

# **Dignified Choice<sup>®</sup> Classic Series Final Expense Agent Reference Guide**



**[www.cfglife.com](http://www.cfglife.com)  
800-305-1335**

# Table of Contents

<b>Contact Information .....</b>	<b>2</b>
<b>Commission Information</b>	
General Information .....	3
Frequently Asked Questions .....	4
<b>Product Overview</b>	
Base Plans .....	5-6
Rider Options.....	7
<b>Underwriting Guidelines</b>	
General Guidelines .....	8-10
Height and Weight .....	11
Medical Definitions and Terms.....	12
Medical Impairments.....	13
Prescribed Medicine .....	14-16
<b>New Business</b>	
General Application Guidelines.....	17
Policy Dating.....	18
Premium Calculation.....	19
Completing the Application .....	20-23
Base Application Sample .....	24-28
Children's Rider Application Sample .....	29
Application Faxing .....	30
<b>Conservation</b>	
Lapses, Cancellations and Returned Premium .....	31
<b>Reinstatements.....</b>	<b>32-33</b>
<b>Advertising</b>	
Guidelines and Procedures.....	34
<b>USA PATRIOT Act</b>	
Anti-Money Laundering Program .....	35-36

This guide is not intended for consumer use, nor is it intended to represent a legal contract. The information contained herein is designed to serve as a general reference source only. The Company procedures and practices outlined in this guide are subject to change due to legal compliance requirements or the needs of the business. Sample forms are provided for reference only. Actual forms may vary by state and are subject to change or revision.

# How to Contact Us

<b>Commissions</b>	Phone	(800) 423-9765	Ext. 5908
	Fax	(877) 319-2463	
	Online	www.cfglife.com	
	Email	zBGMCommissions@cfglife.com	
<b>Claims</b>	Phone	(800) 305-1335	Ext. 7557
	Fax	(866) 253-9459	
<b>Customer Service</b>	Phone	(800) 305-1335	Ext. 4900
	Fax	(877) 260-3264	
<b>Forms</b>	Phone	(800) 423-9765	Ext. 7197
	Fax	(607) 724-4345 (use Form No. 166)	
	Email	SupplyOrders@cfglife.com	
<b>Licensing</b>	Phone	(800) 423-9765	Ext. 5927
	Fax	(607) 724-1599	
<b>New Business</b>	Phone	(800) 305-1335	Ext. 4902
	Fax	(888) 233-6881	
<b>Premium Accounting and Billing</b>	Phone	(800) 423-9765	Ext. 5907
	Fax	(877) 319-2463	
<b>Sales Support</b>	Phone	(800) 423-9765	Ext. 7582
<b>Underwriting</b>	Phone	(800) 305-1335	Ext. 5904
	Fax	(888) 233-6881	

**New Business to** P.O. Box 1381  
Binghamton, NY 13902-1381

**Fax Applications to** (877) 261-3266 for Columbian Life Final Expense only  
(888) 224-7759 for Columbian Mutual Final Expense only (ME, NY, VT)  
*Please include completed Application Fax Cover Sheet.*

**Express Mail to** 4704 Vestal Parkway East  
Vestal, NY 13850

# Commissions

## General Commission Information

### Processing Time

Clean business that is received before noon Eastern Time on Wednesday will be issued by Friday. "Clean business" assumes that the writing agent is appointed with Columbian, the application is properly completed, premium is accurate, and the MIB and prescription drug check do not indicate undisclosed medical issues. Commissions are not payable until the initial premium has been drafted.

### Commission Splits

When splitting commissions between agents, indicate the percentage split next to each agent's name under the Report of Licensed Agent section of the application.

### Commissions on Rewritten / Reinstated Policies

If a new policy is written within 12 months after the lapse, surrender or termination date of an existing policy, the first-year compensation on the new policy will be adjusted regardless of whether the original policy was written by the same agent or a different agent. The compensation adjustment will be based on the number of months the previous policy was in effect:

- If the policy lapsed, was surrendered or terminated at any time during its original twelve months in force, the total first-year compensation payable on the new policy will be the balance of the original twelve months on the old policy. Renewal compensation will be paid after that period.
- If the policy lapsed, was surrendered or terminated after its original twelve months in force, only renewal compensation will be payable on the new policy.

If, as a result of the rewrite, there is an increase in premium on the new policy, first-year commissions will be paid only on the amount of the increase, with renewal compensation paid on the remainder.

When a policy is reinstated in the first year, first-year commissions will be paid on premiums received for the balance of the first twelve months of the policy. First-year commissions will not be paid for more than a total of twelve months. If a policy has been reinstated by redate and a change in age has caused a premium increase, commissions will be adjusted accordingly.

### Commission Advances

At the discretion of the Company, commissions may be advanced for policies on monthly bank draft premium mode (EFT). Advances are loans against future commissions, which are repaid by commissions as earned. No commissions will be advanced until an Advance Agreement is signed by the Agent, the Managing General Agent, and an authorized Company representative. **Policies written on an Agent's own life or immediate family (spouse, parent, child or sibling) are not eligible for commission advances.**

### 1099 Tax Reporting

Earned compensation totaling more than \$600, including any bonuses or special programs, is included on the 1099-MISC. A 1099 will not be issued for total earnings less than \$600.

For commission advances, the 1099 is issued for the amount **earned**, not the amount advanced. The advantages of this method of 1099 reporting include:

- Earnings are more level from year to year.
- Advances are not subject to taxation until the year the commission is earned.\*
- Advance chargebacks do not affect the 1099, since the advance was not included in the 1099 earnings.

Chargebacks or reversals for non-advanced commissions are automatically deducted from earnings.

\*No tax advice is intended to be given.

# Commissions

## Frequently Asked Questions

### **When are commissions paid?**

Commissions paid via EFT are deposited daily or weekly. Paper checks are mailed each Friday. Paper checks are not mailed until the total amount payable is at least \$25.

### **How do I get my commission statements?**

To review your commission statements and all other reports, go to **[www.cfglife.com](http://www.cfglife.com)** and click on **Producer Login**. First-time users, click on “Enroll Here,” enter the last five digits of your Agent Number, the last four digits of your SSN or tax ID, and provide your Zip code, date of birth, telephone number, or email address. Once your identity has been confirmed, you will create your user ID and password for future log-ins.

### **When are advance commissions charged back?**

For lapsed or surrendered policies and for death within the first year of a full benefit policy, the unearned portion of commissions paid is charged back. For policies not taken, rescinded, and for death within the first year of a graded benefit policy, 100% of commissions paid are charged back.

A chargeback occurs when a policy is coded as lapsed, surrendered, not taken, rescinded, or when death occurs within the first year of the policy. **See page 31 for details on the number of days allowed for conservation efforts before commissions for lapsed or not taken policies will be charged back.**

When a chargeback occurs, it will be recovered during the next available period for which funds would be payable. If those funds do not pay the chargeback in full, the balance will be carried over until the chargeback is satisfied.

### **When are earned commissions charged back?**

Earned commissions are charged back when premium is returned unpaid by the bank or refunded to the client (**see page 31 for details**). 100% of commissions paid are charged back for policies not taken, rescinded policies and for death within the first year of a graded benefit policy.

Earnings are charged back from the next commission payment. If a negative balance remains, it will be carried over until the chargeback is satisfied.

### **How do I check the status of my business?**

The real-time status of your business is posted in your Application History at **[www.cfglife.com](http://www.cfglife.com)**. If we have your email address, you will be notified of changes in status via email, so please be sure to register on our Partners Website at [www.cfglife.com/login](http://www.cfglife.com/login) and provide us with a current email address.

### **Where can I find out how much my commission deposit will be?**

This information is also available at **[www.cfglife.com](http://www.cfglife.com)**. Simply log in to your home page and use the “View Deposit” feature.

# Product Overview

## Base Plans - Full Benefit

### **Dignified Choice® - Classic Elite**

Full benefit whole life insurance with simplified underwriting and level premiums.

#### **Death Benefit:**

- Immediate full coverage with level death benefit in all years

#### **Underwriting:**

- All health questions answered “no”
- Height/weight limits
- Telephone interview at point of sale
- MIB check
- Prescription drug check\*
- Motor Vehicle Report for ages 25 - 35

#### **Classifications:**

- Non-Tobacco
- Tobacco

#### **Issue Limits:**

<u>Ages**</u>	<u>Face Amounts</u>
25 - 44	\$5,000 - 35,000
45 - 80	\$2,500 - 35,000
81 - 85	\$2,500 - 25,000
Minimum issue \$5,000 in WA	

#### **Available Riders:**

- Children’s Term Insurance Rider
- Accidental Death Benefit Rider
- Accelerated Death Benefit Rider

### **Dignified Choice® - Classic Select**

Full benefit whole life insurance with simplified underwriting and level premiums.

#### **Death Benefit:**

- Immediate full coverage with level death benefit in all years

#### **Underwriting:**

- Any Part 4 health question answered “yes”
- Doctor not seen in past 5 years for ages 60-70
- Height/weight limits
- Telephone interview at point of sale
- MIB check
- Prescription drug check
- Motor Vehicle Report for ages 25 - 35

#### **Classifications:**

- Non-Tobacco
- Tobacco

#### **Issue Limits:**

<u>Ages**</u>	<u>Face Amounts</u>
25 - 44	\$5,000 - 35,000
45 - 80	\$2,500 - 35,000
81 - 85	\$2,500 - 25,000
Minimum issue \$5,000 in WA	

#### **Available Riders:**

- Children’s Term Insurance Rider
- Accidental Death Benefit Rider
- Accelerated Death Benefit

If the proposed insured has used any form of tobacco or nicotine or smoked marijuana in the past 12 months, tobacco premiums apply for the Classic Elite and Classic Select plans. If marijuana was ingested, tobacco premiums do not apply.

\*Applicants age 71+ with no prescription drug history are ineligible for the Classic Elite plan. Columbian uses the industry leader, Milliman IntelliScript, to check the history. If Milliman does not find any prescription history for an applicant age 71+, we run an additional check through ExamOne. If this check also returns no history, we will attempt to contact the applicant to ask about their drug history. If we are unable to reach the applicant by phone, we will ask Aptical to conduct a second telephone interview to establish a prescription drug history. If a history can be established through any of these means, the applicant will not be declined for the Classic Elite plan based on an absence of prescription drug history.

\*\*Age at the last birthday as of the effective date of the policy.

# Product Overview

## Base Plans - Graded Benefit

### **Dignified Choice® - Classic Advantage**

Graded benefit whole life insurance with simplified underwriting and level premiums. Graded benefit period is two years.

#### **Death Benefit:**

- Full face amount payable for accidental death in all years.
- Return of premiums plus 6% interest for non-accidental death occurring within the first two policy years.
- Full face amount for death by any cause after the graded benefit period.

#### **Underwriting:**

- Any Part 3 health question answered “yes”
- ***Two or more Part 4 questions answered “yes”***
- Height/weight limits
- MIB check
- Prescription drug check

#### **Issue Limits:**

<u>Ages*</u>	<u>Face Amounts</u>
45 - 85	\$2,500 - 20,000
Issue Ages 50-75 in ME, NY and VT	
Minimum issue \$5,000 in WA	

#### **Available Riders:**

- Children’s Term Insurance Rider (Non Paid Up version)
- Accelerated Death Benefit Rider (may be added after the graded benefit period)

#### **Classification:**

- Graded Benefit

### **Dignified Choice® - Classic Security**

Graded benefit whole life insurance with simplified underwriting and level premiums. Graded benefit period is three years.

#### **Death Benefit:**

- Full face amount payable for accidental death in all years.
- Return of premiums plus 6% interest for non-accidental death occurring within the first three policy years.
- Full face amount for death by any cause after the graded benefit period.

#### **Underwriting:**

- Any Part 2 health question answered “yes”
- ***Two or more Part 3 questions answered “yes”***
- Doctor not seen in past 3 years if age 71+
- Height/weight limits
- MIB check
- Prescription drug check

#### **Issue Limits:**

<u>Ages*</u>	<u>Face Amounts</u>
45 - 80	\$2,000 - 10,000
Issue Ages 50-75 in ME, NY and VT	
Minimum issue \$5,000 in WA	

#### **Available Riders:**

- No riders available

#### **Classification:**

- Graded Benefit

\*Age at the last birthday as of the effective date of the policy.

# Product Overview

## Rider Options

### **Children's Term Insurance Rider (Grandchild Rider)**

The Children's Term Insurance Rider provides individual coverage to age 25 on an eligible child, grandchild or great grandchild of the Insured. Eligible children include natural born child, stepchild, legally adopted child, grandchild, step-grandchild, legally adopted grandchild, great grandchild, step-great grandchild or legally adopted great grandchild.

The Paid Up version of the rider is available with Classic Elite and Classic Select at the time of policy issue for issue ages 80 or less.

- The Paid Up version may be converted without evidence of insurability between the ages of 22 and 25 (Early Conversion), on the date rider coverage ends, or on the date of the Primary Insured's death *if the Insured commits suicide within the first two policy years*.
- If the Insured dies while the rider is in force, the insurance under the rider will remain in force with no further payment of premiums. The other terms of the rider will continue to apply. This benefit will not be provided if the Insured commits suicide within the first two policy years.

The Non Paid Up version is available with Classic Elite and Classic Select for issue ages 81 and up, with Classic Advantage at all issue ages, and for children added after policy issue.

- The Non Paid Up version may be converted without evidence of insurability between the ages of 22 and 25 (Early Conversion), on the date rider coverage ends, or on the date of the Primary Insured's death.

**Issue ages:** Base Insured 25 –85 / Children 15 days – less than 19 years

**Minimum Issue:** \$2,500

**Maximum Issue:** \$10,000, not to exceed base policy face amount  
(\$15,000 maximum per child for multiple policies)

**Maximum Number of Riders per Policy:** 20

The Children's Term Insurance Rider is not available in Washington.

### **Accidental Death Benefit Rider (Double Indemnity)**

Doubles the death benefit for accidental death of the Insured. Rider coverage is maintained to age 100. Available with the Classic Elite and Classic Select Full Benefit plans only.

**Issue Ages:** 25 – 75

### **Accelerated Death Benefit Rider**

Allows the Policyowner to request a benefit advance when the Insured is diagnosed by a physician as having a terminal condition and a life expectancy of 12 months or less. Rider coverage is provided at no additional premium charge and remains in force for the duration of the policy.\*

Available with the Classic Elite and Classic Select Full Benefit plans at the time of issue. The rider may be added to the Classic Advantage Graded Benefit Plan after the graded benefit period.

**Issue Ages:** Same as base policy (all ages)

\*If an accelerated benefit payment is made, a \$250 administrative fee is deducted from the payment. A lien will be established against the policy death benefit, with lien interest assessed. Regular premium payments as specified in the policy will be required in order to keep the policy in force. Receipt of accelerated benefit may affect eligibility for public assistance programs and may be taxable.



# Underwriting Guidelines

## General Underwriting Guidelines

### Application Health Questions

It is essential that you read each health question aloud, word for word, and take the time to be sure the Applicant understands each one. At times, an Applicant's diagnosis may fall under one of the general terms listed on the application, but may be known to the Applicant by another name. Several of the application health questions ask if the Proposed Insured has received treatment for the listed medical conditions. Prescription medicines are considered treatment. Use the medical information on pages 6 through 10 as a guide, and call the Underwriting Team at 800-305-1335 extension 5904 if you have questions.

### Power of Attorney

The Proposed Insured **must** sign the application. Because the Proposed Insured must personally answer the health questions, a Power of Attorney signature will not be accepted.

### Telephone Interview

The telephone interview is required with every application for Classic Elite or Classic Select Full Benefit policies. Whenever possible, the interview should be conducted before you leave the Applicant's home. Interviewers are available at **800-737-6972** Monday through Friday 8:30 a.m. to Midnight and Saturday and Sunday 10:00 a.m. to 8:00 p.m. Eastern. Complete the application and have the Applicant sign it before calling for the interview.

- Let the operator know if a translator is needed. The interviewer will ask you for some preliminary information and will give you a reference number to enter on the application.
- Have the Applicant speak with the interviewer. They will be asked to state their name, Social Security number, date of birth, and to confirm the answers to the health questions. **For issue ages 60 - 85, the Applicant will be asked to provide the month and year of their last medical consultation and the name, city and state of the physician or medical facility.**
- A prescription database is accessed during the interview to determine if the proposed insured is using a drug that could affect underwriting, which may prompt the interviewer to ask additional questions. At the end of the call, the interviewer shares this information with you to let you know if you should do further follow up while in the home.
- If the application is written after normal business hours, the telephone interview will be scheduled after the application is received by Columbian. Be sure to include the Proposed Insured's phone number on the application and indicate the best time to call in the Special Requests/ Remarks section. If the Proposed Insured does not have a telephone, they will need to call the telephone inspection service during business hours.
- The signed application **must be** submitted to the Company, even if the Applicant decides not to apply for the policy. Be sure to indicate this by writing "WITHDRAWN" across the front of the application.

### MIB, Inc.

MIB, Inc. is a nonprofit membership organization of life insurance companies, providing an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Columbian uses MIB to check underwriting information, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

When an application is entered into our system, it is run through MIB and Rx Rules. If we receive information that gives us reason to believe that the Proposed Insured would not qualify for the plan applied for, an additional Personal History Interview (PHI) may be needed to obtain further information. If the Rx Rules show a definite disease or medical condition, a decision will be made based on those records.

# Underwriting Guidelines

## General Underwriting Guidelines

### Motor Vehicle Report

A Motor Vehicle Report (MVR) will be run on all applicants age 25-35 who possess a driver's license and are applying for a Classic Elite or Classic Select Full Benefit plan. An MVR may be requested on applicants age 36-85 if the application question regarding moving violations or driving under the influence is answered "yes" or if we receive confidential information that indicates the question should have been answered "yes." Please see below for further information about driving issues.

Ages	Classic Elite	Classic Select	Classic Advantage
25-35	<ul style="list-style-type: none"> <li>No DUI within 5 years</li> <li>≤ 2 DUIs within 10 years</li> <li>≤ 2 violations* within 5 years</li> <li>License not revoked within 5 years</li> </ul>	<ul style="list-style-type: none"> <li>No DUI within 5 years</li> <li>≤ 3 violations* within 3 years</li> <li>License not revoked within 3 years</li> </ul>	N/A
36-85	<ul style="list-style-type: none"> <li>No DUI within 3 years</li> <li>≤ 3 violations* within 3 years</li> </ul>	<ul style="list-style-type: none"> <li>No DUI within 3 years</li> <li>≤ 3 violations* within 3 years</li> </ul>	<ul style="list-style-type: none"> <li>No DUI within 3 years</li> <li>≤ 3 violations* within 3 years</li> </ul>

Violations considered:

1. Speeding over posted limit
2. Accident (at fault or fault unknown)
3. Reckless driving
4. Failure to yield
5. Disobeying stop signs, signal or other traffic device
6. Improper turn
7. Driving without a license, insurance, registration
8. Cell phone or text message violations

### Medical Records

Columbian does not require medical records as a routine underwriting tool for the Dignified Choice plans. There are situations where the routine underwriting requirements cannot provide a complete risk assessment of the applicant and a review of that individual's medical records appears to be the proper source for the needed information. In those instances, a letter will be sent to the applicant requesting the records be obtained by the applicant, at their expense, and forwarded to the Company. Upon receipt of said records, the underwriting evaluation is completed. If the records do not arrive within 60 days of the date of the request letter, the application will be closed due to incomplete information.

### Graded Policies as a Percent of Business

Sales of Graded Benefit policies are limited as follows:

- Sales of **Classic Security** policies may not exceed 10% of the total number of Final Expense applications issued and paid within the past 365 days; and
- The total number of Classic Advantage plus Classic Security policies may not exceed 30% of the total number of Final Expense applications issued and paid within the past 365 days.

If you exceed either limit, we will notify you via email that you have 30 days in which to bring the percentage to an acceptable level or face suspension of the privilege to sell Graded Benefit policies. Your graded benefit business percentages are shown just below the Application History section of your Home Page at [www.cfglife.com](http://www.cfglife.com). Please monitor your percentage each time you access your reports in order to avoid corrective action.

# Underwriting Guidelines

## General Underwriting Guidelines

### Ineligible Persons

You should not take an application on anyone who:

- answers “yes” to any of the questions in Part 1 of the Health History section.
- is institutionalized, including a penal institution or psychiatric facility.
- is mentally incompetent or lacks the legal capacity to contract.
- is not a U.S. resident. If the Applicant is a foreign national, he or she must be a legal immigrant and have a Social Security number. We will accept applications up to \$15,000 on foreign nationals who have a green card or tax ID number (TIN).

This is provided as a general guide and is not intended to be a complete list.

### Policy Rescissions

A policy can be rescinded when death occurs during the contestable period and the insurer discovers information that would have caused the policy to be declined or issued other than as applied for had the information been known at the time of application. If we receive medical information from another provider that indicates that the application may have been completed incorrectly, *including tobacco use*, we will investigate and the policy will be rescinded if necessary. When a policy is rescinded, everyone loses:

- The family loses valuable benefits they had counted on.
- The insurer loses the cost of issuing the policy and the cost of the investigation.
- The agent loses all commissions from the policy, and if the case was obviously mishandled or a pattern of rescissions is evident, he or she could be terminated for cause.

Rescissions are a serious problem in the insurance industry and are taken seriously by Columbian. We meet monthly to review all agent activity, including an evaluation of rescinded policies for each agent. **We have been actively terminating agents, and will continue to do so if we discover evidence of mishandling or a pattern of rescissions for any agent, regardless of production.**

While we understand that you rely on the health-related answers provided to you by the proposed insured, there are some things you can do to help ensure the quality of the business you write:

- Use good judgment when meeting with the client. For example, you should not take an application from someone in hospice care.
- Use good observation when taking an application. For example, the presence of an oxygen machine or prescription drugs should lead you to ask further questions. Although prescriptions need not be listed on the application, it is important that you ask if medicine has been prescribed and for what reason.
- For Classic Elite and Classic Select Full Benefit applications, make sure the telephone interview is conducted while you are present and listen for discrepancies in the answers provided.
- If you have suspicions regarding health issues, include a cover letter with the application. For example, if you noticed a wheelchair in the home but the applicant did not mention limited mobility, let us know. This does not mean that the policy will be declined, but does give us a chance to investigate further.

The success of our Final Expense program depends on protecting the viability and profitability of the line. Be our partner in that protection by taking extra care with the applications you write.

# Underwriting Guidelines

## Height and Weight

Eligibility for plans is based in part on the Proposed Insured's height and weight.

Male or Female Ages 25-44				
Height	Decline	Elite	Select	Decline
4'8"	<74	173	189	<u>&gt;190</u>
4'9"	<77	180	196	<u>&gt;197</u>
4'10"	<79	186	203	<u>&gt;204</u>
4'11"	<82	193	210	<u>&gt;211</u>
5'0"	<85	199	217	<u>&gt;218</u>
5'1"	<88	206	224	<u>&gt;225</u>
5'2"	<91	213	232	<u>&gt;233</u>
5'3"	<94	220	239	<u>&gt;240</u>
5'4"	<97	227	247	<u>&gt;248</u>
5'5"	<100	234	255	<u>&gt;256</u>
5'6"	<103	241	263	<u>&gt;264</u>
5'7"	<106	249	271	<u>&gt;272</u>
5'8"	<109	256	279	<u>&gt;280</u>
5'9"	<112	264	287	<u>&gt;288</u>
5'10"	<115	271	296	<u>&gt;297</u>
5'11"	<119	279	304	<u>&gt;305</u>
6'0"	<122	287	313	<u>&gt;314</u>
6'1"	<126	295	322	<u>&gt;323</u>
6'2"	<129	303	331	<u>&gt;332</u>
6'3"	<133	312	340	<u>&gt;341</u>
6'4"	<136	320	349	<u>&gt;350</u>
6'5"	<140	328	358	<u>&gt;359</u>
6'6"	<143	337	367	<u>&gt;368</u>
6'7"	<147	346	377	<u>&gt;378</u>
6'8"	<151	355	386	<u>&gt;387</u>
6'9"	<154	363	396	<u>&gt;397</u>

Male or Female - Ages 45 and up						
Height	Decline	Elite	Select	Advantage	Security	Decline
4'8"	<74	178	189	207	216	<u>&gt;217</u>
4'9"	<77	184	196	214	224	<u>&gt;225</u>
4'10"	<79	191	203	222	232	<u>&gt;233</u>
4'11"	<82	198	210	230	240	<u>&gt;241</u>
5'0"	<85	204	217	238	248	<u>&gt;249</u>
5'1"	<88	211	224	246	256	<u>&gt;257</u>
5'2"	<91	218	232	254	265	<u>&gt;266</u>
5'3"	<94	225	239	262	273	<u>&gt;274</u>
5'4"	<97	233	247	270	282	<u>&gt;283</u>
5'5"	<100	240	255	279	291	<u>&gt;292</u>
5'6"	<103	247	263	288	300	<u>&gt;301</u>
5'7"	<106	255	271	296	309	<u>&gt;310</u>
5'8"	<109	263	279	305	318	<u>&gt;319</u>
5'9"	<112	270	287	314	328	<u>&gt;329</u>
5'10"	<115	278	296	324	338	<u>&gt;339</u>
5'11"	<119	286	304	333	347	<u>&gt;348</u>
6'0"	<122	294	313	342	357	<u>&gt;358</u>
6'1"	<126	303	322	352	367	<u>&gt;368</u>
6'2"	<129	311	331	362	377	<u>&gt;378</u>
6'3"	<133	320	340	372	388	<u>&gt;389</u>
6'4"	<136	328	349	382	398	<u>&gt;399</u>
6'5"	<140	337	358	392	408	<u>&gt;409</u>
6'6"	<143	346	367	402	419	<u>&gt;420</u>
6'7"	<147	355	377	412	430	<u>&gt;431</u>
6'8"	<151	364	386	423	441	<u>&gt;442</u>
6'9"	<154	373	396	433	452	<u>&gt;453</u>

# Underwriting Guidelines

## Medical Definitions and Terms

These definitions and terms are provided only as a guide and are not intended as an all-inclusive list. Please contact Underwriting with any medical questions.

**Alzheimer's Disease** – A progressive neurological disease of the brain that leads to dementia. May also be called *Presenile Dementia* or *Senile Dementia*.

**Amputation** – Generally refers to removal of part or all of a body part enclosed by skin. The application question refers only to amputation which is caused by disease.

**Aneurysm** – A localized widening of an artery or localized bulging of the heart.

**Black Lung Disease** – Lung disease resulting from coal mining. Black lung disease is also called *coal worker's pneumoconiosis* or *asbestosis*.

**Cancer** – Cancer is not one disease; it is a group of more than 100 different and distinctive diseases involving an abnormal growth of cells. May also be called a *malignancy*, *malignant tumor*, *carcinoma* or *malignant neoplasm*.

**Chronic Asthma** - Refers to an underlying asthmatic problem in patients who have frequent exacerbations, hospital admission within a year, limited physical activity, and/or history of life-threatening attack. The asthma has become so persistent that clinically significant chronic airflow obstruction is present and may require multiple medications, including corticosteroids, for control.

**Chronic Obstructive Pulmonary Disease (COPD)** – Any disorder that persistently obstructs bronchial airflow, not including asthma. COPD is also called *chronic obstructive lung disease (COLD)*.

**Congestive Heart Failure** – Failure of the heart to pump blood with normal efficiency. Also may be present with *cardiomyopathy*, *congestive myopathy* and *restrictive myopathy*.

**Diabetes** – A chronic condition caused by insulin deficiency associated with abnormally high levels of sugar (glucose) in the blood. Glycosylated Hemoglobin (HbA1c) is the gold standard in determining diabetic control and should be less than or equal to 7.5. This should be measured every six months. If HbA1c is not available, Fasting Blood Sugar (FBS) should be less than or equal to 150. Readings over these ranges indicate that the proposed insured's diabetes is not under control with current treatment.

**Heart Attack** – The death of heart muscle due to the loss of blood supply. Also called *myocardial infarction* or *MI*.

**Kidney Failure** – Loss of kidney function. Also called *renal failure*.

**Liver Disease** – This term includes *cirrhosis*, *hepatitis*, *cholangitis*, *liver failure*, and other diseases of the liver.

**Multiple Sclerosis** – A disease that attacks the central nervous system causing a loss of control over the body, with symptoms ranging from numbness to paralysis and blindness.

**Parkinson's Disease** – A slowly progressive neurologic disease characterized by a fixed inexpressive face, a tremor at rest, slowing of voluntary movements, a gait with short accelerating steps, peculiar posture, and muscle weakness. Also called *paralysis agitans* and *shaking palsy*.

**Stroke** – The sudden death of brain cells due to a disruption of blood flow to the brain. Also called *CVA (cerebrovascular accident)* or *TIA (transient ischemic attack)*.

**Treatment** – Administration or application of remedies for disease or injury including, but not limited to, surgery, prescription drugs, oxygen use, x-ray, radiation therapy, chemotherapy, or physical therapy.

# Underwriting Guidelines

## Medical Impairments

Please use the chart below to help you determine which Dignified Choice plan best fits your client's medical history. If you need additional information regarding a particular medical history, please refer to the application or call Underwriting at 800-305-1335 extension 5904.

Condition	May be eligible for	Condition	May be eligible for
Acquired Immune Deficiency Syndrome (AIDS)	Not eligible	Human Immunodeficiency Virus (HIV)	Not eligible
AIDS Related Complex (ARC)	Not eligible	Huntington's Disease	Classic Security
Alcohol Abuse/Dependency (last 36 months)	Classic Advantage	Immune Deficiency Disorder	Not eligible
Alzheimer's Disease	Classic Security	Institutionalized	Not eligible
Amputation due to disease	Not eligible	Insulin Shock (last 36 months)	Classic Advantage
Aneurysm (last 24 months)	Classic Advantage	Insulin usage prior to age 50	Classic Advantage
Angina / cardiac chest pain including treatment in the last 24 months	Classic Advantage	Kidney transplant (no dialysis in the last 12 months)	Classic Advantage
Angioplasty (last 24 months)	Classic Advantage	Kidney Disease (last 36 months)	Classic Advantage
Assisted living resident	Not eligible	Kidney Failure (last 36 months)	Classic Advantage
Atrial Fibrillation	Classic Select	Leukemia (last 24 months)	Classic Security
Basal Cell Skin Cancer	Classic Elite	Leukemia (last 25 - 60 months)	Classic Select
Bed ridden	Not eligible	Liver Disease (last 36 months)	Classic Advantage
Black Lung Disease	Classic Advantage	Lou Gehrig's Disease (ALS)	Classic Security
Bone marrow transplant	Not eligible	Melanoma (last 24 months)	Classic Security
Brain tumor (last 36 months)	Classic Advantage	Melanoma (last 25 - 60 months)	Classic Select
Bypass surgery (last 24 months)	Classic Advantage	Mental disorder (hospital or instituion in last 36 months)	Classic Advantage
Cancer (last 24 months)	Classic Security	Mental retardation	Classic Security
Cancer (last 25 - 60 months)	Classic Select	Multiple Sclerosis (last 36 months)	Classic Advantage
Cardiac defibrillator implant recipient	Classic Security	Muscular Dystrophy	Classic Security
Cerebral Palsy	Classic Security	Nephropathy (kidney) (last 36 months)	Classic Advantage
Chronic Asthma	Classic Select	Nervous disorder (hospital or institution in last 36 months)	Classic Advantage
Chronic Bronchitis	Classic Advantage	Neuropathy (nerve, circulatory) (last 36 months)	Classic Advantage
Chronic Hepatitis (last 36 months)	Classic Advantage	Nursing home	Not eligible
Chronic Lung Disease	Classic Advantage	Organ transplant	Not eligible
Chronic Obstructive Pulmonary Disease (COPD)	Classic Advantage	Oxygen usage (exlcuding sleep apnea)	Classic Advantage
Chronic Respiratory Disorder (not asthma or sleep apnea)	Classic Advantage	Pacemaker implant (last 24 months)	Classic Advantage
Congestive Heart Failure (CHF)	Classic Security	Parkinson's Disease (last 36 months)	Classic Advantage
Convalescent home currently	Not eligible	Parole (last 36 months)	Classic Advantage
Criminal conviction (last 36 months)	Classic Advantage	Peripheral Artery Disease (last 36 months)	Classic Advantage
Cystic Fibrosis	Classic Security	Peripheral Vascular Disease (last 24 months)	Classic Advantage
Dementia	Classic Security	Peripheral Vascular Disease (last 36 months)	Classic Advantage
Diabetes Complications (last 36 months)	Classic Advantage	Probation (last 36 months)	Classic Advantage
Diabetes not in control (last 36 months)*	Classic Advantage	Procedure for brain circulation (last 24 months)	Classic Advantage
Diabetic Coma (last 36 months)	Classic Advantage	Retinopathy (eye) (last 36 months)	Classic Advantage
Down's Syndrome	Classic Security	Sarcoidosis (last 36 months)	Classic Advantage
Driving Violations (3 or more in last 36 months)	See MVR section	Schizophrenia (last 36 months)	Classic Advantage
Drug Abuse/Dependency (last 36 months)	Classic Advantage	Sickle Cell Anemia	Classic Security
DUI - Alcohol or Drugs	See MVR section	Spina Bifida	Classic Security
Emphysema	Classic Advantage	Stent (last 24 months)	Classic Advantage
Enlarged Heart (last 24 months)	Classic Advantage	Stroke (last 24 months)	Classic Advantage
Heart Attack (within 6 months)	Classic Security	Surgery recommended or pending	Not eligible
Heart Attack (within 7-24 months)	Classic Advantage	Systemic Lupus (last 36 months)	Classic Advantage
Home health care recipient	Not eligible	Terminal illness	Not eligible
Hospice care	Not eligible	Transient Ischemic Attack (TIA) (last 24 months)	Classic Advantage
Hospitalized	Not eligible	Wheelchair confinement**	Not eligible

\*Glycosylated Hemoglobin (HbA1c) is the gold standard in determining diabetic control and should be less than or equal to 7.5. This should be measured every six months. If HbA1c is not available, Fasting Blood Sugar (FBS) should be less than or equal to 150. Readings over these ranges indicate that the proposed insured's diabetes is not under control with current treatment.

\*\*Wheelchair confinement due to illness, disease or quadriplegia.

# Underwriting Guidelines

## Prescribed Medicine

Several of the application health questions ask if the Proposed Insured has received treatment for the listed medical conditions. Prescription medicines are considered treatment. In order to help best assess eligibility, it is important that you ask if medicine has been prescribed and for what reason. The following list is provided to help you determine whether a client is eligible to be considered for a **Classic Elite or Classic Select Full Benefit plan**. This list is not all inclusive and is subject to change as new drugs become available and existing drugs are used for additional conditions.

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Aggrenox	24 months	Stroke or TIA	Decline if stroke or TIA within 2 years
Amantadine HCL	36 months	Parkinson's	Decline
Ambisome	Ever	HIV Treatment likely	Decline
Anastrozole	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Antabuse	Diagnosed or treated 36 months	Alcoholism	Decline
Aprepitant/Emend	Diagnosed or treated 24 months	Cancer induced nausea likely	Decline
Aptivus	Ever	HIV Treatment likely	Decline
Aranesp	36 months	Kidney Disease	Decline
Aricept	Ever	Alzheimers/Dementia	Decline
Armasin	Diagnosed or treated 24 months	Cancer	Decline
Arimidex	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Atamet	36 months	Parkinson's	Decline
Atgam	Ever	Organ/Tissue Transplant likely	Decline
Atripla	Ever	HIV Treatment likely	Decline
Avenox	36 months	Multiple Sclerosis	Decline
Avonex/Rebif	36 months	Multiple Sclerosis	Decline
Baclofen	36 months	Multiple Sclerosis	Decline
Belimumab/Benlysta	36 months	Systemic Lupus likely	Decline
Benlysta	36 months	Systemic Lupus likely	Decline
Betaseron	36 months	Multiple Sclerosis	Decline
Bidil	Ever	Congestive Heart Failure likely	Decline
Calcijex	36 months	Kidney Disease	Decline
Calcitriol	36 months	Kidney Disease	Decline
Calcium Acetate	36 months	Kidney Disease	Decline
Campath	Diagnosed or treated 24 months	Cancer	Decline
Campral	36 months	Substance Abuse	Decline
Carbidopa	36 months	Parkinson's	Decline
Carbidopa	36 months	Parkinson's likely	Decline
Carnitor	36 months	Kidney Disease	Decline
Carvedilol	Ever	Congestive Heart Failure possible	Decline if used for CHF
Casodex	Diagnosed or treated 24 months	Cancer	Decline
Chlorpromazine	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Clopidogrel	24 months	Stroke or TIA	Decline if stroke or TIA within 2 years
Clozapine	36 months diagnosed or treated for schizophrenia	Schizophrenia	Decline
Clozaril	36 months	Schizophrenia	Decline
Cognex	Ever	Alzheimers/Dementia	Decline
Combivir	Ever	HIV treatment likely	Decline
Copaxone	36 months	Multiple Sclerosis	Decline

# Underwriting Guidelines

## Prescribed Medicine

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Crofelemer/Fulyzaq	Ever	HIV treatment likely	Decline
Cyclosporine	Ever	Organ Transplant	Decline
Cystagon	36 months	Kidney Disease	Decline
Cytogam	Ever	Organ Transplant	Decline
Digoxin/Lanoxin	Ever	Congestive Heart Failure likely	Decline if used for CHF
Disufram	Diagnosed or treated 36 months	Alcoholism	Decline
Donepezil	Ever	Alzheimers/Dementia	Decline
Dornase alpha	Ever	Cystic Fibrosis	Decline
Emend	Diagnosed or treated 24 months	Cancer	Decline
Emtriva	Ever	HIV treatment likely	Decline
Epivir	Ever	HIV treatment likely	Decline
Esylate	Ever	Pulmonary Fibrosis likely	Decline
Exelon	Ever	Alzheimers/Dementia	Decline
Femara	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Filgrastim/Neupogen	Diagnosed or treated 24 months	Cancer likely	Decline
Foscavir	Ever	HIV treatment likely	Decline
Flutamide	Diagnosed or treated 24 months	Cancer	Decline
Fosrenol	36 months	Kidney Disease	Decline
Furosemide	Ever or 36 months	CHF/Kidney Disease likely	Decline if used for CHF
Galantamine	Ever	Alzheimers/Dementia	Decline
Ganciclovir	Ever	HIV Treatment likely	Decline
Gengraf	Ever	Organ Transplant	Decline
Geoden	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Haldol	36 months	Schizophrenia likely	Decline
Halperidol/Halperidone	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Hectoral	36 months	Kidney Disease	Decline
Hydrea	Diagnosed or treated 24 months	Cancer	Decline
Hydroxyurea	Diagnosed or treated 24 months	Cancer	Decline
Interferon/Ribavirin	Diagnosed or treated 36 months	Hepatitis likely	Decline
Intron-A	24 or 36 months	Cancer or Hepatitis C	Decline
Invega	36 months	Schizophrenia likely	Decline if used for schizophrenia
Invirase	Ever	HIV treatment likely	Decline
Isosorbide & Hydralazine	Ever	Congestive Heart Failure likely	Decline if used in combination
Lamivudine-Zidovudine	Ever	HIV treatment likely	Decline
Lanoxin	Ever	Congestive Heart Failure possible	Decline if used for CHF
Laradopa/Levodopa	36 months	Parkinsons	Decline
Lasix	Diagnosed or treated 36 months	Heart/Liver/Kidney disease likely	Decline if used for CHF, liver or kidney disease
Lexiva	Ever	HIV treatment likely	Decline
Lupton	Diagnosed or treated 24 months	Cancer	Decline
Marijuana	36 months		May be eligible for all plans depending on reason prescribed
Mercaptopurine	Diagnosed or treated 24 months	Cancer	Decline
Methadone	Diagnosed or treated 36 months	Substance abuse possible	Decline
Namenda	Ever	Alzheimers/Dementia	Decline
Narcan/Naloxone/Naltrexone	Diagnosed or treated 36 months	Alcohol/Drugs	Decline



# Underwriting Guidelines

## Prescribed Medicine

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Navene	36 months	Schizophrenia likely	Decline
Nintedanib	Ever	Pulmonary Fibrosis likely	Decline
Nitro-Dur/Nitroquick/Nitrostat	24 months	Angina/chest pain	Decline if used for chest pain/angina in the last 24 months
Nitroglycerin	24 months	Angina/Chest pain	Decline if used for chest pain/angina in the last 24 months
Norvir	Ever	HIV treatment likely	Decline
Ofev	Ever	Pulmonary Fibrosis likely	Decline
Olanzapine	36 months	Schizophrenia possible	Decline if used for Schizophrenia
Ondansetron	Diagnosed or treated 24 months	Cancer	Decline
Pegasys/Peg-Intron	36 months	Liver Disease	Decline
Prograf	Ever	Organ Transplant	Decline
Pulmozyme	Ever	Cystic Fibrosis	Decline
Quetiapine	36 months	Schizophrenia possible	Decline if used for schizophrenia
Rapamune	Ever	Organ Transplant	Decline
Razadyne	Ever	Alzheimers/Dementia	Decline
Rebif	36 months	Multiple Sclerosis	Decline
Reminyl	Ever	Alzheimers/Dementia	Decline
Renagel	36 months	Kidney Disease	Decline
Retrovir	Ever	HIV treatment likely	Decline
Ribapak	36 months	Liver disease	Decline
Ribasphere	36 months	Liver Disease	Decline
Ribavirin	Diagnosed or treated 36 months	Hepatitis C	Decline
Riluzole/Rilutek	Ever	ALS likely	Decline
Risperdal/Risperidone	36 months	Schizophrenia likely	Decline
Roferon	24 or 36 months	Cancer or Hepatitis C	Decline
Seroquel	36 months	Schizophrenia likely	Decline if used for schizophrenia
Spirivia	Ever	COPD likely	Decline
Spironolactone	Ever	Congestive Heart Failure possible	Decline if used for CHF
Stalevo	36 months	Parkinson's likely	Decline
Stelazine	36 months	Schizophrenia likely	Decline
Suboxone	Diagnosed or treated 36 months	Substance abuse possible	Decline
Sulfadiazine/Primasol	36 months	Kidney Disease	Decline
Sustiva	Ever	HIV treatment likely	Decline
Tamoxifen	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Targretin	Diagnosed or treated 24 months	Cancer	Decline
Thorazine	36 months	Schizophrenia likely	Decline
Trilafon	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Trizivir	Ever	HIV treatment likely	Decline
Truvada	Ever	HIV treatment likely	Decline
Viracept/Viramune/Viread	Ever	HIV treatment likely	Decline
Viracept/Viread	Ever	HIV treatment likely	Decline
Zyprexa	36 months	Schizophrenia possible	Decline if used for schizophrenia

# New Business

## General Application Guidelines

### Agent Notification

The Company will notify you if additional underwriting is required on an application.

### Beneficiary Designation

If the Owner is other than the Proposed Insured, the Beneficiary must have an insurable interest. The Beneficiary's relationship to the Proposed Insured must be stated on the application. A funeral home may not be named as beneficiary.

### Corrections

Do not use correction fluid or tape on an application. If a mistake is made, draw a single line through the mistake and have the Applicant initial it.

### Premium

- If the initial premium is to be paid by Draft First Premium:
  - Check the Draft 1<sup>st</sup> Premium box on Page 1 and check the appropriate box in the Initial Premium Payment section. Complete and have the bank account holder sign the Bank Account Authorization section.
  - Allow at least 5 business days between the date the application will be received and the first draft.
  - Complete the Ongoing Premium Payments section to indicate the draft schedule. When specifying a day of the week and week of the month, the date for the first draft must be within **35 days** of the application date; when specifying a day of the month, the first draft must be within **30 days** of the application date.
  - Submit a voided check or deposit slip with the application.
  - The policy will not become effective until the first premium is drafted. The Requested Effective Date / Draft Date on page 1 of the application must match the date of the first draft. Commission will be paid after the policy effective date.
- If the initial premium is to be drafted upon receipt of the application, check the appropriate box and complete and have the bank account holder sign the Bank Account Authorization section.
- If the initial premium is paid in cash, premium must be submitted in the form of a personal check, cashier's check, or money order from the Applicant. **The Company will not accept an Agency or Agent's personal check or any post-dated check.**
- If ongoing premiums are to be paid by electronic funds transfer, indicate the draft schedule in the Ongoing Premium Payments section. Submit a voided check or deposit slip with the application.
- The Conditional Receipt will not be in effect for Draft First Premium. If cash is submitted with the application or an immediate draft is requested, the conditional coverage will apply.

### Multiple Policies

Additional coverage may be written on an Insured as long as the total insurance does not exceed maximum issue limits.

### Non-Resident Applicants

When taking an application for an individual who resides in another state, the plan must be approved and the agent must be appointed in the state where the application is signed. Underwriting criteria will be based on the state where the application is signed.

### Foreign Applicants

Applications for foreign nationals are accepted as long as the applicant is a legal immigrant and has a Social Security number. Applications up to \$15,000 are accepted on foreign nationals who have a green card or tax ID number (TIN) and a driver's license.

# New Business

## Policy Dating

The application should always be dated the day it is completed and signed, even if the check date does not match the signature date or a different policy effective date is requested.

Backdating up to 6 months to save age is allowed, as long as all premiums are submitted with the application. Indicate the requested effective date on the application.

A future effective date of up to 30 days\* from the application date is allowed. For speedy processing, be sure to mail or fax the application the same day it is completed. Indicate the requested effective date on the application.

**The Proposed Insured's age should always be calculated from the effective date of the policy, not the application date.**

The policy effective date will be the application date except:

1. If a different effective date is requested on the application, the effective date will be the date requested.
2. For Draft First Premium, the policy effective date will be the date of the first bank draft. The draft can be any day between the 1<sup>st</sup> through the 28<sup>th</sup> of the month or a day of week/week of month.
  - When specifying a day of the month, the effective date and first draft must be within 30 days of the application date.
  - When specifying a day of the week and week of the month, the effective date and first draft must be within 35 days of the application date.
3. If the initial premium is submitted with the application and subsequent premiums are to be paid by bank draft, the effective date will be the date of the application unless otherwise requested.
4. If the application date is the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of a month, the effective date will be the 1<sup>st</sup> of the next month. If this date would result in a change in age, the effective date will be the 28<sup>th</sup> of the month in which the application was signed.

\*When using the Draft First Premium day of the week / week of the month option, the effective date and date of the first draft must be within **35 days** of the application date.

# New Business

## Premium Calculation

### Premium Calculation Example

Female, Age 65, Non-Tobacco, \$10,000 Classic Elite Full Benefit

#### Base Premium Calculation

Annual Premium per Thousand	\$44.08
Times number of thousands	<u>x 10</u>
	\$440.80
Plus Annual Policy Fee	<u>+ 40.23</u>
Annual Base Premium	\$481.03

To calculate a mode other than annual, apply the modal factor:

Total Annual Premium	\$481.03
Times Monthly EFT Modal Factor	<u>x .087</u>
Monthly EFT Base Premium	\$41.85

#### Rider Premium Calculation

ADB Premium per Thousand	\$1.50
Times number of thousands	<u>x 10</u>
Annual ADB Rider Premium	\$15.00
Times Monthly EFT Modal Factor	<u>x .087</u>
Monthly EFT ADB Rider Premium	\$1.31

#### Total Premium

Monthly EFT Base Premium	\$41.85
Plus Monthly ADB Rider Premium	<u>+ 1.31</u>
Total Monthly Premium	\$43.16

When doing manual calculations, round each calculation to the nearest cent. For easier calculations, go to [www.cfqlife.com](http://www.cfqlife.com) / Producers / Resources / Calculators and Quotes / Final Expense Calculators to download the appropriate calculator for your device.

**Annual Policy Fee:** \$40.23

**Modal Factors:** Monthly EFT .087; Quarterly .265; Semi-Annual .52  
Monthly Direct Bill not available.

The above is an example only.

# New Business

## Completing the Application

Check the appropriate box at the top of the application to indicate whether the policy will be mailed to you or to the Policyowner. If neither box is checked, the policy will be mailed to the Policyowner. If you elect to have the policy mailed to you for delivery to the Policyowner, you must personally deliver the policy. A policy delivery receipt is required in CA, LA, VT and WY. You must return a signed copy of the receipt to the Company and retain a copy for your records.

If a telephone interview is conducted at the time of application, write the Reference ID in the space provided at the upper right corner.

### 1. PROPOSED INSURED

Be sure to include the Social Security number and phone number of the Proposed Insured. When calculating the Proposed Insured's age, if a specific effective date is requested or if the first premium is to be paid by bank draft, calculate the age as of the effective date or draft date, not the application date. If the Proposed Insured is age 25 - 35, include a Driver's License Number and state. If the Proposed Insured does not have a license, indicate the reason under Special Requests/Remarks.

### 2. OWNER

Complete this section if the Proposed Insured will not be the owner of the policy. Be sure to include the Owner's name, address, and relationship to the Proposed Insured. The Owner must have an insurable interest in the life of the Proposed Insured. The insurable interest requirement is satisfied if the individual is an immediate family member or would suffer an economic loss by the death of the Proposed Insured.

### 3. BENEFICIARY

Be sure to include the Beneficiary name, address and relationship to the Proposed Insured. If the Proposed Insured is the Owner, he or she may name the beneficiary of their choice. If the Owner is other than the Proposed Insured, the beneficiary must have an insurable interest.

### 4. POLICY INFORMATION

Check the first box if the Proposed Insured is willing to accept any plan for which they qualify. Check the second box the face amount should be adjusted to match the premium amount if the policy is issued other than as applied for.

#### **Requested Effective Date / Draft Date:**

Normally, the effective date of the policy is the application date. A specific effective date can be requested within the following parameters:

- For Draft First Premium, the effective date is the date of the draft.
- Backdating up to 6 months to save age is allowed. All premiums must be submitted with the application.
- A future effective date up to 30 days from the application date is allowed.

If an effective date other than the application date is requested, note the requested date in this section of the application. State the reason for the request under "Special Requests/Remarks."

**Base Plan of Insurance:** Refer to the height/weight charts and the answers to the health questions to determine the plan of insurance being applied for.

**Amount of Base Modal Premium (Minus Riders):** Enter the amount of the base premium before adding any applicable rider premium.

# New Business

## Completing the Application

### 4. POLICY INFORMATION (continued)

**Riders:** Enter the applicable rider premium amounts.

- If applying for a Graded Benefit policy, only the Children's Term Insurance Rider is available at the time of issue. The Accelerated Benefit Rider may be added after the graded benefit period.
- If applying for Children's Term Rider, complete the Supplemental Application for Children's Term Insurance Rider.

**Amount Paid with Application:** If premium is paid in cash, enter the total amount. If initial premium is to be drafted, enter \$0.

**Payment Frequency:** Check the payment frequency selected.

**Payment Method:**

- Monthly payments are available only with Automated Electronic Funds Transfer.
- If the initial premium will be paid by Draft First Premium, check the Draft 1<sup>st</sup> Premium box in addition to the payment method selection.

### 5. HEALTH HISTORY

- Be sure to enter the Proposed Insured's height and weight. Eligibility for each plan is based in part on height/weight requirements.
- If any question in Part 1 is answered "yes," discontinue writing the application.
- If any question in Part 2 is answered "yes," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.
- If any question in Part 3 is answered "yes," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan. If two or more questions in Part 3 are answered "yes," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.
- If any question in Part 4 is answered "yes," the Proposed Insured will be considered for a Classic Select Full Benefit plan. If two or more questions in this section are answered "yes," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan.
- If all questions in all sections are answered "no," the Proposed Insured will be considered for the Classic Elite Full Benefit plan.
- If the Proposed Insured is age 60 or older, include the month/year of last doctor visit and the name and city/state of the physician or medical facility.
  - If the Proposed Insured is age 60 - 70 and does not have a doctor or has not seen a doctor within the past five years, they will be considered for the Classic Select Full Benefit plan.
  - If the Proposed Insured is age 71 or older and does not have a doctor or has not seen a doctor within the past three years, they will be considered for the Classic Security Graded Benefit plan. If the Proposed Insured is age 71 or older and does not have a prescription history, he or she will not be eligible for the Classic Elite plan.

### 6. SPECIAL REQUESTS / REMARKS / CONTINGENT OWNER DESIGNATION / ADDITIONAL BENEFICIARY INFORMATION

Use this space to add any details regarding the application.

# New Business

## Completing the Application

### 7. REPLACEMENT

A replacement should be recommended only when it is in the best interest of the Applicant. Columbian does not condone unwarranted or unsuitable replacements. Any time that you complete a replacement notice, you must submit a copy with the application and leave a copy with the Applicant, as well as copies of all sales materials used in the presentation.

Answer both replacement questions on the application.

- If the application is signed in a state other than Oregon that has adopted the Model Replacement Regulation:
  - If the Applicant *does not have* any existing life insurance or annuities, your duties with respect to replacement are complete.
  - If the Applicant *does have* existing life insurance or annuities, you must complete the appropriate replacement notice for your state, even if the existing insurance or annuities are not being replaced. The notice must be read aloud to the Applicant, unless he or she initials the bottom of the form indicating that they have declined to have it read aloud.
- If the application is signed in Oregon or in a state that has not adopted the Model Regulation, complete the appropriate replacement notice if the Applicant answers “yes” to the second replacement question: “*Is this application for insurance intended to replace any life insurance or annuities now in force?*”

Be sure to keep current on your state’s replacement regulations.

### 9. AUTHORIZATION & ACKNOWLEDGEMENT

The Proposed Insured must sign the application. A Power of Attorney signature will not be accepted. If the Owner will be other than the Insured, the Owner must sign as well. Signatures are to be witnessed by the Agent. If the signature was not witnessed by the Agent, the reason must be noted under “Special Requests/Remarks.”

If an Applicant is unable to write his or her own signature, he or she can make an “X” mark on the signature line. The Agent must then write the name beside the mark, showing the first name to the left of the mark and the last name to the right of the mark. The Agent should also write the word “His” or “Her” above the mark and the word “Mark” below the mark. Indicate the reason the Proposed Insured has signed with an “X” in the “Special Requests / Remarks” section.

Example:

X	<div style="text-align: center;"><i>His</i> <i>John X Jones</i> <i>Mark</i></div>
Signature of Proposed Insured (Parent/Guardian if 15 or under)	

**Note:** The application must be received by the Company within 30 days of signature.

### 10. REPORT OF LICENSED AGENT

Answer both replacement questions and indicate whether a telephone interview has been completed. If applying for a Classic Elite or Classic Select Full Benefit policy and the application is taken after business hours, be sure to include the Applicant’s phone number and indicate the best time to call in the “Special Requests/Remarks” section.

# New Business

## Completing the Application

### SECONDARY ADDRESSEE / THIRD PARTY DESIGNEE

If designating an individual to receive notifications regarding the policy, include full name and address of designee.

### PAYOR

Complete this section if the premium payor is other than the Owner.

### INITIAL PREMIUM PAYMENT

Enter the amount of the initial premium and check the appropriate box for whether the premium will be drafted at a future date (Draft 1<sup>st</sup> Premium), drafted upon receipt of the application or submitted with the application. For Draft 1<sup>st</sup> Premium, enter the draft date in the Ongoing Premium Payments section.

### ONGOING PREMIUM PAYMENTS

Indicate whether ongoing premiums will be direct billed or paid by Electronic Funds Transfer. Please note that direct bill is not available for monthly payments. For Electronic Funds Transfer, enter the date drafts are to begin.

### BANK ACCOUNT AUTHORIZATION

Complete this section and have the bank account holder sign if the initial premium or ongoing premiums will be drafted. Include a voided check or deposit slip for the account to be drafted.

### CONDITIONAL RECEIPT

Complete this section ***only if premium is submitted with the application or will be drafted immediately upon receipt of the application.*** Do not complete the receipt if requesting Draft First Premium.



APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE POLICY				COLUMBIAN LIFE INSURANCE COMPANY			
				HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE: PO Box 4850, Norcross, GA 30091-4850			
MAIL POLICY TO: <input type="checkbox"/> Owner <input type="checkbox"/> Agent				Reference ID: _____			
1. PROPOSED INSURED							
First Name		Middle Initial		Last Name		Social Security No.	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age (Last Birthday)	Date of Birth (MM/DD/YYYY)	State (USA) / Country of Birth		Home Phone:	Cell Phone:	
Home Address/Apt. #, Street				City	State	Zip Code	
<b>Answer only for ages 25-35:</b> Do you have a Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide your Driver's License No. and State. If NO, please provide details in Section 6 Special Requests / Remarks on Page 3.							
2. OWNER (Complete only if Owner is other than Proposed Insured.)							
First Name		Middle Initial		Last Name		Relationship to Proposed Insured	
Mailing Address (If different from Insured)/Apt. #, Street				Zip Code			
Date of Birth (MM/DD/YYYY)		Social Security No./Green Card No.		Home Phone:		Cell Phone:	
				Email:			
To designate a Contingent Owner, provide information in Section 6 Special Requests / Remarks on Page 3.							
3. BENEFICIARY For multiple Primary or Contingent Beneficiaries, provide additional beneficiary information including % share in Section 6 Special Requests / Remarks on Page 3.							
PRIMARY BENEFICIARY First Name		Middle Initial		Last Name		Relationship to Proposed Insured	
Date of Birth (MM/DD/YYYY)		Social Security No./Green Card No.		Home Phone:		Cell Phone:	
Mailing Address/Apt. #, Street				City, State, Zip Code			
CONTINGENT BENEFICIARY First Name		Middle Initial		Last Name		Relationship to Proposed Insured	
Date of Birth (MM/DD/YYYY)		Social Security No./Green Card No.		Home Phone:		Cell Phone:	
Mailing Address/Apt. #, Street				City, State, Zip Code			
4. POLICY INFORMATION <input type="checkbox"/> Check here if you are willing to accept any plan shown below, for which you qualify based on this application. The insurance for which you qualify may have a return of premium death benefit for the first two (2) or three (3) years, a face amount less than indicated on this application and riders may not be available. Adjust the face amount to match premium? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Requested Effective Date / Draft Date				Base Plan of Insurance			
_____ / _____ / _____ Enter a requested effective date only if requesting a specific date.				<input type="checkbox"/> Full Benefit Whole Life - Dignified Choice Classic Elite <input type="checkbox"/> Full Benefit Whole Life - Dignified Choice Classic Select <input type="checkbox"/> Graded Benefit Whole Life - Dignified Choice Classic Advantage <input type="checkbox"/> Graded Benefit Whole Life - Dignified Choice Classic Security			
				<input type="checkbox"/> Children's Term Insurance Rider <input type="checkbox"/> Accelerated Benefit Rider - Terminal Illness (No Charge)			
				Automatic Premium Loan (MUST select Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No			
				Be sure to answer.			
TOBACCO USE							
Have you used any form of tobacco or nicotine products, including cigarettes, cigars, pipes, e-cigarettes, chewing tobacco, snuff, nicotine patches or nicotine gum, within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Amount Paid / Received with Application (Indicate \$0 if initial premium is to be refunded.)	Amount of Insurance (Face Amount)	Amount of Base Modal Premium (Minus Riders)		Premium		Automatic Premium Loan (MUST select Yes or No)	
\$ _____	\$ _____	\$ _____		\$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual							
Payment Method: <input type="checkbox"/> Draft 1st Premium* <input type="checkbox"/> Automated Electronic Funds Transfer* <input type="checkbox"/> Direct Bill (Annual, Semi-Annual or Quarterly only)							
*If selecting Draft 1st Premium or EFT, please complete authorization on Page 4. <input type="checkbox"/> List Bill / Group Bill (if available)							
FORM NO. ICC15 A615-CL MIB							

APPLICATION FORM MAY VARY BY STATE

5. HEALTH HISTORY		Application for life insurance may be guilty of a criminal offense and subject to penalties	
What is your current height and weight?		HEIGHT	WEIGHT
		Ft. In.	lbs.
<b>PART 1 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)</b>		<b>YES NO</b>	
1. Are you currently hospitalized, confined to a nursing home, hospice, bed, or other long-term care facility, convalescent home, institutionalized, receiving home health care, or confined to a wheelchair due to illness or disability?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), or having an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or have you 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 twelve (12) months?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been recommended by a member of the medical profession, for an organ or bone marrow transplant, or ever had a heart, lung, liver or bone marrow transplant, or ever had an amputation due to disease or, within the last twelve (12) months, received kidney dialysis?		<input type="checkbox"/>	<input type="checkbox"/>
4. Are you awaiting a diagnosis or test result, or been advised by a member of the medical profession to have a surgical operation, a diagnostic test (except for HIV) other than for routine screening, that has not been completed?		<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 2 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)</b>		<b>YES NO</b>	
1. Have you ever been diagnosed by a member of the medical profession with, or received treatment for: mental retardation, Down's Syndrome, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, sickle cell anemia, or Huntington's Disease?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been diagnosed or treated (including taking medication) by a member of the medical profession with congestive heart failure, Alzheimer's disease, dementia or Lou Gehrig's disease (ALS), or received a cardiac defibrillator implant (except pacemaker implant)?		<input type="checkbox"/>	<input type="checkbox"/>
3. During the last twenty-four (24) months, have you been diagnosed or treated (including taking medication) by a member of the medical profession for any form of cancer, including, leukemia, melanoma or any other internal cancer (other than basal cell skin cancer)?		<input type="checkbox"/>	<input type="checkbox"/>
4. During the last six (6) months have you been diagnosed by a member of the medical profession as having a heart attack?		<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 3 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)</b>		<b>YES NO</b>	
1. Have you ever been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for chronic lung disease, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, black lung disease, chronic respiratory disorder (excluding asthma or sleep apnea), or used oxygen to assist with breathing (except for sleep apnea)?		<input type="checkbox"/>	<input type="checkbox"/>
2. During the last thirty-six (36) months, have you been diagnosed or received treatment (including taking medication) by a member of the medical profession for:			
a. Kidney disease, kidney failure, liver disease, chronic hepatitis, drug or alcohol abuse or dependency, sarcoidosis or Systemic Lupus?		<input type="checkbox"/>	<input type="checkbox"/>
b. Multiple Sclerosis, Parkinson's Disease, schizophrenia, brain tumor or have you been hospitalized or institutionalized for a mental or nervous disorder?		<input type="checkbox"/>	<input type="checkbox"/>
3. In the past thirty-six (36) months, have you:			
a. Been on probation, parole, been convicted of, or pled guilty to any crime or to possession or distribution of drugs or any other illegal substance?		<input type="checkbox"/>	<input type="checkbox"/>
b. Been convicted of three (3) or more moving violations, or been convicted of driving under the influence of alcohol or drugs?		<input type="checkbox"/>	<input type="checkbox"/>
4. During the last twenty-four (24) months, have you been diagnosed by a member of the medical profession as having: A stroke (including TIA), aneurysm, enlarged heart, angina, peripheral vascular disease, pacemaker implant, stent, angioplasty, bypass surgery, or any procedure to improve the circulation to the brain?		<input type="checkbox"/>	<input type="checkbox"/>
5. During the last thirty-six (36) months, have you been diagnosed by a member of the medical profession as having complications of diabetes, including insulin shock, diabetic coma, Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve, circulatory), Peripheral Artery Disease (PAD) or Peripheral Vascular Disease (PVD), or diabetes not under control with current treatment, or have you used insulin for the treatment of diabetes prior to age 50?		<input type="checkbox"/>	<input type="checkbox"/>
6. During the last seven to twenty-four (7-24) months have you been diagnosed by a member of the medical profession as having a heart attack?		<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 4 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Select Full Benefit Plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan.) If all questions in all sections are answered "NO," the Proposed Insured will be considered for the Classic Elite Full Benefit plan.</b>		<b>YES NO</b>	
1. In the past five (5) years, have you been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for cancer, leukemia, melanoma or any other internal cancer (except basal cell carcinoma)?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for chronic asthma or atrial fibrillation?		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently requiring the assistance of another person in performing any ADL's (Activities of Daily Living) including eating, bathing, dressing, toileting, continence, transferring in and out of a bed or chair, or taking medications?		<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 5 Please provide the following details for your most recent consultation with a physician or medical facility.</b>			
Date of last visit	Name & Address of Physician or Medical Facility	Reason Consulted	Treatment / Diagnosis

**6. SPECIAL REQUESTS / REMARKS / CONTINGENT OWNER DESIGNATION / ADDITIONAL BENEFICIARY INFORMATION****7. REPLACEMENT**

Does any Proposed Insured have any existing life insurance or annuities?..... ☐ YES ☐ NO  
Is this application for insurance intended to replace any life insurance or annuities now in force?..... ☐ YES ☐ NO  
(If "YES," submit any special forms required by the state in which the application is signed.)

BOTH replacement questions must be answered here and in Section 10.

**8. CONDITIONS RELATING TO THE APPLICATION**

I have read the questions and answers in all parts of this application and agree that they are complete and true to the best of my knowledge and belief. I agree that this application shall form a part of any policy issued. No information about the Proposed Insured will be considered to have been given to the Company unless it is stated in this application. I understand and agree that no agent has the authority to waive a complete answer to any question in the application, pass on insurability, make or alter any contract, or waive any of the Company's other rights or requirements; that any policy applied for shall not take effect unless and until the policy has been issued and delivered and the full first premium, according to the mode of payment selected by the applicant (as permitted by the Company) and stipulated in the policy, has been paid and accepted by the Company during the lifetime and condition of health of the Proposed Insured as stated in the application.

**9. AUTHORIZATION & ACKNOWLEDGMENT**

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, MIB, Inc., consumer reporting agency, or other organization, institution or person that has any records or knowledge of me, or any person proposed for insurance, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand my information may be subject to redisclosure to a third party and may no longer be protected by federal privacy laws. I authorize Columbian Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. I understand a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, or the time limit permitted by applicable law in the state where the policy is delivered or issued for delivery. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. I have read and understand the Conditions Relating to the Application and the Authorization & Acknowledgment. I acknowledge receipt and review of the Information Practices Relating to Underwriting Your Application. I have read and understand the fraud warning in Section 5 of this application.

Date of Application \_\_\_\_\_ X \_\_\_\_\_  
Signature of Proposed Insured (Parent/Guardian if 15 or under) (Date) \_\_\_\_\_  
Signed At (City, State) \_\_\_\_\_ City and state where Application is signed MUST be included. \_\_\_\_\_  
Signature of Owner (If other than Insured) \_\_\_\_\_ (Date) \_\_\_\_\_

**10. REPORT OF LICENSED AGENT**

Does any Proposed Insured have any existing life insurance or annuities?..... ☐ YES ☐ NO  
Is this insurance intended to replace, in whole or part, any life insurance or annuities?..... ☐ YES ☐ NO  
(If "YES," submit any special forms required by the state in which the application is signed.)  
**HAS THE TELEPHONE INTERVIEW BEEN COMPLETED?** ..... ☐ YES ☐ NO

Completing the interview for Classic Elite and Classic Select will speed processing.

Primary Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_ Agent % Split \_\_\_\_\_  
Secondary Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_ Agent % Split \_\_\_\_\_

I hereby affirm that I personally solicited, and completed this application and all answers given above are true and correct to the best of my knowledge. The application was signed in my presence.

Name of Licensed Agent (Print) \_\_\_\_\_ X \_\_\_\_\_  
Signature of Licensed Agent (required) \_\_\_\_\_ (Date) \_\_\_\_\_

**SECONDARY ADDRESSEE / THIRD PARTY DESIGNEE**

(The Applicant/Owner may designate a Secondary Addressee/Third Party to receive a copy of notifications of a past due premium and possible lapse in coverage.)

- ☐ Not Designating A Secondary Addressee/Third Party At this Time; or  
☐ Designating a Secondary Addressee / Third Party (include full name and address of the designee):

**PAYOR** (Complete only if the Payor is not the Owner.)

First Name	Middle Initial	Last Name or Company Name if the Payor is a Corporation		
Mailing Address (Apt. #, Street)		City	State	Zip Code
Home Phone:	Cell Phone:	Email:		

**INITIAL PREMIUM PAYMENT**

Amount of Initial Premium: \$ \_\_\_\_\_

- ☐ Draft initial premium from the account below at a future date. **If you select an initial premium, you must select a date for coverage until that date under the Conditional Receipt.**
- When specifying a day of the month (the 1<sup>st</sup> through the 28<sup>th</sup>), the first draft must be within 30 days of the application date.
  - When specifying a day of the week and week of the month (e.g., the third Wednesday of the month), the first draft must be within 35 days of the application date.
- ☐ Draft initial premium **upon receipt** of the application at Columbian's office, from the account below. **Please note that your bank account may be debited the same day your agent submits this application.**
- ☐ Check, cashier's check or money order. By signing below, you authorize the Company to initiate an electronic funds transfer from your bank account if payment is made by check. **Please note that your bank account may be debited the same day your agent submits this authorization.**

For Draft First Premium, the requested Effective Date must match the date of the first draft. When premium is paid by check or the "Draft initial premium upon receipt of application" box is checked, the account may be debited the same day the application is submitted.

**ONGOING PREMIUM PAYMENTS**

- ☐ Direct Bill (not available for monthly payment mode)  
☐ Electronic Funds Transfer

I request withdrawal of payments on: (CHOOSE ONE) Date (1<sup>st</sup> through 28<sup>th</sup>) \_\_\_\_\_ (OR) Week (1<sup>st</sup> - 4<sup>th</sup>) \_\_\_\_\_ / Day (Mon - Fri) \_\_\_\_\_ beginning in the month of \_\_\_\_\_.

**BANK ACCOUNT AUTHORIZATION** (Complete if initial premium or ongoing premiums will be drafted from an account.)

I authorize the payment of debits drawn on my account payable to Columbian Life Insurance Company, provided there are sufficient funds in the account. I agree that if any such debit be dishonored, you shall be under no liability in the event the dishonored debit results in forfeiture of insurance.

Any requirement for giving notice of premiums due shall be waived as long as this Electronic Funds Transfer plan is in effect. No premium shall be deemed to have been paid until the Company receives actual payment. The use of this plan shall in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

This plan shall continue in effect until terminated by the Company or by me by thirty days written notice to the other party. The Company may terminate the EFT plan if any check or electronic fund transfer is not paid on presentation. Upon termination of the Electronic Funds Transfer plan, premiums due under the policy after such termination shall be payable directly to the Company at the minimum modal premium available at the time of issue.

Financial Institution \_\_\_\_\_ Account Type: ☐ Checking (**attach voided check if available**) or ☐ Savings

Transit / Routing Number 

--	--	--	--	--	--	--	--	--	--

 Must have 9 digits in routing number.

Account Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 May have up to 17 positions in account number.

Name \_\_\_\_\_

FORM \_\_\_\_\_

- For Draft First Premium, the first premium will be drawn from the account **on the date specified**. The policy effective date will be the date of the first draft.
- For Cash with App, the initial premium will be drawn from the account **immediately upon receipt of the application**. The policy effective date will be the application date except:
  - If the application date is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> of the month, the effective date will be the 1<sup>st</sup> of the following month. If this would cause a change in age, the effective date will be

of 5

## INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

### INVESTIGATIVE CONSUMER REPORT

We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

### IDENTIFICATION

To obtain the data described above, the insurer may give my name, address and date and place of birth to the above persons or organizations.

### ACCESS TO INFORMATION

You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we ask to prepare such a report. By contacting the investigative agency, you may inspect or receive a copy of such report.

### WHERE TO WRITE US

You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 4850, Norcross, GA 30091-4850.

### MIB, INC. PRE-NOTICE

MIB, Inc. is a not-for-profit membership organization of life insurance companies. The MIB provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901. MIB's website is [www.mib.com](http://www.mib.com).

### CONDITIONAL RECEIPT

Complete Only When Payment Received

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO COLUMBIAN LIFE INSURANCE COMPANY.  
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Print) \_\_\_\_\_, the sum of \_\_\_\_\_ on the life of (Proposed Insured) \_\_\_\_\_. Columbian Life Insurance Company ("the Company") accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE OF COVERAGE: Provided that each of the conditions below is satisfied, coverage under this Conditional Receipt will begin on the later of the Underwriting Date (as defined below) or the specific policy date requested on the application. The Underwriting Date is the later of (1) the date of the application; or (2) the date all underwriting requirements, as required by the Company's underwriting rules, are completed.

CONDITIONS: Insurance coverage under this Conditional Receipt will begin on the Effective Date (as defined above) only if, on that date, all of the following criteria are met:

- (1) You had paid the full first modal premium on the policy applied for; and
- (2) All Proposed Insureds were insurable at standard rates on the date of the application; and
- (3) The Company is able to issue the policy as applied for; and
- (4) The amount of insurance applied for, with respect to any Proposed Insured, is not in excess of \$50,000.

TERMINATION OF COVERAGE: Any insurance provided under this Conditional Receipt will terminate: (1) Immediately, if the Company refunds your payment or your check was not honored by your Bank; or (2) The date coverage under the policy applied for becomes effective; or (3) Ninety (90) days after the date of the application.

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature of Licensed Agent

**IMPORTANT NOTICE TO THE AGENT: DO NOT SIGN THE CONDITIONAL RECEIPT  
UNLESS PREMIUM IS TAKEN WITH THE APPLICATION.**

FORM NO. ICC15 A615-CL-NOTICE

Page 5 of 5

LEAVE WITH PROPOSED INSURED/OWNER

**SUPPLEMENTAL  
APPLICATION FOR  
CHILDREN'S TERM  
INSURANCE RIDER**

**COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: PO Box 4850, Norcross, GA 30091-4850

This application supplements Application Form No. \_\_\_\_\_, dated \_\_\_\_\_.

CHILDREN'S TERM INSURANCE RIDER NUMBER OF UNITS APPLIED FOR: \_\_\_\_\_

You can apply for coverage on a maximum of 20 children as defined below.

Please attach a 2<sup>nd</sup> Supplemental Application for Children's Term Insurance to list more than 10 Proposed Insured children.

Amount of insurance must be the same for all children.

**1. CHILDREN PROPOSED FOR INSURANCE**

Name natural born children, stepchildren, legally adopted children, grandchildren, step grandchildren, legally adopted grandchildren, great grandchildren, step great grandchildren and legally adopted great grandchildren proposed for insurance. Insurance will not be provided on newborn children less than 15 days of age or children that are not US citizens.

Full Name of Proposed Insured Child	Address and Telephone Number	Date of Birth MM/DD/YYYY	Age Last Birthday	Social Security No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**2. BENEFICIARY (If a trust, give Trustee Name, Trust Name & Trust Date. If no Beneficiary is named for any child, the Beneficiary Designation defaults to the Insured of the base policy.) Attach a separate sheet if necessary.**

Primary Beneficiary Designation (Full name and address)	Relationship to Insured	Social Security No.
	Telephone Number	Date of Birth
Contingent Beneficiary Designation (Full name and address)	Relationship to Insured	Social Security No.
	Telephone Number	Date of Birth

**3. HEALTH HISTORY**

YES NO

1. Has any child proposed for insurance ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured Child tested positive for Human Immunodeficiency Virus (HIV)?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any child proposed for insurance ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any child proposed for insurance ever been diagnosed or treated (including taking medication) for high blood pressure, heart or circulatory disorder, cancer, mental disorder, mental retardation, Down's Syndrome, muscular dystrophy, spina bifida, cystic fibrosis, kidney or liver disease, diabetes, sickle cell anemia, seizures, cerebral palsy, paralysis, had or been recommended for an organ transplant or been hospitalized for asthma or any respiratory disorder in the past twelve (12) months?.....	<input type="checkbox"/>	<input type="checkbox"/>

If any of these questions are answered "YES" that child will be excluded from coverage. Please list the children for which "YES" answers were given:

**4. ACKNOWLEDGEMENT & SIGNATURES**

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application.

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Primary Insured

Date \_\_\_\_\_ X \_\_\_\_\_  
Signature of Licensed Agent Agent Number

FORM NO. A613-CL



# Application Faxing

Applications may be faxed **toll-free** for speedy processing:

Fax to (877) 261-3266 for **Columbian Life** Final Expense only

Fax to (888) 224-7759 for **Columbian Mutual** Final Expense only

Please use the correct fax number for the company the business is processed through. Using the incorrect fax line for applications or other requests may result in a delay of that request being processed.

If we have your current email address, you will receive an email notification when your application has been imaged into our system and is queued for processing. At the point that the email is sent, the application has been placed in line for processing, but has not yet been coded or reviewed by New Business/Underwriting. Please refrain from calling for updates, as it will only slow the processing of all applications. Faxing applications will help get your policies issued as quickly as possible, but please allow 48 hours before calling Customer Service with inquiries or looking for the pending policy in your on-line Application History at [www.cfglife.com](http://www.cfglife.com). If we are not able to process an application, we will contact you by e-mail or phone.

## **Important Tips**

- To help ensure legibility, please complete applications using bold ink.
- Please copy the back of each page of the application before faxing so that you can fax all pages in the proper order (if you are using an application printed from our web site, it will not be necessary to copy the pages before faxing).
- Be sure to include our Application Fax Cover Sheet, Form No. 3969CL-U, with each application. If you fax more than one application at a time, please use a cover sheet for each one.
- When paying the initial premium from a checking or savings account, complete the One Time Electronic Fund Transfer section of the application and include a voided check or deposit slip.
- If the first premium will be drafted, complete the First Draft and Ongoing Electronic Fund Transfer section of the application and include a voided check or deposit slip from the account to be drafted.
- Applications with money orders or cashier's checks **cannot** be accepted by fax. Mail the original application with the money order or cashier's check to the Binghamton Office. As always, we do not accept agency checks.
- Be sure to include all additional required forms, such as Replacement Forms or Disclosure Statements.
- After faxing, check your fax transmittal sheet to be sure that the correct number of pages transmitted successfully.
- ***DO NOT mail the original application or check after faxing.*** Mailing the items in addition to faxing could result in the policyowner's account being debited twice and the policy being coded as incomplete, which will affect your persistency. You should retain the original application and check in your files for at least six months.

# Conservation

## Lapses

If it appears that a policy is in danger of lapsing, the Company will mail notices to the Policyowner with a copy to the Agent.

- 15 days after the policy is past due, the Company will mail a **Reminder Notice** to both the Policyowner and the Agent.
- 30 days after the policy is past due, the Company will mail a **Delinquent Notice** to the Policyowner and an email to the Agent.
- 40 - 45 days after the policy is past due, the Company will mail a **Lapse Notice** to both the Policyowner and the Agent, the policy will be removed from the system and any unearned commissions will be charged back. If the agent collects the back premium before the policy is removed from the system, or within 10 calendar days after the date of the Lapse Notice, the policy can be reactivated without a reinstatement application being required.

It is always best to attempt to conserve a policy *before* it lapses. Although a lapsed policy might be reinstated, reinstatement applications are subject to new underwriting. If there has been a change in the health of the Insured, they may no longer be insurable. If the policy is reinstated by redating, premiums could increase if there has been a change in age. Also, any time a policy is reinstated, the contestable period begins anew.

Make every attempt to contact the Policyowner to determine the cause of the problem before the policy lapses. It could be something as simple as the Owner changing banks and neglecting to inform the Company. If the Owner is experiencing a temporary economic setback, look for a solution that will help them keep the policy in force, such as a policy loan or a reduced face amount. Remind them of the reasons they purchased the policy. It is unlikely that those reasons are less important today than they were on the day the application was signed, and your efforts to conserve the policy will show that you have the Owner's best interests in mind.

## Cancellations

Cancellation requests must be made in writing to the Company. The Company will notify you by email of any cancellation request 21 days prior to processing in order to allow you time to try to conserve the policy.

## Returned Bank Drafts & Checks

When the Company is unable to collect premium due to insufficient funds or a closed or frozen account, the premiums and commissions are reversed. We will immediately mail a letter to the Policyowner and email the writing Agent, advising them of the situation. The Agent will have 10 business days from the date the letter is mailed to contact the Owner and collect the premium due.

- If the returned item was for an initial premium and the funds remain unavailable, the policy is classified as Not Taken (NTO) and all commissions are charged back.
- If the returned item was not for an initial premium, the premium must be remitted within the 31-day grace period, or the policy will lapse. Any unearned portion of commissions paid will be charged back.
- If the policy is on EFT and the new account is with a new bank or from a different person's account, a new 1552CFG EFT Authorization Form and voided check / deposit slip or 4740CFG Account Verification Form are required.
- If the policy is on EFT and the new account is with the same bank and belongs to the same person, only a voided check / deposit slip or 4740CFG Account Verification Form are required.



# Reinstatements

## Reinstatement Guidelines

When a policy lapses, the Company mails a letter to the Policyowner, informing them of the status and asking them to contact the Company to reinstate the policy. The Agent is notified by email, providing an opportunity to contact the Policyowner and attempt to conserve the policy.

### Normal Reinstatement

On a normal reinstatement, all premiums in default must be paid. The policy date and issue age do not change, but the contestable period begins anew from the date of the Reinstatement Application.

### Reinstatement by Redate

Reinstatement by redating is when a lapsed policy is reinstated without payment of back premiums.

- “Active” redates are not allowed. An active redate is when an agent or policyowner contacts the Company before a policy has lapsed and requests that a policy’s paid-to date or effective date be advanced without payment of the required premiums.
- Reinstatement by redate will be allowed only within one year of original issue.
- The policy cannot have cash surrender value.
- The request for reinstatement must be received within 12 months of the lapse date.
- Current reinstatement forms must be used.
- The reinstatement application must be signed by the policyowner and all insureds, except children under 14 ½ (must be signed by parent/guardian).
- The original policy must be returned.
- One modal premium must be submitted with the reinstatement application.
- A policy can be reinstated by redating only once during its lifetime.
- Reinstatement underwriting is based on the answers in the reinstatement application.
- The contestable period will begin anew as of the date the reinstatement is approved by Underwriting.
- If a change in age has occurred since the original policy date, premiums after the reinstatement will increase. Commissions will be adjusted accordingly.
- No new production credits will be generated by reinstating a policy.
- First-year commissions will be paid on premiums received for the balance of the first 12 months of the policy. First-year commissions will not be paid for more than a total of 12 months.

Before meeting with the Policyowner, contact Customer Service to determine which method should be used, and the amount of premium required. When completing the Reinstatement Application:

- Use the appropriate Reinstatement Application for the Insured’s **current** state of residence.
- Ask all health questions on the application.
- *If premiums are paid by bank draft*, verify current bank information, have the payor sign the Bank Account Authorization, and submit a voided check. *If premiums are not paid by bank draft*, collect the amount needed to reinstate the policy and complete the Reinstatement Deposit Receipt.
- If reinstating by redate, write “Reinstatement by Redate” in the Remarks section.
- The Reinstatement Application must be signed by the Insured. If the Policyowner is different than the Insured, the Policyowner must also sign.
- Leave the “Information Practices” page with the Owner.
- Allow sufficient time for the reinstatement to be approved in order to draft premium for the current month; otherwise, collect for the month in which the reinstatement is submitted.

# **Reinstatements**

## **Reinstatement Guidelines**

A telephone interview will be scheduled and MIB check conducted to verify medical information after the Reinstatement Application has been received by the Company. If warranted, additional information may be requested.

The Policyowner will be notified of the underwriting decision, with a copy to the Agent. If the application is declined, any premium collected will be refunded immediately. If the application is approved, the premium will be applied to the policy. If the policy was reinstated by redating, a new policy will be mailed to the Policyowner.

# Advertising

## Guidelines & Procedures

### **Advertising Guidelines**

All advertising, whether created in-house or by our agents, that advertises a product or the Company to the public or to agents and uses the name of Columbian Financial Group or a CFG company must comply with legal and Company standards. Advertising pieces include:

- Sales pieces on products
- Direct mail solicitations
- Advertisements in trade journals
- Scripts for radio and television ads
- Internet/web page ads, including any links to [www.cfglife.com](http://www.cfglife.com)
- Advertising written by producers that includes our products or Company name(s)

In advertising, it is important to remember the following rules:

- *Do not say it if it is not true.* If it is true, you must be able to prove it. If it is not true or you cannot prove it, you cannot say it.
- *Do not use insurance language for consumer pieces.* Write simply and directly, making every effort to keep all concepts easily understandable.
- *Do not be misleading.* Clearly state your message.
- *Do not “bait and switch.”* Explain exactly what you are offering and provide exactly that.
- *Clearly state that whole life insurance is being promoted.*
- *Clearly state all reference sources.*
- *Use only royalty-free artwork.*

All advertising must be approved by the Legal Department and the Advertising Department at the Binghamton Office prior to use. Any revisions made by either department must be made prior to publication of the ad.\*

### **Advertising Approval Procedures**

1. Agent submits proposed advertising piece to Managing General Agent.
2. The Managing General Agent submits the piece to the Senior Director of Advertising.
3. The Senior Director of Advertising or designate:
  - a. Confirms with the Sales Division Vice President that the advertising requested is valid for the sales division.
  - b. Reviews the proposed advertising to ensure that the piece conforms to Columbian’s corporate standards.
  - c. Submits the proposed advertising to the Legal Department for approval.
  - d. If a piece needs changes, the Advertising Department works directly with the submitting agent to make corrections.
  - e. Notifies the agent when the piece has been approved and sends a letter indicating that two final copies of the advertisement must be submitted to the Advertising Department for filing.

\*Failure to obtain the required prior approval may include, but is not limited to, termination for cause.

# USA PATRIOT Act

## Anti-Money Laundering Program

Columbian's anti-money laundering program is designed to comply with federal regulations for insurance companies and to prevent any activity that facilitates money laundering or the funding of terrorist or criminal activities. While many of the processes involved are conducted at our offices, you have an important role to play in the program.

As a person who deals directly with customers, you are in a critical position to obtain information regarding the customer, their source of funds, and their reasons for purchasing an insurance product. To help prevent money laundering, you must understand how it works, be able to recognize suspicious activities, and comply with your responsibilities within the program.

### **How Money Laundering Works**

Money Laundering is a process by which illegally obtained money is filtered through a series of transactions that eventually make the money appear to be obtained from "clean," or legal, activities. Insurance products with an investment feature or cash value such as whole life, universal life, or annuities are sometimes used in money laundering schemes, where a policy or contract may be purchased and then canceled in the free-look period.

### **Recognizing Suspicious Activities**

You should be alert to suspicious activities, because ignoring warnings to money laundering can implicate you in the crime. Some "red flags" to watch for include:

1. The purchase of an insurance product that appears to be inconsistent with the customer's needs or appears to exceed the customer's known income or liquid assets.
2. Little or no concern by a customer for product features, other than the early termination features.
3. Reluctance by a customer to reveal information normally provided in the application, or is unwilling to provide photo ID or other documentation that will enable proper identification.
4. Attempted unusual payment methods, such as cash, foreign currency, foreign accounts, or cash-like instruments such as money orders, traveler's checks, cashier's checks, starter checks or credit card advance checks.
5. An attempt to purchase several small policies rather than one large policy for no valid reason.
6. Payment of a large amount broken into small amounts.
7. A large pour-in to a contract, followed by an immediate withdrawal.
8. A customer who requests a maximum loan on a single premium policy shortly after purchase.
9. Early termination of a product, especially at a cost to the customer or where payment is made by, or the refund check is directed to, an apparently unrelated third party.
10. The return of a policy that refunds a large amount of premium during the free-look period with no apparent reason for not wanting the policy.
11. Insistence on speedy issue or service without the required paperwork or medical requirements.
12. The transfer of the benefit of a product to an apparently unrelated third party.
13. Repeated policy cancellations in a short period of time for significant amounts of money.

# USA PATRIOT Act

## Anti-Money Laundering Program

### Your Responsibilities

In order to sell life insurance or individual annuities, the Company's Anti-Money Laundering Program requires you to:

1. Read these Anti-Money Laundering Program pages in their entirety.
2. Verify the identity of every customer through a government-issued photo ID, such as a driver's license or passport.
3. Obtain and include the following information on the application: Name, Date of Birth, Physical Address (not a P.O. Box, commercial mailbox or company address) and Social Security or Tax ID#.
4. Verify the need for the insurance that is being purchased.
5. Ensure that all information on the application and associated documents is accurate and complete.
6. Create a client profile for each client, documenting verification of identity and the need for the insurance. Include information on all policies or annuities purchased by the individual. Files must be retained for five years after termination of the policy or contract. State insurance regulations may require certain documentation to be retained for a longer period.
7. Report transactions of more than \$10,000 that are paid in cash or cash-like instruments, such as money orders, traveler's checks or cashier's checks.
8. Report suspicious transactions of \$5,000, whether conducted in an individual transaction or aggregate related transactions.
9. Report any money laundering red flags so that the Company can determine whether a Suspicious Activity Report (SAR) must be filed with the U.S. Department of the Treasury.

The USA PATRIOT Act holds agents and brokers liable for reporting suspicious activities. Failure to do so can result in charges of willful blindness. **To report suspicious transactions or activities, contact your Regional Sales Director or Columbian Representative.**

**DO NOT, under any circumstances:**

- **inform the client that you have suspicions or are making a report; or**
- **disclose the fact that a SAR has been filed or considered; or**
- **disclose the contents of a SAR to the subject of a SAR or any third party**



**COLUMBIAN MUTUAL  
LIFE INSURANCE COMPANY**

BINGHAMTON, NEW YORK 13902-1381



**COLUMBIAN LIFE  
INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY

Columbian Life Insurance Company is not licensed in every state.

**[www.cfglife.com](http://www.cfglife.com)**

**800-305-1335**

This guide is not intended for consumer use, nor is it intended to represent a legal contract. The information contained herein is designed to serve as a general reference source only. The Company procedures and practices outlined in this guide are subject to change due to legal compliance requirements or the needs of the business.

This refers to Policy Form 1F156, 1F156-CL, 1F157-CL, 1F158, 1F158-CL, 1F159, 1F159-CL or state variation. Product availability may vary by state.

Form No. 5378CFG (Rev. 5/17)

