from the applicant's primary occupation is considered when calculating the benefit amount.
- ▶ Unearned or passive income (rents, royalties, interest, dividends, and trusts) is not considered.

Occupational Classes

Class 4A, 3A, 2A, A, and B are acceptable. The rider is not available to railroad employees or military members. Self-employed individuals are eligible. However, be sure to evaluate the qualifying amount on the net monthly income instead of the gross monthly income. **Refer to the Occupation Guide on pages 18 - 21.**

- ▶ **Detailed description of duties is necessary. Job titles only are not sufficient.**
- ▶ Obtain the percentage of time actually spent performing trade, service, or manual labor duties vs. supervisory or administrative duties.
- ▶ Eligibility will be determined for the most hazardous occupation if the applicant has multiple jobs.
- ▶ If applicant has multiple jobs, benefit amount will be based on primary occupation income.
- ▶ Payouts are based on **own** occupation.

Employer

- ▶ Full name, address, and phone number of the employer must be provided.
- ▶ Provide details as to the type of industry of the employer if not readily apparent, including identification of governmental agencies.

Other Disability Insurance In-Force

- ▶ Employer paid group disability coverage and state funded programs are **NOT** subtracted from the total monthly eligibility for LifeCrest SI, but individual disability coverage with another carrier is subtracted.
- ▶ In-force individual disability coverage, to include group coverage paid for by the applicant, **IS** subtracted from the total monthly eligibility for all disability income coverage.

Previous Disability

- ▶ Previous periods of disability due to health or injury will be a factor in considering eligibility and may disqualify the applicant.
- ▶ If previous periods of disability exist, provide the date, duration, and reason for the disability.

Exclusions

We will not pay the monthly disability benefit if total disability results from:

- Attempted suicide
- Willful and intentionally self-inflicted injury
- Normal pregnancy or childbirth
- Any act of war, declared or undeclared, or any act related to war
- Military service for any country at war
- Mental or emotional disorders
- Committing or attempting to commit an assault or a felony
- Intoxication or being under the influence of any drug unless prescribed by a physician
- Mountaineering, skydiving, hang gliding, or bungee jumping
- Participating in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft
- Pre-existing conditions

Disability Income Rider Impairment Guide

This list is intended as a guide in field underwriting and is designed to help you prequalify the applicant for the Disability Income Rider. It is essential for you to ask each question on the DIR Supplemental Application and record the answers as provided by the Proposed Insured. Conditions such as back disorders, carpal tunnel syndrome, or shoulder rotator cuff disorders may not impact life insurance mortality; however they are important in disability income underwriting and very important for certain labor intensive or repetitive motion occupations. For those impairments not listed in this table, please contact an underwriter through the Americo Agent Contact Center.

Medical Condition	Criteria	Typical Underwriting Action
Achilles Tendonitis		Rider
Acid Reflux		Accept to rider
AIDS		Decline
Alcoholism or Alcohol Abuse (use Alcohol Usage Questionnaire)		Decline
Alzheimer's / Dementia		Decline
Amputation		IC
Anemia	Iron Deficiency	Accept
	Others	Decline
Aneurysm		Decline
Angina		Decline
Angioplasty		Decline
Ankylosing Spondylitis		Decline
Anxiety		Decline
Aortic Stenosis	Significant heart murmur	Decline
Appendectomy	Full Recovery	Accept
Arteriosclerosis		Decline
Arthritis (use Arthritis Questionnaire)	Osteoarthritis	Rider to Decline
	Rheumatoid or Psoriatic	Decline
Asthma (use Respiratory Disorders Questionnaire)	Mild, occasional brief episodes. No tobacco, frequent/chronic symptoms, or steroid use	Rider to Decline
	Tobacco use or with ER or hospital visits	Decline
Atrial Fibrillation		Decline
Attention Deficit Disorder (use Nervous Disorders Questionnaire)	Diagnosed as an adult, requiring medication; 0-2 years	Decline
	>2 years	IC
Aviation (use Aviation Questionnaire)		Rider
Back Disorders (use Back Disorders Questionnaire)	History of strains/sprains or prior surgery with full recovery	Rider to Decline
	Current treatment, no surgery	Decline
	Curvatures	Rider to Decline
Barrett's Esophagus		Decline

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Key:

Accept – DIR offered as applied
IC – Individual consideration

Rider – Exclusion rider placed on policy
Decline – DIR deleted from policy

Medical Conditions highlighted in yellow require questionnaires

Medical Condition	Criteria	Typical Underwriting Action
Bell's Palsy		Usually Accept
Bipolar Disorder		Decline
Blindness	Diabetic or both eyes impaired	Decline
	One eye impaired - congenital or trauma	IC
Blood Pressure (use High Blood Pressure Questionnaire)	Controlled with Medication and after 6 months of treatment	Usually Accept
Bone/cartilage disorders	Need full details on application depending on circumstances and occupation	IC
Bronchitis	Acute treated and recovered (not COPD)	Accept
	Chronic or ongoing; chronic obstructive lung disease or COPD	Decline
Build	See Build Chart	IC
Bursitis	Acute episode, fully recovered	Accept
	Chronic or recurrent	Rider to Decline
Bypass surgery (heart)		Decline
Cancer - internal	>10 years, no recurrence	IC
Cancer - Skin	Basal Cell Carcinoma	Accept to Rider
	Melanoma < 5 years	Decline
	Squamous Cell Carcinoma	Rider to Decline
Cardiac Disease	Any form of cardiac or heart disease	Decline
Cardiomyopathy		Decline
Carpal Tunnel Syndrome		Rider to Decline
Cataracts		Rider to Decline
Concussion		IC
Cerebral Palsy		Decline
Chronic Fatigue Syndrome		Decline
Chronic Obstructive Lung Disease		Decline
Congestive Heart Failure		Decline
Coronary Artery Disease	Any form of CAD	Decline
Crohn's Disease		Decline
Cystic Fibrosis		Decline
Cystitis	History of Interstitial or recurrent	Rider to Decline
Depression		Decline
Detached Retina		Rider
Diabetes	All forms	Decline
Diverticulitis/Diverticulosis		Decline
Down's Syndrome		Decline
Driving Record supply license number and issuing state	DUI within previous 3 years, 2 or more accidents within previous 3 years, or 3 moving violations within 3 years or currently suspended	Decline
	Others	IC
Drug Abuse		Decline
Duodenitis		Accept to Rider

Medical Condition	Criteria	Typical Underwriting Action
Eating Disorders		Decline
Emphysema		Decline
Endometriosis		Rider to Decline
Epilepsy (no occupational hazard) (use Epilepsy/Seizure Questionnaire)	Petit Mal - no seizures within 2 years	Accept
	Grand Mal - no seizures within 5 years	Accept
Esophagus Disorders	Barrett's Esophagus	Decline
	Other	Rider to Accept
Eye Disorder	Need type, eye involved, and details	Rider to Decline
Eye Surgery (Corrective)	Lasik or RK over one year	Accept
Fatty Liver		Decline
Fibrillation		Decline
Fibrocystic Breast Disease	Definite Diagnosis	Accept to Rider
	Biopsy recommended, not done	Decline
Fibroid Uterus		Rider
Fibromyalgia		Decline
Fractures	Simple or full recovery	Accept
	Residuals or complications	IC to Rider
Gallbladder Disorders	No surgery recommended	Usually Accept
Gastric Bypass/Stapling	> 5 years, no complications, acceptable build	IC
	< 5 years	Decline
Gastritis/GERD	Mild infrequent	Usually Accept
Glaucoma		IC
Gout		Rider to Decline
Hearing Loss		IC
Heart Disease or Disorder	Includes angina pectoris, heart attack, coronary artery disease, congestive heart failure, and heart valve impairment	Decline
Heart Murmur	Heard as a child, Innocent, no symptoms (See also Mitral Valve Prolapse)	IC
Hemophilia		Decline
Hemorrhoids		Accept
Hernia (Hiatus)	Surgery pending	Decline
	No symptoms / Surgically corrected	Accept
Hernia, Inguinal (groin)	No Surgery	Rider
	Surgically corrected > 1 year	Accept
Hip Disorder		Rider to Decline
Hodgkin's Disease		Decline
Hypertension (use High Blood Pressure Questionnaire)	Controlled with Medication and after 6 months of treatment	Usually Accept
Hysterectomy	No cancer	Accept
Irritable Bowel Syndrome	Mild	Usually Accept
	Moderate-to-severe attacks	Decline

Medical Condition	Criteria	Typical Underwriting Action
Kidney Disorders	Donor > 6 months	Usually Accept
	Infection - fully recovered	Accept
	Transplant recipient	Decline
	Stone	Rider
Knee Disorders		Rider
Labyrinthitis		Decline
Leukemia		Decline
Liver Function Tests Elevated	Minimally elevated. No evidence of liver disease or alcoholism	Accept
	Others	Decline
Liver Impairments	Abscess, cirrhosis, enlarged, hepatitis	Decline
Lupus	Discoid < 2 years	Decline
	Systemic (SLE)	Decline
Lyme Disease		Usually Decline
Melanoma	< 5 years	Decline
Meniere's Disease		Decline
Migraine		Rider
Mitral Insufficiency or Stenosis		Decline
Mitral Valve Prolapse	No medication/No symptoms	Accept
	Symptoms or chronic medication	Decline
Mononucleosis	Consider after recovery	Accept to IC
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Myocardial Infarction/Heart Attack		Decline
Narcolepsy		Decline
Osteoporosis	Over age 50, present, not symptomatic	Usually Accept
	Others	Decline
Ovarian Cyst	Surgically removed, benign, full recovery	Accept
	Others	Decline
Pacemaker		Decline
Pain Management	Over-the-counter drugs and prescription NSAIDS	Accept to Rider
	Narcotic pain medication	Decline
Pancreatitis		Decline
Panic Disorder		Decline
Paralysis		Decline
Pelvic Inflammatory Disease		Rider
Pericarditis	Current treatment of within one year	Decline
	Fully recovered over one year	Accept
Peripheral Vascular Disease		Decline
Pleurisy	Single episode, full recovery	Accept
	Recurrent episode	Rider to Decline
Pneumonia	Single episode, full recovery	Accept
	Recurrent episodes	Decline

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Medical Condition	Criteria	Typical Underwriting Action
Pneumothorax	0-1 year	Decline
	Over 1 year	Accept
Polio		Decline
Polycystic Kidney Disease		Decline
Pregnancy (need estimated delivery date) (No prior complicated pregnancies)	1st or 2nd trimester, No complications	Rider
	3rd trimester	Decline
Prostatitis	Single Episode, Full Recovery	Accept
	Recurrent	Rider
Psoriasis	Mild	Usually Accept
	Others or with Arthritis	Decline
Post Traumatic Stress Disorder (PTSD)		Decline
Pulmonary Stenosis or Regurgitation		Decline
Pyloric Stenosis	Present, not corrected	Decline
	Surgically corrected over one year	Accept to Rider
Rheumatic Fever		Decline
Sarcoidosis		Decline
Shoulder Disorders	Rotator Cuff, tendonitis, bursitis, etc.	Rider to Decline
Sinusitis		Accept to Rider
Sleep Apnea		IC
Spinal Disorders (use Back Disorders Questionnaire)		Rider to Decline
Stroke/TIA		Decline
Suicide Attempt		Decline
Tendonitis		Usually Rider
Thyroid Disorder	Hyperthyroidism, Hypothyroidism, treated successfully for more than 6 months	Accept to Rider
	Surgery Contemplated or Cancer	Decline
TMJ		Rider
TIA/Stroke		Decline
Tremor		Rider to Decline
Tuberculosis		Decline
Ulcer		Rider to Decline
Ulcerative Colitis	Urinary tract infection, Urethritis, Urethral Stricture	Decline
Urinary Disorder		Accept to Rider
Valve Replacement		Decline
Weight	See Build Chart	

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Disability Income Rider Occupation Guide

“YES” means eligible for the Disability Income Rider. “NO” means not eligible. Railroad employees and military members are not eligible. Please contact underwriting for unpublished occupations.

Accountant	YES
Actor/Actress	NO
Actuary	YES
Administrative Assistant	YES
Advertising	YES
Aerobics instructor (owner/operator)	YES
Aide (health care)	NO
Air Hammer Operator	NO
Air Traffic Controller	NO
Aircraft Mechanic	YES
Airport Security (TSA passenger screeners)	YES
Ambulance Driver	YES
Amusement Attendant	NO
Anesthetist	YES
Antenna Erector	NO
Appliance Repair	YES
Appraiser	YES
Arcade Employee	NO
Architect	YES
Armored Car Driver	YES
Artists	NO
Asbestos Worker	NO
Asphalt Worker	NO
Athlete/Coach (professional)	NO
Attorney (private practice or corporate)	YES
Auctioneer	YES
Auditor	YES
Auto body Painter/Repair	NO
Auto Sales (independent/used car dealerships)	NO
Auto Sales (new car dealerships)	YES
Back Hoe/Bulldozer Operator	YES
Baggage Handler	NO
Bail Bondsman	NO
Bailiff	NO
Baker	YES
Bank Employee	YES
Bar Manager	NO
Barber	YES
Bartender	NO
Beautician	YES
Blacksmith	YES
Blaster	NO
Bookkeeper	YES
Border Patrolman	NO

Bouncer/Doorman	NO
Bricklayer	YES
Bridge Foreman or Laborer	NO
Busboy	NO
Bus Driver (public, private, or individually owned)	NO
Business Agent	NO
Business Owner (individual consideration)	YES
Butcher	YES
Cabinet Maker	YES
Cable TV (installer/repairman)	YES
Cable TV (office only)	YES
Cafe Worker	NO
Car Sales (new car dealership)	YES
Car Sales (independent, used dealership)	NO
Cargo Loader/Unloader	NO
Carpenter	YES
Carpet Installer/Cleaner/Stretcher	YES
Cashier (first shift only)	NO
Casino Worker	NO
Catering Owner/Operator	YES
Cement Truck Driver	YES
Certified Medical Assistant	YES
Certified Nursing Assistant	NO
Chauffeur	NO
Check Cashing Establishment	NO
Chef	YES
Childcare (not in residence)	YES
Chiropractor	NO
Claims Adjuster	YES
Cleaning Services (owner operator only, not cleaning)	YES
Clergy	YES
Clerical	YES
Coal Miner	NO
Club Pros (golf/tennis/swimming/fitness)	NO
Commodities Brokers	NO
Composers	NO
Computer Programmer/Operator/Technician	YES
Concrete & Cement Handler/Finisher	NO
Conductor (subway/light rail)	NO
Construction Contractor	YES
Consultant (self employed minimum 1 year with prior same industry experience)	YES
Consultant working out of the home	NO
Convenience Store Employee	NO

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Convenience Store Manager	YES
Cook (fine dining only)	YES
Coroner	YES
Corrections Officer	NO
Cosmetics (store employee only)	YES
Counselor (office only)	YES
Countertop (fabricator and installer)(Corian and Laminates)	YES
Countertop (fabricator and installer)(cement, granite, and marble)	NO
Court Reporter	YES
Crane Operator	YES
Custodian (school only)	YES
Dance Instructor (owner/operator)	YES
Dancer	NO
Delivery Driver (UPS/FedEx, etc.)	NO
Daycare (director/administrator/manager) not in residence	YES
Delivery Driver (beverage)	NO
Dentist	YES
Detective	NO
Dietitian	YES
Director (entertainment industry)	NO
District Attorney	NO
Dock Worker	NO
Doctor	YES
Dog Catcher/Humane Shelter Worker	NO
Dog Groomer (not self-employed or working from home)	YES
Domestic Service Worker	NO
Door-to-Door or Party Salespeople	NO
Doorman	NO
Dresser, rendering plant worker	NO
Driller	NO
Dry cleaner	YES
Drywall Installer	YES
Dump Truck Driver	YES
Elected Official	NO
Electrician	YES
Embalmer	YES
EMT/Paramed	YES
Engineer	YES
Entertainers	NO
Estimator	YES
Exterminator and Pest Control	YES
Executive Director for non-profit organizations	YES
Farm/Ranch Hand	NO
Farmer	YES
Fast Food Employee	NO
Fiberglass Worker	NO
Firefighter	NO

Fisherman	NO
Flagman	NO
Flight Attendant	NO
Floor Tile Installer	NO
Floor Trader (stock/bonds)	NO
Flooring Installations	NO
Florist	YES
Foreman	YES
Forest Firefighter	NO
Forest Ranger	NO
Forklift Driver	YES
Foundry Worker	NO
Freight Handler	NO
Furnace Tender	NO
Game Warden	NO
Garbage Collector (including driver)	NO
Gas Station Employee (full service/full time)	YES
Geologist	YES
Glass Installer (not over 2 stories)	YES
Glazier	YES
Golf Course Maintenance	YES
Government Officials (elected or appointed)	NO
Government Employee (60% of income, maximum of \$1,500)	YES
Grocery (manager/cashier)	YES
Groundskeeper	YES
Guard (evenings or armed)	NO
Guard (unarmed daytime security)	YES
Guide	NO
Hazardous Material Hauler or Handler	NO
Health Club (owner/operator)	YES
Health Club, Spa & Reducing Salon Employee	NO
Heavy Equipment Operators	YES
Home Health Care Provider	NO
Home Schooling Teacher	NO
Horse Trainer/Breaker/Riding Instructor	NO
Hospital Administrator	YES
Hotel Desk Clerk (daytime only)	YES
Hotel Manager/Administrator	YES
Hotel Manager - living on premises	NO
Housekeeping (owner/operator)	YES
Housekeeping Staff (janitor)	NO
Hunting & Fishing Guides	NO
HVAC	YES
Hygienist (dental)	YES
Insulation Worker	NO
Insurance Sales	YES
Interior Decorator (working from home)	NO
Ironworker	NO
IRS Employee (no field duties)	YES

Jockey, Trainer, Stableman	NO
Journalist (freelance or foreign correspondent)	NO
Journalist (local)	YES
Judge	NO
Junk Dealer	NO
Kitchen Helper	NO
Lab Tech	YES
Laborers (unskilled)	NO
Landscape/Lawn Service - full time year round - no labor or installation	YES
Landscaper (laborer/installer)	NO
Laundry Worker	NO
Lecturer	NO
Limousine Driver	NO
Linemen (overhead)	NO
Locksmith	YES
Logging Hauler	NO
Long Haul Trucker	NO
Longshoremen	NO
Lumber Yard Employee (office only)	YES
Machinist	YES
Mail Service Delivery Driver (UPS, FED EX, DHL, USPS)	NO
Maintenance Men (apartment complexes, etc)	YES
Manicurist	NO
Manual Diggers	NO
Manufacturing - see specific occupation	
Marine Diver	NO
Mason	YES
Massage Parlor Employee	NO
Meatpacking Employee	NO
Mechanic	YES
Medical Assistant (hospital or clinic)	YES
Mental Health Care Employee	NO
Migrant or Seasonal Worker	NO
Military	NO
Model	NO
Mortician	YES
Moving Company (drivers and packers)	NO
Musician	NO
Mutual Fund Sales	YES
Nanny	NO
Nurse - RN, LPN only	YES
Nurse - Private Duty	NO
Nursing Home Employee other than RNs or LPNs	NO
Nutritionist	YES
Occupational Therapist	YES
Offshore Worker	NO
Owner/Operator of business (not working from home)	YES
Optometrist/Optician	YES

Orchard Worker	NO
Orderlies	NO
Overhead Lineman	NO
Painter (not over 2 stories)	YES
Paralegals	YES
Parking Attendant	NO
Pawn Broker	NO
Personal Trainer	NO
Pest Control and Exterminator	YES
Pet Supply Store Employee	YES
Phlebotomist	YES
Photographer (in studio/portrait)	YES
Physical therapist	YES
Physician Assistants	YES
Physicians	YES
Pilot	NO
Pipe fitter	YES
Plasterer	YES
Plumber	YES
Pole Setter	NO
Police Officer	NO
Porter	NO
Postal Employee	YES
Prison Employee	NO
Prison Guard	NO
Private Duty Nurse	NO
Private Investigator	NO
Private School Employee	YES
Probation/Parole Officer	NO
Psychiatrist/Psychologist	YES
Public School Employee (60% of income, maximum of \$1,500)	YES
Railroad Employee (including subway and light rail)	NO
Real Estate	YES
Repair	YES
Restaurant manager	YES
Retail (in store)	YES
Roofer	NO
Roustabout	NO
Route driver (local) (snack/bread/produce)	YES
Sales (no door-to-door or party sales)	YES
Secretary	YES
Security Guard (evenings or armed)	NO
Security System Installer or Responder	NO
Self Employed (refer to introduction to DIR under benefit amount heading)	
Sheet Metal Employee	YES
Siding Installer	YES
Singer	NO

Sky Marshal	NO
Slaughter House (workers around live animals)	NO
Social Worker (office only) (60% of income, maximum of \$1,500)	YES
Social Worker/Welfare Worker/Case Worker any field duties	NO
Sprinkler Installer	YES
Stableman	NO
Stocker	YES
Street Cleaner	NO
Structural Metal/Iron worker of any kind	NO
Student	NO
Stump Remover	NO
Taxi/Cab Driver	NO
Teacher (60% of income, maximum of \$1,500)	YES
Tile Setter (other than floor)	YES
Toll Collector	NO
Tow Truck Driver	NO
Travel Agent	YES
Tree Surgeon/Sprayer/Trimmer	NO
Umpire/Referee	NO
Underground Mine Workers	NO
Unskilled Worker	NO
UPS Driver/Deliveryman	NO
Usher	NO
Valet	NO
Vending Machine Route Men	NO
Vet (small animal/office only)	YES
Waiter/Waitress	YES
Wallpaperer	YES
Warden - fire, fish, game or prison	NO
Warehouseman	YES
Welder	YES
Welfare Worker (office only) (60% of income, maximum of \$1,500)	YES
Welfare Worker (field duties)	NO
Window Washer (cleaners over 2 stories)	NO
X-ray tech	YES
Zoo - office only	YES
Zoo Employee (other than office)	NO

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Single Impairment Guide

Medical Condition	Typical Underwriting Action
AIDS	Decline
Alcohol Abuse:	
Recovered within 2 years	Decline
Recovered within 2-5 years	Decline
With relapse	Decline
ALS (Lou Gehrig's Disease)	Decline
Alzheimer's Disease	Decline
Amputations:	
Accidental - fully recovered, working full time	Usually Acceptable
Associated with diabetes/vascular disease	Decline
Kidney or bladder dysfunction	Decline
Wheelchair bound	Decline
Aneurysm:	
Abdominal or Thoracic - no surgery	Decline
Abdominal or Thoracic - with surgery after 6 months	Decline
Angina Pectoris (chest pain)	Decline
Anxiety	Acceptable
Atrial Fibrillation	Decline
Arthritis:	
Disabled due to arthritis	Decline
Methotrexate or steroid medications	Decline
Asthma:	
Well controlled, seasonal with allergies	Acceptable
Steroid use	Decline
Smoking	Individual Consideration
ER visit/hospitalization within last year	Decline
Blood Clots:	
Pulmonary Embolism/Thrombophlebitis	Decline
Cancer	Decline
Cerebral Palsy	Decline
Chronic Obstructive Pulmonary Disease (COPD):	
Mild to moderate	Decline
Moderate to severe	Decline
With smoking	Decline
Cirrhosis of the Liver	Decline
Colitis:	
IBS	Acceptable
Ulcerative Colitis	Decline
Crohn's Disease	Decline
Concussion, after 6 months	Acceptable
Congestive Heart Failure	Decline

Medical Condition	Typical Underwriting Action
Coronary Artery Disease:	
Angioplasty (stent) or bypass	Decline
Heart Attack	Decline
Recurrent episodes, onset before age 40	Decline
Cystic Fibrosis	Decline
Dementia	Decline
Depression:	
Major with no hospitalizations within 3 years, no more than 1 medication	Usually Acceptable
Otherwise or with alcohol abuse and/or narcotic pain medications	Decline
Diabetes:	
Type 1 or with insulin - onset under age 60	Decline
Onset age 20-30	Decline
Onset under age 20	Decline
Type 2, oral medications or diet controlled after 6 months of treatment	Usually Acceptable
Type 2, Onset under age 20	Decline
Driving Record:	Adverse driving records will be underwritten on an individual application basis, subject to a motor vehicle report.
DUI/DWI - multiple or last occurred under age 25	Decline
Drug Abuse:	
Marijuana, occasional use/not daily	Usually acceptable
Cocaine, Amphetamines, Street Drugs (within 5 years)	Decline
Cocaine, Amphetamines, Street Drugs (over 5 years)	Decline
Prescription Narcotics	Decline
Emphysema (see COPD)	
Epilepsy (obtain questionnaire):	
Grand Mal attack within 6 months	Decline
Grand Mal attack over 6 months	Usually Acceptable
Petit Mal attack within 6 months	Decline
Petit Mal attack over 6 months	Usually Acceptable
Fibromyalgia (not disabled, no narcotic pain medications)	Usually Acceptable
Heart Attack (see Coronary Artery Disease)	
Heart Bypass (see Coronary Artery Disease)	

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Medical Condition	Typical Underwriting Action
Heart Murmur:	
Aortic Insufficiency	Decline
Aortic Stenosis	Decline
Mitral Regurgitation	Decline
Mitral Valve Prolapse - no medications	Usually Acceptable
Mitral Valve Prolapse - with medications	Decline
Mitral Valve Replacement - mitral and aortic	Decline
Heart Valve Repair:	
Mitral, after 6 months	Decline
Aortic, after 1 year	Decline
Heart Transplant	Decline
Hemophilia	Decline
Hepatitis:	
Alcoholic	Decline
Hepatitis A with full recovery	Acceptable
Hepatitis B	Decline
Hepatitis C	Decline
High Blood Pressure (hypertension):	
Controlled and after 6 months of treatment	Acceptable
Hodgkin's Disease within 3 years	Decline
Hodgkin's Disease over 3 years	Decline
Hysterectomy:	
No cancer	Acceptable
Cancerous Cause (see cancer)	
Kidney Dialysis	Decline
Kidney Removal (see Nephrectomy)	
Kidney Transplant Recipient	Decline
Kidney Transplant Donor	Usually Acceptable
Leukemia (see cancer)	
Liver Transplant	Decline
Lou Gehrig's disease (see ALS)	
Lung Transplant	Decline
Lupus:	
Discoid	Usually acceptable
Systemic	Decline
Melanoma (see cancer)	
Mental Retardation:	
Mild and self sufficient	Decline
Otherwise	Decline
Multiple Myeloma	Decline
Multiple Sclerosis:	
Mild, employed full time, no medications	Decline
Otherwise	Decline
Myasthenia Gravis, diagnosed over 1 year	Decline
Muscular Dystrophy:	
Mild, not progressive	Decline
Otherwise	Decline

Medical Condition	Typical Underwriting Action
Narcotic Pain Medication	Decline
with antidepressant medication or disabled	Decline
Nephrectomy (kidney removal) (if due to cancer, see cancer section)	Decline
Osteoporosis	Usually Acceptable
Pacemaker	Decline
Pancreatitis:	
Acute, full recovery over 1 year	Decline
Chronic	Decline
Paraplegic:	
Normal bowel and/or kidney functions	Decline
Bowel and/or kidney functions impaired	Decline
Parkinson's Disease	Decline
Peripheral Vascular Disease	Decline
Polycystic kidney disease	Decline
Polycystic kidney disease family history	Decline
Psychosis	Decline
Quadriplegic	Decline
Rheumatoid Arthritis (see arthritis)	
Sarcoidosis:	
Current treatment or with residual lung impairment	Decline
Recovered over 1 year, no residuals	Decline
Schizophrenia	Decline
Skin Cancer (except melanoma)	Individual Consideration
Sleep Apnea current successful treatment w/CPAP or BIPAP	Usually Acceptable
Stroke:	
No residuals - over 1 year	Decline
Multiple Strokes	Decline
TIA (Mini Stroke)	Decline
Suicide attempt over 1 year	Decline
Thyroid impairments	Usually Acceptable
Tuberculosis:	
Current Disease/Treatment	Decline
Positive Skin Test with treatment completed	Usually Acceptable
Ulcer	Acceptable
Ulcerative Colitis (see Colitis)	

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Prescription Drug Guide

The following represents a partial list of prescription medications available that are considered uninsurable. For drugs not listed, please consult with your underwriter.

Drug
Abarelix
Abraxane
Alemtuzumab
Anastrozole
Aricept
Arimidex
Baraclude
Basiliximab
Bumetanide
Bumex
Campath
Carboplatin
CellCept
Cetuximab
Chlorpromazine
Cladribine
Clofarabine
Clolar
Combivir
Cytarabine
Cytogam
Cytomegalovirus Immune Globulin Intravenous Human
Daclizumab
Dasatinib
Delavirdine Mesylate
Delestrogen
Demadex
Didanosine Delayed-Release Capsules - Enteric-Coated Beadlets
Didanosine Pediatric Powder for Oral Solution
Diucardin
Donepezil Hydrochloride
Efavirenz
Eligard
Emtricitabine

Drug
Emtricitabine and Tenofovir Disoproxil Fumarate
Emtriva
Enfuvirtide
Entecavir
Entravirine Tablets
Epivir
Eplerenone
Erbix
Estradiol valerate
Exelon
Exelon Patch
Fludara
Fludarabine
Fomivirsen
Fosamprenavir Calcium
Foscarnet Sodium Injection
Foscavir
Fuzeon
Galantamine HBr
Geodon
Hivid
Hydroflumethiazide
Inspra
Intelence
Interferon alfa-2a, Recombinant
Invega
Invirase
Isentress
Kaletra Capsules
Kaletra Tablets
Lamivudine
Lamivudine, Zidovudine
Leukine
Leuprolide Acetate
Leustatin

Drug
Lexiva
Lopinavir, Ritonavir Capsules
Loxapine
Loxitane
Lupron
Mannitol Injection
Maraviroc
Megace
Megestrol Acetate
Mellaril
Memantine HCL
Methoxy Polyethylene glycol-epoetin beta
Milrinone
Mycophenolate Mofetil
Mycophenolic Acid
Myfortic
Namenda
Natrecor
Neoral
Nesiritide
Neutrexin
Nevirapine
Norvir
Paraplatin
Primacor IV
Raltegravir Tablets
Razadyne (formerly Reminyl)
Razadyne ER
Remodulin
Rescriptor
Retrovir
Revatio
Ritonavir Capsules, Oral Solution
Rivastigmine Tartrate

Drug
Rivastigmine Transdermal System
Saquinavir Mesylate
Sargramostim
Selzentry
Sildenafil Citrate
Simulect
Sprycel
Stavudine
Sunitinib Malate
Sustiva
Sutent
Syprine
Tabloid
Tenofovir Disoproxil Fumarate
Thioguanine
Torsemid
Treprostinil Sodium
Trientine
Trimetrexate Glucuronate Inj
Truvada
Videx
Viramune
Viread
Vitravene
Zalcitabine
Zenapax
Zerit
Zidovudine

Rate Charts

Annual No-Lapse Guarantee Premium per \$1,000 of Specified Amount

MALE					
Issue Age	NON-NICOTINE	NICOTINE	Issue Age	NON-NICOTINE	NICOTINE
18	3.42	7.18	45	8.73	19.63
19	3.42	7.18	46	9.47	20.68
20	3.68	7.18	47	9.89	21.79
21	3.75	7.36	48	10.36	22.95
22	3.83	7.55	49	10.90	24.18
23	3.91	7.75	50	11.50	25.47
24	3.99	7.96	51	12.17	27.01
25	4.08	8.16	52	12.90	28.67
26	4.16	8.37	53	13.73	30.41
27	4.25	8.59	54	14.61	32.27
28	4.33	8.81	55	15.54	34.23
29	4.42	9.05	56	16.66	36.31
30	4.51	9.28	57	17.94	39.29
31	4.69	9.75	58	19.31	42.08
32	4.88	10.23	59	20.79	45.08
33	5.08	10.75	60	22.38	48.30
34	5.28	11.28	61	24.09	51.77
35	5.50	11.86	62	25.93	55.48
36	5.72	12.44	63	27.92	58.86
37	5.95	13.07	64	30.05	61.91
38	6.18	13.73	65	32.35	65.12
39	6.44	14.40	66	35.36	68.51
40	6.70	15.13	67	38.31	72.12
41	7.06	15.94	68	41.70	75.99
42	7.45	16.80	69	45.38	80.16
43	7.86	17.69	70	49.38	84.67
44	8.28	18.63			

Minimum no-lapse guarantee premium of \$20 per month or \$240 per year, excluding rider premium, is required.

Annual No-Lapse Guarantee Premium per \$1,000 of Specified Amount

FEMALE					
Issue Age	NON-NICOTINE	NICOTINE	Issue Age	NON-NICOTINE	NICOTINE
18	3.04	5.76	45	7.29	15.08
19	3.04	5.76	46	7.81	16.14
20	3.16	5.76	47	8.54	17.31
21	3.24	5.93	48	9.32	18.34
22	3.33	6.11	49	9.87	19.47
23	3.41	6.31	50	10.30	20.66
24	3.49	6.49	51	10.76	21.60
25	3.58	6.70	52	11.26	22.59
26	3.67	6.89	53	11.79	23.64
27	3.76	7.11	54	12.36	24.71
28	3.86	7.32	55	12.97	25.85
29	3.95	7.54	56	13.78	27.44
30	4.05	7.77	57	14.63	29.12
31	4.19	8.09	58	15.54	30.88
32	4.33	8.40	59	16.50	32.73
33	4.48	8.72	60	17.53	34.68
34	4.64	9.07	61	18.62	37.22
35	4.80	9.43	62	19.77	39.95
36	4.96	9.80	63	21.00	42.85
37	5.13	10.19	64	22.31	45.94
38	5.31	10.60	65	23.69	48.46
39	5.49	11.01	66	25.43	52.14
40	5.68	11.44	67	27.43	56.08
41	5.98	12.09	68	29.54	60.31
42	6.28	12.78	69	31.92	64.81
43	6.59	13.49	70	34.56	69.64
44	6.94	14.26			

Minimum no-lapse guarantee premium of \$20 per month or \$240 per year, excluding rider premium, is required.

Spouse's Level Term Insurance Rider
Annual No-Lapse Guarantee Premium per \$1,000 of Rider Amount

MALE					
Issue Age	NON-NICOTINE	NICOTINE	Issue Age	NON-NICOTINE	NICOTINE
18	2.74	5.74	45	6.98	15.70
19	2.74	5.74	46	7.58	16.54
20	2.94	5.74	47	7.91	17.43
21	3.00	5.89	48	8.29	18.36
22	3.06	6.04	49	8.72	19.34
23	3.13	6.20	50	9.20	20.38
24	3.19	6.37	51	9.74	21.61
25	3.26	6.53	52	10.32	22.94
26	3.33	6.70	53	10.98	24.33
27	3.40	6.87	54	11.69	25.82
28	3.46	7.05	55	12.43	27.38
29	3.54	7.24	56	13.33	29.05
30	3.61	7.42	57	14.35	31.43
31	3.75	7.80	58	15.45	33.66
32	3.90	8.18	59	16.63	36.06
33	4.06	8.60	60	17.90	38.64
34	4.22	9.02	61	19.51	41.93
35	4.40	9.49	62	21.26	45.49
36	4.58	9.95	63	23.17	48.85
37	4.76	10.46	64	25.24	52.00
38	4.94	10.98	65	27.5	55.35
39	5.15	11.52	66	30.41	58.92
40	5.36	12.10	67	33.33	62.74
41	5.65	12.75	68	36.70	66.87
42	5.96	13.44	69	40.39	71.34
43	6.29	14.15	70	44.44	76.20
44	6.62	14.90			

Certain restrictions apply. Spouse's Level Term Insurance (Rider Series 2107).

Spouse's Level Term Insurance Rider
Annual No-Lapse Guarantee Premium per \$1,000 of Rider Amount

FEMALE					
Issue Age	NON-NICOTINE	NICOTINE	Issue Age	NON-NICOTINE	NICOTINE
18	2.43	4.61	45	5.83	12.06
19	2.43	4.61	46	6.25	12.91
20	2.53	4.61	47	6.83	13.85
21	2.59	4.74	48	7.46	14.67
22	2.66	4.89	49	7.90	15.58
23	2.73	5.05	50	8.24	16.53
24	2.79	5.19	51	8.61	17.28
25	2.86	5.36	52	9.01	18.07
26	2.94	5.51	53	9.43	18.91
27	3.01	5.69	54	9.89	19.77
28	3.09	5.86	55	10.38	20.68
29	3.16	6.03	56	11.02	21.95
30	3.24	6.22	57	11.70	23.30
31	3.35	6.47	58	12.43	24.70
32	3.46	6.72	59	13.20	26.18
33	3.58	6.98	60	14.02	27.74
34	3.71	7.26	61	15.08	30.15
35	3.84	7.54	62	16.21	32.76
36	3.97	7.84	63	17.43	35.57
37	4.10	8.15	64	18.74	38.59
38	4.25	8.48	65	20.14	41.19
39	4.39	8.81	66	21.87	44.84
40	4.54	9.15	67	23.86	48.79
41	4.78	9.67	68	26.00	53.07
42	5.02	10.22	69	28.41	57.68
43	5.27	10.79	70	31.10	62.68
44	5.55	11.41			

Certain restrictions apply. Spouse's Level Term Insurance (Rider Series 2107).

Disability Income Rider

Annual No-Lapse Guarantee Premium Rates per \$100 of Monthly Benefit.

Not available in NJ.

Issue Age	ALL STATES EXCEPT CA		CA ONLY	
	1 Year	2 Year	1 Year	2 Year
18	7.05	11.00	8.81	13.75
19	7.05	11.00	8.81	13.75
20	7.05	11.00	8.81	13.75
21	7.05	11.00	8.81	13.75
22	7.05	11.00	8.81	13.75
23	7.05	11.00	8.81	13.75
24	7.05	11.00	8.81	13.75
25	7.05	11.00	8.81	13.75
26	7.42	11.58	9.28	14.48
27	7.79	12.16	9.74	15.20
28	8.16	12.74	10.20	15.93
29	8.53	13.32	10.66	16.65
30	8.90	13.90	11.13	17.38
31	9.27	14.48	11.59	18.10
32	9.65	15.06	12.06	18.83
33	10.02	15.64	12.53	19.55
34	10.39	16.22	12.99	20.28
35	10.76	16.80	13.45	21.00
36	11.50	17.96	14.38	22.45
37	12.25	19.12	15.31	23.90
38	12.99	20.28	16.24	25.35
39	13.73	21.44	17.16	26.80
40	14.48	22.60	18.10	28.50
41	15.22	23.76	19.03	29.70
42	15.96	24.92	19.95	31.15
43	16.70	26.08	20.88	32.60
44	17.45	27.24	21.81	34.05
45	18.19	28.40	22.74	35.50
46	19.33	30.18	24.16	37.73
47	20.46	31.95	25.58	39.94
48	21.60	33.73	27.00	42.16
49	22.74	35.50	28.43	44.38
50	23.88	37.28	29.85	46.60
51	25.01	39.05	31.26	48.81
52	26.15	40.83	32.69	51.04
53	27.29	42.60	34.11	53.25
54	28.43	44.38	35.54	55.48
55	29.56	46.15	36.95	57.69
56	32.59	50.88	40.74	63.60
57	35.62	55.62	44.53	69.53
58	38.65	60.35	48.31	75.44
59	41.69	65.09	52.11	81.36
60	44.72	69.82	55.90	87.28

Waiver of COI & Monthly Expense Charge

Annual No-Lapse Guarantee Premium Rates per \$1,000 for Base Policyholder & Spouse

Level Term Insurance

Issue Age	BASE & SPOUSE	
	Base	Spouse
18	0.36	0.24
19	0.36	0.24
20	0.36	0.24
21	0.36	0.24
22	0.36	0.24
23	0.36	0.24
24	0.48	0.24
25	0.48	0.36
26	0.48	0.36
27	0.60	0.36
28	0.60	0.48
29	0.72	0.60
30	0.84	0.72
31	0.96	0.84
32	1.20	0.96
33	1.32	1.20
34	1.56	1.44
35	1.80	1.68
36	2.16	1.92
37	2.52	2.28
38	2.88	2.64
39	3.24	3.00
40	3.72	3.48
41	4.08	3.96
42	4.56	4.32
43	4.92	4.68
44	5.28	5.16
45	5.64	5.52
46	6.12	5.88
47	6.24	6.00
48	6.24	6.12
49	6.36	6.24
50	6.36	6.24
51	7.68	7.56
52	7.92	7.80
53	8.28	8.16
54	8.52	8.40
55	8.76	8.64
56	8.88	8.88
57	9.00	9.00
58	9.12	9.00
59	8.88	8.88

Certain restrictions apply. Disability Income Rider (Rider Series 2145) and Waiver of Cost of Insurance and Monthly Expense Charge (Rider Series 2029).



Americo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

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Innovative thinking and sound investment decisions have helped us build a strong financial foundation for our business. Today, Americo Financial Life and Annuity Insurance Company is the lead company in one of the largest independent, privately held insurance groups in the United States² with 640,000 policies, over \$31.6 billion of life insurance in force, and \$6.1 billion in assets for year-end 2014.³

¹Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

²"Admitted Assets, Top Life Writers-2014," A.M. Best Co., as of July 2014.

³Information is as of year end 2014 on a consolidated basis for Americo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Americo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

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