



SECURITY SOLUTION

PARTICIPATING WHOLE LIFE INSURANCE

(Ages 18 through 72)

Agent Guide For Agent Use Only. Not for use with general public.

POLICY FORM 3842

Products and riders not available in all states. Please check the State Approval Grid under Order Supply on the Company website or check with the Home Office Agent Support Department at (800) 736-7311 (prompt 1, 1, 1) for approvals.



AMERICAN AMICABLE GROUP

COMPANY CONTACT INFORMATION



WANT TO CHAT WITH US?

Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business Agent Support, Risk Assessments, and Technical Support Helpdesk).

To reach someone for assistance in one of our service departments by phone, please follow the automated numerical prompts after dialing our main toll-free number **(800) 736-7311**. The following is a list of prompts to reach the various departments, along with the departmental email addresses and fax numbers:

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1, 1, 3	contracting@aatx.com	(254) 297-2110
Commissions	1, 1, 4	commissions@aatx.com	(254) 297-2126
Client Experience	1, 1, 7	cx@aatx.com	(254) 297-2105
Agent Support	1, 1, 1	underwriting@aatx.com	(254) 297-2101
Supplies	1, 1, 6	supplies@aatx.com	(254) 297-2791
Technical Support Helpdesk	2808	helpdesk@aatx.com	(254) 297-2190

	WEBSITE	FAX
Inquiry on an application / policy	www.insuranceapplication.com (select 'Service Request')	N/A
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'AppDrop')	(254) 297-2100
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



www.americanamicable.com
www.iaamerican-waco.com
www.occidentallife.com

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

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SECURITY SOLUTION PARTICIPATING WHOLE LIFE

The following questions and answers will help guide you through the process of applying for **Security Solution Whole Life**. To expedite processing of your business, make sure you use our electronic application located at www.insuranceapplication.com, labeled 'Mobile Application'.

What is Security Solution Whole Life?

Security Solution Whole Life is a new, exciting, **participating whole life insurance product** that offers the benefit of a combination of lifelong life insurance coverage and tax-advantaged accumulation value to help protect your family and assets for the long-term. With whole life insurance, you have permanent coverage until age 110, as long as premiums are paid. You have access to the funds in your policy for anything, such as unexpected expenses or to supplement your income in retirement. Any outstanding loan will reduce the payable death benefit. As a participating whole life product, **Security Solution** offers the opportunity to receive dividends when eligible. Dividends are credited to participating policies annually, but dividends are not guaranteed.

How will I know the decision of the application?

Security Solution Whole Life offers an immediate Underwriting decision at the time you submit the application via our electronic application. For additional information, or to follow the status of a case, simply log onto your Agent E-file via our website.

How can I request a risk assessment to see if my client can potentially qualify for coverage?

Please contact the Home Office for a risk assessment via online CHAT by choosing Risk Assessment for an immediate response or email riskassess@aatx.com for a response within 24 business hours.

What are my options for submitting new applications?

- **Online Application** – Go to www.insuranceapplication.com and select 'Mobile Application'.
Signature Options:
 - (1) Sign on-screen – The client uses their finger or stylus to sign on the screen of your device
 - (2) Voice Signature – Capture a voice signature by using our automated phone system. The required script will display once you select 'Voice Signature' on the mobile application.
 - (3) Email for Signature – Send an email to the insured, and the owner (if applicable), to capture their signature. Individuals will receive a link in their inbox and gain access by using the last four digits of their SSN. Once they have reviewed the documents, the signature box will display at the bottom of the screen.
 - (4) Text for Signature – Send a text to the insured, owner (if applicable), and payor (if applicable) to capture their signature. The insured will receive a text message from our local number (254 area code). The insured then receives a one-time passcode and reads the passcode back to the agent. A second text will be sent to the insured where they will click the link and login as normal using last the four digits of their SSN.
- **Upload an image of the application** – Go to www.InsuranceApplication.com and select 'AppDrop'.
- **Fax** – (254) 297-2100 - Be sure to include a Fax Application Cover Page.

Where do I access and download applications or any printable marketing material?

Go to the Marketing Sales page of your agent portal and select the 'Order Supply' tab. From there, select your state and product (**Security Solution Whole Life**) to view, download, print, or order material.

Do you offer product training?

To view available product training, select the 'e-Training' tab on your Agent E-file. PowerPoints, videos, and other material will vary by product.

How do I submit information for myself or a policy holder?

Choose your preferred method to submit information.

- 1) Chat with us via our Chat Tool located on your Agent E-file page and select the department you need to communicate with.
- 2) Access our 'Service Request' tool located on your Agent E-file page and follow the on-screen instructions.
- 3) Email Home Office the requested information. Refer to page 2 of this guide to locate department email information.

After submitting a mobile application and receiving an approval, does the coverage become effective immediately?

No, the coverage will go into effect once the initial premium is received. To obtain immediate coverage the client can submit an eCheck that will draft immediately upon receipt of the application **but** prior to its approval. If the application is declined for any reason, a refund will be issued for the amount drafted via the eCheck.

How do you provide an agent's correspondence on their business?

The Company will send regular email notifications to the agents regarding their business, i.e., New Agent welcome emails, eEndorsement processes, application statuses, outstanding requirements, and more! A copy of all correspondence is also available in Agent E-file on the Marketing Sales website.

Who do I contact for future policy information or an update on active policies?

Choose your preferred method of contact.

- 1) Chat with us via our Chat Tool located on your Agent E-file page and select the department you need to communicate with.
- 2) Submit a request to a specific department via our Service Request tool found at www.insuranceapplication.com
- 3) Call our main toll free number (800) 736-7311, follow the prompts on page 2 of the guide, and select the appropriate department.



PRODUCT HIGHLIGHTS

Security Solution combines the advantages of lifelong life insurance protection with tax-advantaged accumulation, helping to provide security for your client's family and assets for the long haul. Unlike term insurance, this policy provides permanent coverage throughout the insured's life. Policy values are accessible for various purposes, including unexpected expenses or supplementing retirement income. Security Solution offers the opportunity to receive dividends when eligible. Dividends are credited to participating policies annually, but dividends are not guaranteed.

- **Death Benefit is guaranteed to never decrease. Except when death occurs with an outstanding policy loan.**
- **Premiums will remain level for life of policy.**
- **Cash values that grow over time and that can be borrowed against. Outstanding policy loans will affect the death benefit payable.**
- **Potential for premium reduction with dividends; only available if premium mode is annual. Dividends are not guaranteed.**
- **Living Benefit Riders are included at no additional cost.**

DIVIDENDS

As a participating whole life product, **Security Solution** offers our clients the opportunity to receive dividends when eligible. Dividends are credited to participating policies annually, but dividends are not guaranteed.

Policyholders can choose how they receive any eligible dividends. The following options are available:

Purchase Paid Up Additions: Declared dividends can be used to purchase additional paid-up life insurance coverage. There is no additional premium needed for any Paid Up Additions purchased with declared dividends.

Premium Payment: Any declared dividends are applied toward the policy premium, and reduces the amount of premium due. This is only available when the premium is being paid direct-annually. This is not available for monthly, quarterly, or semi-annually paying policies.

Dividend Accumulation: Declared dividends are retained by American Amicable Group and accrue interest. The Policy Owner has the option to withdraw the accumulated dividends along with earned interest.

Cash: Declared dividends are paid directly to the Policy Owner each year.

DIVIDENDS EXPLAINED

WHAT ARE LIFE INSURANCE DIVIDENDS?

Dividends are annual payments distributed to owners of a participating whole life policy. These payments represent a return of premium and are made when the insurance carrier earns excess profits for the year. Unlike stock dividends, which are paid to shareholders, life insurance dividends are specific to policyholders. Dividends are not guaranteed.

HOW DIVIDENDS ARE DETERMINED

Several factors can influence the surplus of the Company. These can include but are not limited to death and other benefits paid, investment results, and expenses. The Company allocates a portion of surplus for policy dividends in the following year. When determining the dividend for an individual policy, the dividend amount reflects the portion that the policy is considered to have contributed to the Company surplus. Dividends are paid annually and are not guaranteed.

LOANS

A participating policy loan allows your client to use the cash value of their life insurance policy as collateral. Loan Amount is based on the available cash value, and is available beginning in the first policy year. When a loan is taken out, the policy's cash value and available loan value is reduced by the amount of the loan. At the death of the insured, any unpaid loan and interest would be deducted from the proceeds payable to the named beneficiary.



CASH VALUES

The portion of a life insurance policy that earns interest and may be available for withdrawal via a policy loan in case of an emergency. The cash value grows tax-free over the life of the policy.

CASH SURRENDER VALUE

The owner may surrender the policy for the net cash value at any time by sending a written request. Upon a full surrender, the policy will terminate and is not eligible for reinstatement. Partial surrenders of the policy's cash value are not permitted.



POLICY OVERVIEW

POLICY FORM NO.	3842	
MATURITY	The policy will mature on the policy anniversary following the insured's attained age of 110. Upon maturity, the policy's net cash value (which is the cash value minus any policy loans) becomes payable to the owner.	
ISSUE AGES (AGE LAST)	18 - 72	
UNDERWRITING CLASSES	Preferred Non-tobacco	
	Standard Non-tobacco	
	Tobacco	
DEATH BENEFIT	Minimum Face Amount:	\$25,000
	Maximum Face Amount:	\$500,000
MODAL FACTORS	Monthly EFT:	0.088
	Quarterly:	0.262
	Semi-annual:	0.519
DIVIDEND OPTIONS (NON-GUARANTEED)	Purchase Paid-Up Additional Insurance (PUA)	
	Premium Reduction	
	Dividend Accumulation	
	Paid in cash	
PREMIUM PAYMENT METHODS	Bank Draft	
	Quarterly	
	Semi-Annual	
	Annual	
	Payroll/Allotment	

POLICY OVERVIEW

INHERENT RIDERS	Terminal Illness Accelerated Death Benefit Rider Policy Form No. 9473; In CA Form No. 3575
	Chronic Illness Accelerated Death Benefit Rider Policy Form No. 3579 (AA, OL)
	Accelerated Living Benefit Rider- Critical Illness Rider Policy Form No. 3456; In CA form 3576.
	Accelerated Death Benefit Rider – Confined Care Policy Form No. 9674 (AA, OL); AB301 (iA)
OPTIONAL RIDERS	Flexible Premium Paid-Up Insurance Rider (PUA) Policy Form No. 3857
	Accidental Death Benefit Agreement Policy Form No. 7159
	Waiver of Premium Disability Agreement Policy Form No. 7180; PWO(OL)
	Guaranteed Insurability Rider Policy Form No. 8367
	Children’s Insurance Rider Policy Form No. 8375
	Grandchild Rider Policy Form No. 9579
	Level Term Insurance Rider Policy Form No. 8087
	

STATE SPECIFICS

Alabama

Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.

California:

- Notice of Lapse Designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of their personal information.
- Supplement to Application Form No. 3481 must be completed due to the no-cost Terminal Illness and no-cost Critical Illness riders provided.
- Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented at point-of-sale.
- Critical Illness Accelerated Death Benefit Rider Disclosure Form No. 3576-D must be presented to applicant at point-of-sale.

Connecticut

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida

If applying for Children's Insurance Agreement and/or the Grandchild Rider, the proposed insured must sign and have legal guardianship. If someone other than parent is signing the application, proof of child guardianship must be provided.

Idaho

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the life application.

Illinois

Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 must be completed and sent to the Home Office along with the life application.

Kansas:

- Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Montana

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application.

Pennsylvania

Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.

Rhode Island

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Utah

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

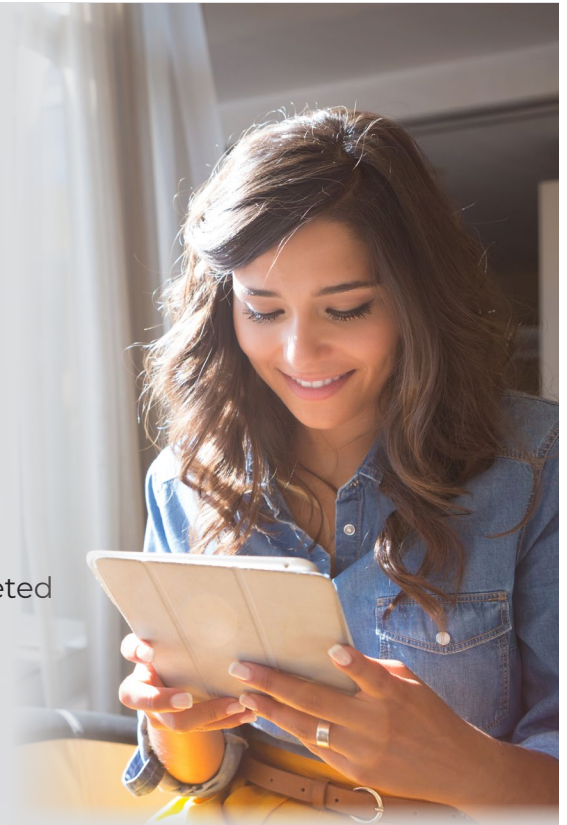
PRODUCTS AND RIDERS NOT AVAILABLE IN ALL STATES.

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by Mobile Application, scanning, faxing, or mailing. Refer to the Company website for instructions on AppDrop. Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for 'AppDrop'). If the application is scanned or faxed, transmit all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the Bank Draft Procedures section in this guide for the instructions for the eCheck procedures); otherwise, you must send the check with a coversheet that includes the proposed insured's name to the attention of Policy Issue. Be sure to include the proposed insured's name on the cover sheet.

Security Solution Mobile Applications With Point-Of-Sale Decisions

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the 'Mobile Application').
- First time users will need to complete the brief self-registration process.
- There is a link to our training manual available on this website to assist you.
- The application and all required forms need to be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants can sign the application
 - (1) Directly on the tablet device using a stylus or simply their finger
 - (2) Email for signature
 - (3) Voice signature
 - (4) Text for signature
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
 - Approved as applied for (Firm Decision)
 - Not Eligible for Coverage
 - Refer to Home Office



DETERMINING PLAN ELIGIBILITY

Our **Security Solution Participating Whole Life** insurance product targets a broad spectrum of individuals looking for permanent whole life insurance with the ability to accumulate cash value. These policies accommodate a simplified approach to purchasing life insurance. Our application **Form 3846** (Company specific with state variations) features simple **'Yes'** or **'No'** questions that enable you to quickly determine which plan of insurance the applicant may be eligible for.

FRONT OF THE APPLICATION:

Proposed Insured:

Provide the proposed insured's full legal name.

Address:

Provide the proposed insured's physical address. If the proposed insured provides a PO Box, a physical address is also required.

Male / Female:

Select sex at birth.

Date of Birth:

Enter as MM/DD/YYYY.

Age:

Calculate based upon age last birthday as of the policy date.

State of Birth:

If the applicant was not born in the U.S., list the country of birth.

Social Security Number:

List the applicant's Social Security number.

DL # (Paper):

List the applicant's driver's license number and the state of issue.

DL # (e-App):

If the proposed insured has a driver's license, select **'Yes'**, and provide driver's license number and the state of issue. If the proposed insured does not have a driver's license, select **'No'**. Then select the reason option that applies for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

State of Issue:

Indicate the state of issue for the driver's license.

Height and Weight:

Record the proposed insured's current height and weight. Refer to the build chart of this guide to assist in determining the appropriate plan to apply for based on build.

Occupation:

Provide a job title or duties performed.

Hire Date:

MM/YY

Annual Salary:

Enter the proposed insured's approximate annual salary.

Owner:

- Name
- Social Security number
- Address

Payor:

- Name
- Social Security number
- Address

Plan:

In the blank provided, write in the name of the product being applied for ('Security Solution') or the product's initials ('SS').

Primary and Contingent Beneficiary:

- Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the proposed insured. Also provide the beneficiary's Social Security number if it can be obtained.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the insured. Examples include family members or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Submit a Beneficiary Questionnaire for consideration.

Underwriting Class:

Please select from the following:

- Non-Tobacco
- Preferred Non-Tobacco
- Tobacco

Tobacco / Nicotine Use:

Answer both of the following:

- Have you used tobacco or nicotine products in any form in the past 12 months (excluding occasional cigar or pipe use)?
- Have you used tobacco or nicotine products in any form in the past 36 months (excluding occasional cigar or pipe use)? (A **'No'** answer would make client eligible to apply for Preferred Non-tobacco.)
- Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, bidis cigarettes, or oral nicotine pouches.

Mode:

(Check the appropriate box for the proposed insured's requested method of payment.)

- **Bank Draft** – Monthly bank draft
- **Draft 1st Prem on Req. Date:** Bank draft on which the first draft will occur upon the **'Policy Date Request'** you will enter.
- **Other**

Modal Prem \$:

Enter the desired premium based on the frequency by which the client will pay.

Riders:

(be sure to check the box next to each rider being applied for)

- **Flexible Premium Paid-Up Additional (PUA) Insurance Rider:**
 - Check the box if being applied for.
- **Level Term Rider:**
 - Check the box for 'Level Term'.
 - Indicate the amount of coverage requested in the space provided.
- **Children's Insurance Agreement:**
 - Check the box if being applied for.
 - Enter the number of units of coverage being applied for: one unit (\$3,000); two units (\$6,000); three units (\$9,000); four units (\$12,000); or five units (\$15,000).
 - In addition, application addendum Form No. 3215 must be completed and returned with the application.
- **Accidental Death Benefit Agreement:**
 - Check the box for 'ADB'.
 - Indicate the amount of coverage.
- **Waiver of Premium (Disability Agreement)**
 - Check the box if being applied for:
- **Grandchild Rider:**
 - Indicate the number of children applying for coverage.
 - Enter one unit (\$5,000) or two units (\$10,000) of coverage.
- **Guaranteed Insurability (Rider):**
 - Check the box if being applied for.

CWA:

(check appropriate box, if applicable)

- **eCheck Immediate 1st Premium:**

Only select this option if the Company is to draft the proposed insured's bank account IMMEDIATELY upon receipt of the application. NOTE: You must also complete the eCheck section found at the bottom of form No. 9903 and submit it with the application.
- **Collected \$:**

Only select this option if collecting initial payment and mailing it to the Home Office.

Mail Policy To:

Check the appropriate box to direct the policy contract to be mailed to the agent, insured, or owner.

Policy Date Request:

The **'Requested Policy Date'** or the initial draft, if applicable, cannot be more than 30 days out from the date the application was signed.

Physician Name, City/State, & Phone:

Provide the name and contact information of the proposed insured's doctor or medical facility.

List current prescribed medications:

List all the medications for which the client currently has a prescription.

Other proposed insured's:

Provide details on any additional proposed insured's.

Section A:

Health Questions: All applicants must complete Section A. If the proposed insured answers **'Yes'** to any questions, the applicable condition should be circled.

Section B:

Give details to all **'Yes'** answers in Section A and list personal physician information and current prescriptions.

BACK OF THE APPLICATION:

Section C:

All applicants must complete Section C. If the proposed insured answers **'Yes'** to any questions, the applicable condition should be circled.

Replacement Section:

- Answer questions A and B.
- If replacing coverage, please provide the other insurance company name, policy number, and amount of coverage.
- **NOTE: Complete any state required Replacement forms** – For state specific replacement instructions & replacement forms, please refer to the Company website.

Comments:

Provide details to **'Yes'** answers to questions in Section C. Can also be used for other comments or special instructions. If more space is needed, please provide on a separate sheet of paper.

Signed at:

Provide both the city and state indicating where the applicant was when the application was taken.

Date of Application:

The application date should always be the date the proposed insured answered all the medical questions and signed the application.

Signature of Proposed Insured:

- The proposed insured should sign their own application.
- Power of Attorney (POA) signatures are not acceptable.

Signature of Owner:

Complete only if the owner of the policy is different than the proposed insured. If owner is different, they **MUST** sign and date the application, as well as the proposed insured.

Agent's Report:

Complete the following:

- Agent's Remarks: Provide any special instructions or notes for the Home Office.
- Answer all three questions.
- Agent's Signature
- Agent's Printed Name
- Agent Number
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

BANK DRAFT PROCEDURES

Draft First Premium Once Policy Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom on the back of the application. Please specify a **Requested Draft Day**, if a specific one is desired. If the applicant provides a **Requested Draft Day**, provide that date in the Policy Date field (mm/dd/yy).
 - (a) After approval of the application, the first premium will draft upon the date the applicant requested. If the applicant does not provide a specified date, the draft will occur when the Underwriting Department approves the policy.
 - (b) The initial draft cannot occur more than 30 days after applicants' signature date.
 - (c) The **Requested Draft Date** cannot be on the 29th, 30th, or 31st.
- 2) A copy of a voided check must accompany the application. If one is not available, or if they have a bank account, but only use a debit card, then you must also submit a Bank Authorization Form 9903. If applicant provides a debit card, locate a bank statement to obtain the actual routing and account number and not the number of the debit card. Green Dot Bank (and other pre-paid cards) not accepted.

Immediate Draft for Cash with Application (CWA) using eCheck Authorization:

- 1) In addition to items one and two above, complete the eCheck Authorization (the eCheck Bank Draft Authorization section of Form 9903). With the use of this form, the Company will draft for the first premium upon receipt of the application and prior to a final decision being made.
- 2) After approval of the application, the initial premium will apply to the first premium. Future drafts will be based on the next premium due date and the **Requested Draft Day** (if provided).

Option For Drafts to Coincide With Receipt of Social Security Payments

Most people today are receiving their Social Security payments on either the first or third of the month or the second, third, or fourth Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums drafted on those same dates, please follow the instructions below:

- On the **'Requested Draft Day'** line of the **'PREAUTHORIZATION CHECK PLAN'** on the back page of the application, you will need to list one of the indicators below:
 - **'1S'** — if payments are received on the first of the month.
 - **'3S'** — if payments are received on the third of the month.
 - **'2W'** — if payments are received on the second Wednesday of the month.
 - **'3W'** — if payments are received on the third Wednesday of the month.
 - **'4W'** — if payments are received on the fourth Wednesday of the month.
- The **'Policy Date Request'** field on the front of the application please do not complete as the Home Office will assign the actual policy date once the application is received.

When you follow the steps above at the point of sale, our office will have the information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. Complete the rest of the application paperwork typically. Also, you can still request immediate drafts for CWA; follow the standard methods.

KEY ADMINISTRATIVE GUIDELINES

Incomplete or unsigned applications:

Applications that are not complete in their entirety or missing required signatures will require an amendment or be returned for completion. Please make sure that all blanks are filled in and the application is reviewed and signed by the owner and proposed insured. Also, remember to include your agent number.

Terminal Illness Accelerated Death Benefit Riders Disclosure Statement: Form No. 9474; or 3575-D in California

The agent must present to the applicant and certify. In California, the agent must present Form No. 3575-D at point-of-sale. (The states of MA, VA and WA require this disclosure form to be signed by the applicant and submitted with the life application.) *For California, please refer to Form No. 3672-CA for rider details.*

Accelerated Death Benefit Rider – Confined Care Disclosure Statement: Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (iA)

The agent must present to the applicant and certify when applying for the Immediate Death Benefit plan.

Chronic Illness Accelerated Death Benefit Rider Disclosure Statement: Form No. 3579-D

The agent must present to the proposed insured at point-of-sale and certify that it has been presented.

Critical Illness Accelerated Death Benefit Rider Disclosure Statement: Form No. No. 3466; 3576-D in CA

The agent must present to the proposed insured at point-of-sale and certify that it has been presented. *For California, please refer to Form No. 3703-CA for rider details.*

HIPAA, Form No. 9526:

Must be submitted with each application.

Replacement Form (if required):

Complete all replacement requirements as per individual state insurance replacement regulations.

Initial Premium:

The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium may be submitted in the form of proposed insured's personal check, eCheck, or bank draft for first premium. See the eCheck procedures described in this guide.

Replacement of Existing Insurance:

Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your client has all the necessary facts (advantages & disadvantages) to determine if the replacement is in their best interest. Do not request a replacement (both external & internal) if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. The Company reviews all applications involving replacement sales. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to include termination of an agent's contract.

All changes must be crossed out and initialed by proposed insured:

No white outs or erasures on the application.

Third-Party Payor:

The Company has experienced problems in terms of anti-selection, adverse claims experience, and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the primary insured, spouse, business, or business partner (regardless of the mode of payment). Examples of 'Third-Party Payors' include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins. when the proposed Insured is age **30 or older**. As a result of the issues related to this situation, we **DO NOT** accept Security Solution applications where a Third-Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the payor is a spouse, business, or business partner. If the proposed insured ranges from ages 18 to 29, we will allow a parent to pay the premiums, but please be advised that additional underwriting requirements, including a criminal records check and telephone interview, will be involved for many of these applications; particularly for those applications where the proposed Insured ranges from ages 25 to 29.

Application Date/Requested Policy Date:

Application date should always be the date the proposed insured answered the medical questions and signed the application. The **Requested Policy Date** cannot be more than 30 days out from the date the application was signed.

Request for Redates or Reinstatements

It is often easier and in the best interest of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

Redate Request*:

- If the policy is active & within the first policy year:
 - A policy can be redated simply by sending an email request to our **Client Experience Department** at cx@aatx.com. Please include the policy number and "Redate" in the subject line.
 - There is no additional paperwork necessary.
- * A policy can be re-dated ONE time only.

Reinstatement Requests Only:

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a "Statement of Health" (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
 - In addition, a new Bank Draft Authorization (Form No. 1963) is required if payments will be made via bank draft. Alternatively, we would need the back premiums due if the payments will be made on direct bill.
 - The documents above should be emailed to **Client Experience** at cx@aatx.com. Please include the policy number and "Reinstatement Request" in the subject line.
 - As an alternative a new application can be completed and submitted with "Reinstate" and the policy number indicated at the top. These should also be emailed to **Client Experience** at cx@aatx.com.
- If the policy lapse occurred more than one year after the policy date:
 - We require a new application to be completed and submitted to the **New Business Department**.
 - Make sure to send a note with the application indicating this is a "Reinstatement" & indicate the original policy number.

PREMIUM REQUIREMENTS

- UL or Non-ROP Term – Two months premium or one modal premium.
- ROP Term – All missed premiums.
- All other plans – All missed premiums.
- * In the case that the policy is over loaned, we may need loan interest or a loan payment.

SIMPLIFIED UNDERWRITING

Simplified issue, underwritten standard through table 4.

Eligibility for coverage is based on a simplified **‘Yes’/‘No’** application, a telephone interview (if requested by Underwriting), a liberal height and weight chart, and a check with the Medical Information Bureau (M.I.B., LLC) and pharmaceutical-related facility. Check the height/weight charts in this guide to determine which coverage plan the proposed insured will qualify for based on their build.

PRODUCT SOFTWARE

The Company requires an NAIC Illustration for Security Solution. Presentation software is available on the Company's websites. It will quickly and easily present the guaranteed death benefit and guaranteed cash values. You can run quotes based on a desired face amount or premium amount to customize a solution for your client. To run a quote using your smartphone or tablet, please go to www.insuranceapplication.com/phonequote.

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines!

BEFORE asking any health questions, stress the importance for ‘truthful and complete’ answers, including tobacco usage that will ‘match’ information already in the applicant’s medical records, national prescription database, and MIB, LLC.

- Good Field Underwriting – Carefully ask all the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete, and thorough answers to the questions are necessary. Please stress this and prepare the proposed insured for the interview. The interview will be brief, pleasant, professionally managed, and recorded.

Practice good field underwriting or...

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those applicants until they feel that the agent has corrected their field underwriting problems.

Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.

BUILD CHART*

(Standard Non-Tobacco & Tobacco)

HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 2	MAXIMUM WEIGHT WITHIN TABLE 4
4' 10"	86	182	199
4' 11"	88	188	205
5'	90	195	212
5' 1"	93	201	220
5' 2"	95	208	227
5' 3"	99	215	234
5' 4"	101	221	242
5' 5"	104	228	249
5' 6"	106	235	257
5' 7"	110	243	265
5' 8"	113	250	273
5' 9"	117	257	281
5' 10"	120	265	289
5' 11"	125	272	298
6'	129	280	306
6' 1"	133	288	315
6' 2"	136	296	323
6' 3"	140	304	332
6' 4"	143	312	341
6' 5"	146	320	350
6' 6"	149	329	359

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the applicant has a medical condition combined with build that exceeds table 2, the applicant is not eligible for coverage.

***NOTE:** If you have a client with a height that is below 4'10" or above 6'6", please contact the home office for minimum/maximum values.

PREFERRED UNDERWRITING FOR SECURITY SOLUTION

Preferred Classification

This group includes individuals whose mortality experience (i.e., life expectancy) as a group is expected to be above average and to whom the Company offers a lower-than-standard rate.

What factors go into the Preferred underwriting process?

An insurance company looks at several factors during the preferred underwriting process to evaluate risk. These factors enable the insurer to decide whether the proposed insured is a lower-than-average risk. Some of the things considered are the proposed insured's:

- Non-Tobacco use
- Current health/physical condition
- Personal health history
- Family health history
- Personal habits
- Occupation/Avocations
- Personal driving record

Preferred Underwriting Guidelines

To be eligible for Preferred class, the proposed insured must answer ‘No’ to the following questions:

- Have you used tobacco or nicotine products in the past 36 months?
- Using the build chart on the following page, does your weight exceed the minimum or maximum weight corresponding to your height indicated in the Preferred column?
- In the past 10 years, have you taken medication to treat high blood pressure or an elevated cholesterol level? *
- In the past 10 years, medically diagnosed, tested, or received treatment for diabetes, cancer, or cardiac disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, or coronary artery disease)?
- Has more than one member of your family (father, mother, brother, or sister) died before age 60 from breast, colon, intestinal or prostate cancer, or from cardiovascular disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, or coronary artery disease)?
- In the past 10 years, have you been treated for alcohol abuse?
- In the past 10 years, have you been treated for drug abuse or used any drugs not prescribed to you?
- In the past five years, have you had more than two moving motor vehicle violations or any alcohol/drug related infractions?
- In the past five years, have you been convicted of a felony or misdemeanor?

* **Note:** These are guideline criteria. We may consider an exception to one of these guidelines (i.e., elevated blood pressure or cholesterol but not both) if the condition is under control and the applicant has no other impairments.

BUILD CHART FOR PREFERRED RATES*

(This table applies to both men and women)

HEIGHT	MINIMUM	MAXIMUM
4' 10"	92	154
4' 11"	94	160
5'	96	165
5' 1"	99	171
5' 2"	101	177
5' 3"	105	182
5' 4"	107	188
5' 5"	110	194
5' 6"	112	200
5' 7"	116	206
5' 8"	119	212
5' 9"	123	219
5' 10"	126	225
5' 11"	131	231
6'	135	238
6' 1"	139	245
6' 2"	142	251
6' 3"	146	258
6' 4"	149	265
6' 5"	152	272
6' 6"	155	279
6' 7"	158	287

***NOTE:** If you have a client with a height that is below 4'10" or above 6'7", please contact the home office for minimum/maximum values.

SECURITY SOLUTION LIVING BENEFIT RIDERS

Riders included with Security Solution

*Automatically included with policy,
availability and terms may vary.*



Terminal Illness Accelerated Death Benefit Rider, Policy Form No. 9473; 3575 in CA

If the insured is diagnosed by a licensed physician with a life expectancy of 24 or less months (some states 12 months), they may receive up to 100% of the death benefit. The benefit to be paid will be reduced by an actuarial adjustment factor and an administrative charge of \$150. The payment of the accelerated benefit will reduce the death benefit amount of the benefit paid. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider is added to every policy (where available) at no additional premium.

Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No 9474 or 3575-D in CA must be presented to applicant at point of sale. For California, please refer to Form No. 3672-CA for rider details.

Chronic Illness Accelerated Death Benefit Rider, Policy Form No. 3579

If a licensed physician provides the Company a written statement attesting that the insured has become permanently unable to perform at least two (2) of the Activities of Daily Living (ADL) such as eating, toileting, transferring (moving into and out of a bed, chair or wheelchair), bathing, dressing, or continence then the Company can accelerate a portion (up to 25% every 12 months) of the death benefit and pay the owner of the policy. There is an administrative charge of \$100 and the maximum benefit available cannot exceed 95% of the total death benefit or a total of \$150,000. This rider is added to every policy (where available) at no additional premium. Availability varies by state, see rider for details.

Chronic Illness Accelerated Death Benefit Rider Disclosure Statement, Form No. 3579-D must be presented to the applicant at point-of-sale.

Accelerated Death Benefit Rider-Confined Care, Policy Form No. 9674 (AA, OL), AB301 (iA)

If a licensed physician provides the Company a written statement of the diagnosis of the insured's medical condition and states that they are a full-time permanent resident of a nursing home and will continue full-time permanent residence in a nursing home until death, the owner may receive a fixed monthly payment equal to the lesser of 2.5% of the policy face amount or \$5,000. The payment of the accelerated benefit will reduce the death benefit proceeds by the amount of the benefit paid. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider is added to every policy (where available) at no additional premium. Availability varies by state, see rider for details.

Disclosure for the Accelerated Benefits Rider-Confined Care, Form No. 9675

Accelerated Living Benefit Rider-Critical Illness, Policy Form No. 3456; In CA Form No. 3576

With this benefit, if diagnosed with a covered critical illness, the Company will pay an accelerated benefit of up to 95% of the face amount of the base policy in a single lump sum. The Accelerated Death Benefit payment will not exceed \$150,000. The actual benefit paid is based upon the critical event and anticipated life expectancy at that time.

If eligible insured has been certified by a physician as having one or more of the following conditions within the last 12 months:

- **Heart Attack**
- **Stroke**
- **Cancer**
- **Major Organ Failure**
- **Amyotrophic Lateral Sclerosis (ALS)**
- **Kidney Failure**
- **Terminal Illness**

The rider may provide the owner a cash benefit equal to the specified percentage of acceleration upon the diagnosis of a covered critical illness. Rider coverage expires at age 70.

Receipt of accelerated benefits may be a taxable event. Please contact your tax advisor as American Amicable Group does not give legal or tax advice.

Disclosure for the Accelerated Living Benefit Rider-Critical Illness, Form No 3466 or 3576-D in CA must be presented to applicant at point of sale. For California, please refer to Form No. 3703-CA for rider details.





SECURITY SOLUTION also offers optional riders to help customize the coverage.

*Additional premiums are required,
availability and terms may vary.*

Flexible Premium Paid-Up Additions Rider (PUA), Policy Form No. 3857

For an additional premium, this rider allows the owner to purchase extra paid-up insurance, enhancing both the death benefit and cash value of the policy. Paid-up additions (PUAs) are increments of whole life insurance bought with dividends or a PUA rider. They increase the policy's death benefit and cash value, while also earning dividends that compound over time. Using dividends to buy PUAs boosts the policy's value without increasing the premium. If needed, the PUAs can be surrendered for their cash value at any time. An annual deposit is required to retain the right to make future deposits and deposits are subject to a maximum annual amount. The initial maximum annual amount is \$12,000.

If the policy doesn't comply with section 7702A of the Internal Revenue Code, the policy will become a Modified Endowment Contract. If a policy becomes a MEC, loans and withdrawals may be subject to penalties and taxes. In addition, distributions prior to the policy owner's age 59½ may be subject to an additional 10% excise tax. Even if the policy is not a Modified Endowment Contract at issue, if dividends are surrendered or changes are made to the policy, it may still become a MEC.

A Modified Endowment Contract (MEC) can be any life insurance policy that accumulates cash value and where the premiums paid exceed certain IRS limits under the 7-pay test. MECs lose the typical tax benefits of life insurance policies, leading to potential tax implications on withdrawals and loans. Understanding MECs is crucial for maximizing the benefits of a life insurance policy. Simply put, paying too much in policy premiums too quickly will trigger a federal rule regarding life insurance. Your life insurance policy will be declared a "modified endowment contract" (MEC) and the tax benefits that accompany cash-value life insurance policies may be crimped. Our illustration system will not allow a policy to be issued if it triggers a MEC violation.

This rider is only available at issue.

Accidental Death Benefit Agreement (ADB), Policy Form No. 7159

If elected, the Accidental Death Benefit Agreement may be paid to the beneficiary if the insured dies as the result of an accident.

Issue Ages:	18-64		
Benefit Termination Age:	65		
Death Benefit:	Minimum Amount:	\$1,000	
	Maximum Amount:	\$200,000 or five times the face amount of the policy, whichever is less.	

ANNUAL RATES PER \$1,000 OF COVERAGE

ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE
18	0.96	25	0.96	32	0.96	39	1.08	46	1.20	53	1.32	60	1.56
19	0.96	26	0.96	33	0.96	40	1.08	47	1.20	54	1.32	61	1.56
20	0.96	27	0.96	34	0.96	41	1.08	48	1.20	55	1.44	62	1.68
21	0.96	28	0.96	35	0.96	42	1.08	49	1.32	56	1.44	63	1.68
22	0.96	29	0.96	36	0.96	43	1.20	50	1.32	57	1.44	64	1.68
23	0.96	30	0.96	37	1.08	44	1.20	51	1.32	58	1.56		
24	0.96	31	0.96	38	1.08	45	1.20	52	1.32	59	1.56		

Children's Insurance Agreement (CIA), Policy Form No. 8375

If elected, the Children's Insurance Agreement may provide term insurance on the lives of the children of the insured until age 25, at which time their coverage is convertible to any plan of whole life or endowment insurance offered by the Company for up to five times the amount of coverage under the rider. Benefit expires at the primary insured's age 65, or the child's age 25, whichever is earlier.

Issue Ages of Children:	15 days - 17 years (age nearest birthday)
Issue Age of Primary Insured:	15 - 50
Maximum Rider Units:	Five Units
Premium:	\$8.52 annually per unit

IMPORTANT: To apply for this rider, you must complete the 'Addendum to Individual Life Insurance Application' Form No. 3215 & submit it along with the base life application.

Grandchild Rider (GCIA), Policy Form No. 9579

This rider provides \$5,000 per unit of life insurance protection on each grandchild and great-grandchild of the insured through age 20. This benefit also guarantees their future insurability for up to \$25,000 (per unit) of individual protection regardless of their health. Rider coverage is fully paid up in the event of the primary insured's death.

Issue Ages:	Primary insured 50 – 72
Grandchildren & Great-grandchildren:	180 days – 15 years (age nearest birthday)
Maximum Units:	Two units
Premium:	\$12.00 annually per grandchild or great-grandchild per unit

Guaranteed Insurability Rider (GIR), Policy Form No. 8367

This rider enables the owner to purchase additional amounts of insurance on the insured without evidence of insurability at specified option dates.

Issue Ages:	18 - 37
	It is available at issue only and cannot be added at a later date.
	Maximum amount is the lesser of the base face amount or \$50,000.
	The option dates for the purchase of additional insurance shall be the anniversary dates of the effective date of the rider on which the age of the insured at his/her nearest birthday is 25, 28, 31, 34, 37, and 40.

GIR RATES PER \$1,000 OF COVERAGE

ISSUE AGE	RATE	ISSUE AGE	RATE
18	1.06	28	1.39
19	1.09	29	1.44
20	1.13	30	1.48
21	1.16	31	1.52
22	1.19	32	1.56
23	1.21	33	1.60
24	1.24	34	1.63
25	1.27	35	1.68
26	1.30	36	1.72
27	1.34	37	1.51

Level Term Insurance Rider (LTR), Policy Form No. 8087

The Level Term Insurance Rider provides 20-year level term insurance on the insured or to the insured's attained age 70, whichever comes first.

Issue Ages:	18 - 65
Maximum Issue Age:	65
Coverage Per Unit:	A term rider which provides a level death benefit for a period of 20 years or the insured's attained age 70, whichever comes sooner.
Maximum Amount Issued:	Three times the base plan not to exceed maximum coverage of \$500K combined.

ANNUAL RATES PER \$1,000 OF COVERAGE

ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE	ISSUE AGES	RATE
18	1.86	25	2.23	32	3.71	39	6.00	46	11.14	53	17.73	60	26.00
19	1.90	26	2.36	33	4.11	40	6.50	47	12.00	54	18.57	61	27.85
20	1.95	27	2.52	34	4.33	41	7.09	48	13.00	55	19.50	62	30.00
21	2.00	28	2.69	35	4.59	42	7.80	49	14.18	56	20.53	63	32.50
22	2.05	29	2.89	36	4.88	43	8.67	50	15.60	57	21.67	64	35.45
23	2.11	30	3.12	37	5.20	44	9.18	51	16.25	58	22.94	65	39.00
24	2.17	31	3.39	38	5.57	45	9.75	52	19.96	59	24.38		

Waiver of Premium Disability Agreement (WP), Policy Form No. 7180; PWO(OL)

If elected, the Company may waive the monthly premiums if the insured becomes permanently and totally disabled as defined and specified in the rider agreement. Rider coverage expires at age 60 (unless rider is in effect).

Issue Ages: 18 - 65

WAIVER OF PREMIUM RATES PER \$100

ISSUE AGE	RATE PER \$100
18 - 27	1.00
28 - 32	1.25
33 - 37	1.50
38 - 42	2.50
43 - 47	4.50
48 - 52	9.50
53 - 55	11.00

SECURITY SOLUTION MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide has been developed to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a state specific application, please contact the Home Office for a risk assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

D indicates Declined.

S indicates Standard.

P indicates Preferred.

Impairment	Life	DIR	Q on App
Abscess: Medically diagnosed	D	D	A: 1j
Abscess: Removed, with full recovery and confirmed to be benign	S	S	A: 1j
Addison's Disease: Acute Single Episode	S	S	A: 1j
Addison's Disease: Others	D	D	A: 1j
AIDS	D	D	A: 1k
Alcoholism: Any history of alcohol abuse, misuse, treatment or counseling or having been advised to discontinue use of alcohol	S	D	C: 4
Alcoholism: Within the past four years abused alcohol, or been recommended to have, treatment or counseling for alcohol use or been advised to discontinue use of alcohol	D	D	C: 4
Alzheimer's	D	D	A: 1f
Amputation: Any history of an amputation caused by injury	S	D*	A: 1b
Amputation: Any history of an amputation caused by disease	D	D	A: 1b
Anemia: Medically diagnosed with iron deficiency on vitamins only	S	S	A: 1b
Aneurysm	D	D	A: 1b
Angina (Cardiac Chest Pain)	D	D	A: 1a
Angioplasty	D	D	A: 1a
Ankylosis	S	D	A: 1j
Anxiety: See Mood Disorder	S	S	A: 1f
Aortic Insufficiency and/or Stenosis	D	D	A: 1a
Aortic Stenosis	D	D	A: 1a
Appendectomy	S	S	A: 1j
Arthritis: Rheumatoid - Osteoarthritis, Generalized arthritis	S	D	A: 1i
Arthritis: Rheumatoid - severe, chronic steroid use, infusion therapies, use of mobility aid, multiple large joints	D	D	A: 1i

Impairment	Life	DIR	Q on App
Asthma: Mild, occasional, brief episodes, allergic, seasonal	S	S	A: 1d
Asthma: Moderate, more than one episode a month	S	D	A: 1d
Asthma: Severe, hospitalization or ER visit within the past 12 months	D	D	A: 1d
Asthma: Maintenance steroid use	D	D	A: 1d
Asthma: Combined with Tobacco Use - Smoker	D	D	A: 1d
Aviation: Commercial pilot for regularly scheduled airline	S	S	A: 2b
Aviation: Private Pilot with more than 100 solo hours	S	S	A: 2b
Aviation: Other pilots flying for pay or Student Pilot	D	D	A: 2b
Back Injury: Medically diagnosed, treated, or hospitalized for within the past 12 months	S	D*	A: 1i
Bi-Polar Disorder	D	D	A: 1f
Blindness: Caused by diabetes, circulatory disorder, or other illness	D	D	A: 1j
Blindness: Other causes	S	D	A: 1j
Bronchitis: Acute-recovered	S	S	A: 1d
Bronchitis: chronic	D	D	A: 1d
Buerger's Disease	D	D	A: 1d
By-Pass Surgery (CABG or Stent)	D	D	A: 1a
Cancer / Melanoma: Basal or Squamous cell skin carcinoma, isolated occurrence	S	S	A: 1e
Cancer / Melanoma: Greater than seven years since any last diagnosis, treatment or procedure with no recurrence, multiple occurrences or metastasis (spread)	S	S	A: 1e
Cardiomyopathy	D	D	A: 1a
Cerebral Palsy	D	D	A: 1h

* Applies to standard life application Form No. 3847. The question numbers on some state specific applications may vary. Refer to the state-specific section of this agent guide for plan availability.

SECURITY SOLUTION MEDICAL IMPAIRMENT GUIDE (Cont.)

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D indicates Declined.

S indicates Standard.

P indicates Preferred.

Impairment	Life	DIR	Q on App
Chronic Obstructive Pulmonary Disease (COPD)	D	D	A: 1d
Cirrhosis of Liver	D	D	A: 1c
Connective Tissue Disease	D	D	A: 1h
Concussion – Cerebral: With no complications or chronic deficits	S	S	A: 1j
Congestive Heart Failure (CHF)	D	D	A: 1a
Criminal History: Convicted of Misdemeanor or Felony within the past five years	D	D	C: 3a
Criminal History: Probation or Parole within the past six months	D	D	C: 3a
Crohn's Disease: Diagnosed prior to age 20 or within the past 12 months	D	D	A: 1c
Cystic Fibrosis	D	D	A: 1h
Deep Vein Thrombosis (DVT): Single episode, full recovery, no current medication	S	S	A: 1a
Deep Vein Thrombosis (DVT): Two or more episodes, continuing anticoagulant treatment	D	D	A: 1a
Dementia	D	D	A: 1f
Depression: Major depression	D	D	A: 1f
Diabetes: Combined with Height & weight exceeding Table 2 chart, gout, retinopathy, or protein in urine	D	D	A: 1c
Diabetes: Diagnosed prior to age 35	D	D	A: 1c
Diabetes: Any form of tobacco used in past 12 months or Uses Insulin	D	D	A: 1c
Diabetes: Controlled with oral medications	S	D	A: 1c

Impairment	Life	DIR	Q on App
Diagnostic Testing, Surgery, or Hospitalization: Pending, results unknown, scheduled but not yet completed	D	D	A: 4a
Disabled	D	D	A: 3
Diverticulitis / Diverticulosis	S	S	A: 1c
Down Syndrome	D	D	A: 1j
Driving Record: Within the past three years 1) alcohol/drug related infraction, 2) two or more accidents, 3) three or more driving violations 4) combination thereof	D	D	C: 3a
Drug Abuse: Illegal drug use within the past four years	D	D	C: 4
Drug Abuse: Medically diagnosed, treated, or taken medication for within the past four years	D	D	C: 4
Drug Abuse: Over four years for any history of use, treatment, diagnosis or medication for	S	D	C: 4
Duodenitis: Medically diagnosed, treated, or taken medication for	S	S	A: 1C
Emphysema	D	D	A: 1d
Epilepsy: Petit Mal	S	D*	A: 1f
Epilepsy: All others	D	D	A: 1f
Fibrillation	D	D	A: 1a
Fibromyalgia: Medically diagnosed, treated, or taken medication for	S	D	A: 1f
Gallbladder disorder	S	S	A: 1g
Gastritis: Acute	S	S	A: 1c
Glomerulosclerosis: Acute with complete resolution and no continuing complications or treatment	S	S	A: 1g

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D indicates Declined.

S indicates Standard.

P indicates Preferred.

Impairment	Life	DIR	Q on App
Gout: combined with history of diabetes, kidney stones, or protein in urine	D	D	A: 1i
Hazardous Avocations: Participated in within the past two years	S	D*	C: 3b
Headaches: Migraine, fully investigated, controlled with medication	S	D	A: 1f
Headaches: Migraine, severe, or not investigated	D	D	A: 1f
Heart Arrhythmia	D	D	A: 1a
Heart Disease / Disorder	D	D	A: 1a
Heart Murmur: History of treatment by medication or procedure, including surgery	D	D	A: 1a
Hemophilia	D	D	A: 1b
Hepatitis: History of diagnosis or treatment for Hepatitis B or C	D	D	A: 1c
HIV	D	D	A: 1k
Hodgkin's Disease: Including Non-Hodgkin's lymphom	D	D	A: 1e
Hypertension (High Blood Pressure): Controlled with two or less medications, provide current BP reading history	S	S	A: 1a
Hypertension (High Blood Pressure): Uncontrolled or using three or more medications to control	D	D	A: 1a
Hysterectomy: No cancer	S	S	A: 1g
Kidney Disease	D	D	A: 1g
Knee Injury: Medically diagnosed, treated, or taken medication for within the past 12 months	S	D*	A: 1i
Leukemia	D	D	A: 1e
Liver Impairments	D	D	A: 1c

Impairment	Life	DIR	Q on App
Lung Disease / Disorder	D	D	A: 1d
Lupus Lupus / SLE (systemic lupus erythematosus)	D	D	A: 1h
Marfan Syndrome	D	D	A: 1h
Meniere's Disease	S	D	A: 1j
Mental or Nervous Disorder: Mild to Moderate Anxiety, Depression, PTSD, ADD/ADHD, Tourette's, etc controlled with two or less medications	S	S	A: 1f
Mental or Nervous Disorder: Major depressive disorder, Bipolar disorder, Schizophrenia, Severe mental retardation, Autism, Mental Incapacity	D	D	A: 1f
Mental or Nervous Disorder: Hospitalized for or had inpatient treatment in the past 3 years or more than once in a lifetime	D	D	A: 1f
Mitral Insufficiency	D	D	A: 1a
Multiple Sclerosis	D	D	A: 1h
Muscular Dystrophy	D	D	A: 1h
Narcolepsy: More than two years from diagnosis	S	D	A: 1j
Pacemaker	D	D	A: 1a
Pancreatitis: Chronic or multiple episodes	D	D	A: 1c
Paralysis: Includes Paraplegia and Quadriplegia	D	D	A: 1i
Parkinson's Disease	D	D	A: 1h
Peripheral Vascular Disease	D	D	A: 1a
Pregnancy: Current; no complications	S	S	
Prostate Disease / Disorder: Infection, Benign Prostatic Hypertrophy (BPH) confirmed with stable PSA level	S	S	A: 1g

* Applies to standard life application Form No. 3847. The question numbers on some state specific applications may vary. Refer to the state-specific section of this agent guide for plan availability.

SECURITY SOLUTION MEDICAL IMPAIRMENT GUIDE (Cont.)

The Medical Impairment Guide has been developed to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a state specific application, please contact the Home Office for a risk assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

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Impairment	Life	DIR	Q on App
Pulmonary Embolism	S	S	A: 1a
Retardation: Mild to moderate	S	D	A: 1f
Retardation: Severe	D	D	A: 1f
Sarcoidosis: Of lung or currently being treated, investigated or having complications	D	D	A: 1k
Seizures: Petit Mal	S	D	A: 1f
Seizures: All others	D	D	A: 1f
Shoulder Injury: Medically diagnosed, treated, or taken medication for within the past 12 months	S	D*	A: 1i
Sleep Apnea: Combined with history of height/weight exceeding Table 2, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	D	D	A: 1d
Spina Bifida	D	D	A: 1j
Spina Bifida Occulta: Asymptomatic	S	S	A: 1j
Stroke / CVA	D	D	A: 1b
Subarachnoid Hemorrhage	D	D	A: 1b
Suicide Attempt: Within 5 years or any history of more than once	D	D	A: 1f
Thyroid Disorder: Treated and well-controlled without concern for cancer (see <i>Cancer/Melanoma</i>)	S	S	A: 1j

Impairment	Life	DIR	Q on App
Transient Ischemic Attack (TIA): After six months, no residuals	S	D	A: 1b
Transient Ischemic Attack (TIA): Combined with Tobacco Use -Smoker, multiple occurrences or with current anti-coagulant treatment	D	D	A: 1b
Tuberculosis: Within the past 2 years, diagnosed, treated or taken medication for or with any residuals	D	D	A: 1d
Ulcer: Peptic, duodenal or gastric - symptom free for one year	S	S	A: 1c
Ulcerative Colitis: Diagnosed prior to age 20 or within the past 12 months.	D	D	A: 1c
Unemployment: Currently unemployed or unable to work due to medical reasons	D	D	C: 2
Valve Replacement	D	D	A: 1a
Vascular Impairments	D	D	A: 1f
Weight Reduction Surgery: Surgery within past one year	D	D	A: 4a
Weight Reduction Surgery: After one year since surgery with no complications such as dumping syndrome	S	D	A: 4a

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SECURITY SOLUTION PRESCRIPTION REFERENCE GUIDE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

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Medication	Common Use of Concern	RX Fill	Plan
Abilify	Bi-Polar / Schizophrenia	N/A	D
Accupril	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Accuretic	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Actoplus	Diabetes	N/A	#
Actos	Diabetes	N/A	#
Advair	Asthma	N/A	I
	COPD / Emphysema / Chronic Bronchitis	N/A	D
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	D
Albuterol	Asthma	N/A	I
	COPD / Emphysema / Chronic Bronchitis	N/A	D
Aldactazide	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Aldactone	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Allopurinol	Gout	N/A	I
Alprazolam	Mental / Nervous	N/A	I
Altace	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Amantadine HCL	Parkinson's	N/A	D
Amaryl	Diabetes	N/A	#
Amiloride HCL	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Amiodarone	Arrhythmia	N/A	D
Amlodipine Besylate	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Amyl Nitrate	Angina / CHF	N/A	D
Anoro Ellipta	COPD / Emphysema / Chronic Bronchitis	N/A	D
Antabuse	Alcohol / Drugs	4 yrs	D
Apokyn	Parkinson's	N/A	D

Medication	Common Use of Concern	RX Fill	Plan
Aptivus	AIDS	N/A	D
Aranesp	Kidney Dialysis	N/A	D
	Renal Insufficiency/Failure	N/A	D
	Diabetic Nephropathy	N/A	D
Aricept	Alzheimer's / Dementia / Memory	N/A	D
Arimidex	Cancer	7 yrs > 7 yrs	D S
Aripiprazole	Mental/Nervous	N/A	D
Atacand	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Atamet	Parkinson's	N/A	D
Atenolol	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Atgam	Organ / Tissue Transplant	N/A	D
Atripla	AIDS	N/A	D
Atrovent / Atrovent HFA	Allergies	N/A	S
Atrovent (Nasal)	COPD / Emphysema / Chronic Bronchitis	N/A	D
Avalide	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Avandia	Diabetes	N/A	#
Avonex	Multiple Sclerosis	N/A	D
Azasan	Organ / Tissue Transplant	N/A	D
	Rheumatoid Arthritis	N/A	D
	Systemic Lupus (SLE)	N/A	D
Azathioprine	Organ / Tissue Transplant	N/A	D
	Rheumatoid Arthritis	N/A	D
	Systemic Lupus (SLE)	N/A	D
Azilect	Parkinson's	N/A	D
Azmacort	Asthma	N/A	I
	COPD / Emphysema / Chronic Bronchitis	N/A	D
Azor	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Baclofen	Back Injury	12 mos	I

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SECURITY SOLUTION PRESCRIPTION REFERENCE GUIDE (Cont.)

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Medication	Common Use of Concern	RX Fill	Plan
Baraclude	Liver Disorder / Hepatitis Liver Failure	N/A N/A	D D
Benazepril HCL	High Blood Pressure (HTN) CHF	N/A N/A	* D
Benicar	High Blood Pressure (HTN) CHF	N/A N/A	* D
Benlysta	Systemic Lupus (SLE)	N/A	D
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	D S
Betapace	Heart Arrhythmia CHF	N/A N/A	D D
Betaseron	Multiple Sclerosis	N/A	D
BiDil	CHF	N/A	D
Biktarvy	AIDS	N/A	D
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	* D
Bromocriptine Mesylate	Parkinson's	N/A	D
Bumetanide	High Blood Pressure (HTN) CHF	N/A N/A	* D
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	* D
Buprenex	Alcohol / Drugs	4 yrs	D
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	* D
Calan	High Blood Pressure (HTN)	N/A	*
Calcium Acetate	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	D D D
Campath	Cancer	7 yrs >7 yrs	D S
Campral	Alcohol / Drugs	4 yrs	D
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	* D

Medication	Common Use of Concern	RX Fill	Plan
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	* D
Carbamazepine	Seizures	N/A	D
Carbatrol	Seizures	N/A	D
Carbidopa	Parkinson's	N/A	D
Cardizem	High Blood Pressure (HTN)	N/A	*
Cardura	High Blood Pressure (HTN)	N/A	*
Cartia	High Blood Pressure (HTN)	N/A	*
Carvedilol	High Blood Pressure (HTN) CHF	N/A N/A	* D
Casodex	Cancer	7 yrs >7 yrs	D S
Catapress	High Blood Pressure (HTN)	N/A	*
Cellcept	Organ / Tissue Transplant	N/A	D
Chlorpromazine	Schizophrenia	N/A	D
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	D
Cogentin	Parkinson's Other Use	N/A N/A	D S
Colcrys	Gout	N/A	I
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	D
Combivir	AIDS	N/A	D
Complera	AIDS	N/A	D
Copaxone	Multiple Sclerosis	N/A	D
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	D
Cordarone	Irregular Heartbeat	N/A	D
Coreg	High Blood Pressure (HTN) CHF	N/A N/A	* D
Corzide	High Blood Pressure (HTN) CHF	N/A N/A	* D

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SECURITY SOLUTION PRESCRIPTION REFERENCE GUIDE (Cont.)

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Medication	Common Use of Concern	RX Fill	Plan
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	I
	Stroke / Heart or Circulatory Disease or Disorder	N/A	D
Cozaar	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Creon	Chronic Pancreatitis	N/A	D
Cyclosporine	Organ / Tissue Transplant	N/A	D
Cytosan	Cancer	7 yrs	D
		>7 yrs	S
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	D
Demadex	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Depacon	Seizures	N/A	D
Depade	Alcohol / Drugs	4 yrs	D
Depakene	Bipolar Disorder; Migraines Outcome for BPD/Seizures Outcome for Migraines	N/A	D
		N/A	S
Depakote	Bipolar Disorder; Migraines Outcome for BPD/Seizures Outcome for Migraines	N/A	D
		N/A	S
Diabeta	Diabetes	N/A	#
Diabinese	Diabetes	N/A	#
Digitek	Irregular Heartbeat CHF	N/A	D
		N/A	D
Digoxin	Irregular Heartbeat CHF	N/A	D
		N/A	D
Dilacor	High Blood Pressure (HTN)	N/A	*
Dilantin	Seizures	N/A	I
Dilatrate SR	Angina / CHF	N/A	D
Dilor	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	I
		N/A	D
Diovan	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D

Medication	Common Use of Concern	RX Fill	Plan
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	D
Dyazide	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Dynacirc	High Blood Pressure (HTN)	N/A	*
Dyrenium	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Edocrin	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Edurant	AIDS	N/A	D
Eldepryl	Parkinson's	N/A	D
Emtriva	AIDS	N/A	H
Enalapril Maleate	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Enalaprilat	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Entresto	Congestive Heart Failure	N/A	D
Epivir	AIDS	N/A	D
Eplerenone	CHF	N/A	D
Eskalith	Bi-Polar / Schizophrenia	N/A	D
Exforge	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Felodipine	High Blood Pressure (HTN)	N/A	*
Femara	Cancer	7 yrs	D
		>7 yrs	S
Foscavir	AIDS	N/A	D
Furosemide	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Gabapentin	Seizures Restless Leg Syndrome	N/A	I
		N/A	S
Gleevec	Cancer	7 yrs	D
		>7 yrs	S
Glipizide	Diabetes	N/A	#
Glucophage	Diabetes	N/A	#

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SECURITY SOLUTION PRESCRIPTION REFERENCE GUIDE (Cont.)

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Medication	Common Use of Concern	RX Fill	Plan
Glucotrol	Diabetes	N/A	#
Glyburide	Diabetes	N/A	#
Glynase	Diabetes	N/A	#
Haldol	Schizophrenia	N/A	D
Haloperidol	Schizophrenia	N/A	D
HCTZ / Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	* D
Hectoral	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	D D D
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	I
Hepsera	Liver Disorder / Hepatitis	N/A	D
Hizentra	Immunodeficiency	N/A	D
Humalog	Diabetes	N/A	D
Humulin	Diabetes	N/A	D
Hydralazine HCL	High Blood Pressure (HTN) CHF	N/A N/A	* D
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	D I
Hydroxyurea	Cancer	7 yrs >7 yrs	D S
Hytrin	High Blood Pressure (HTN)	N/A	*
Hyzaar	High Blood Pressure (HTN) CHF	N/A N/A	* D
Imdur	Angina / CHF	N/A	D
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	D D D
Inamrinone	CHF	N/A	D
Inderal	High Blood Pressure (HTN) CHF	N/A N/A	* D
Inderide	High Blood Pressure (HTN) CHF	N/A N/A	* D

Medication	Common Use of Concern	RX Fill	Plan
Inspra	CHF	N/A	D
Insulin	Diabetes	N/A	D
Intron-A	Cancer Hepatitis C	7 yrs >7 yrs N/A	D S D
Invirase	AIDS	N/A	D
Ipratropium Bromide	Allergies - Nasal Spray COPD / Emphysema / Chronic Bronchitis	N/A N/A	S D
Isoptin	High Blood Pressure (HTN)	N/A	*
Isordil	Angina / CHF	N/A	D
Isosorbide Dinitrate / Mononitrate	Angina / CHF	N/A	D
Janumet	Diabetes	N/A	#
Januvia	Diabetes	N/A	#
Kaletra	AIDS	N/A	D
Kemadrin	Parkinson's	N/A	D
Kerlone	High Blood Pressure (HTN) Glaucoma	N/A N/A	* S
Labetalol	High Blood Pressure (HTN) Angina	N/A N/A	* D
Lamictal	Seizures Bi-polar / Major depression	N/A N/A	I D
Lamotrigine	Seizures Bi-polar / Major depression	N/A N/A	I D
Lanoxicaps	Irregular Heartbeat CHF	N/A N/A	D D
Lanoxin	Irregular Heartbeat CHF	N/A N/A	D D
Lantus	Diabetes	N/A	D
Larodopa	Parkinson's	N/A	D
Lasix	High Blood Pressure (HTN) CHF	N/A N/A	* D

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Medication	Common Use of Concern	RX Fill	Plan
Leukeran	Cancer	7 yrs >7 yrs	D S
Levemir	Diabetes	N/A	D
Levocarnitine	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	D D D
Levodopa	Parkinson's	N/A	D
Lexiva	AIDS	N/A	D
Lipitor	Cholesterol	N/A	S
Lisinopril	High Blood Pressure (HTN) CHF	N/A N/A	* D
Lithium	Bi-Polar / Schizophrenia	N/A	D
Lodossyn	Parkinson's	N/A	D
Lopressor	High Blood Pressure (HTN)	N/A	*
Losartan	High Blood Pressure (HTN) CHF	N/A N/A	* D
Lotensin	High Blood Pressure (HTN) CHF	N/A N/A	* D
Loxapine	Schizophrenia	N/A	D
Loxitane	Schizophrenia	N/A	D
Lozol	High Blood Pressure (HTN)	N/A	*
Lupron	Cancer	7 yrs >7 yrs	D S
Lyrica	Seizures	N/A	I
Maxzide	High Blood Pressure (HTN) CHF	N/A N/A	* D
Mellaril	Schizophrenia	N/A	D
Memantine	Alzheimer's / Dementia	N/A	D
Metformin	Diabetes	N/A	#
Methadone	Opioid Dependence	4 yrs	D
Methadose	Opioid Dependence	4 yrs	D
Methotrexate	Cancer	7 yrs >7 yrs	D S
	Rheumatoid Arthritis / SLE / Connective Tissue Disease	N/A	D

Medication	Common Use of Concern	RX Fill	Plan
Metoprolol HCTZ	High Blood Pressure (HTN) CHF	N/A N/A	* D
Metoprolol Tartrate / Succinate	High Blood Pressure (HTN) CHF	N/A N/A	* D
Micardis	High Blood Pressure (HTN) CHF	N/A N/A	* D
Micronase	Diabetes	N/A	#
Milrinone	CHF / Cardiomyopathy	N/A	D
Minipress	High Blood Pressure (HTN)	N/A	*
Minitran	Angina / CHF	N/A	D
Mirapex	Parkinson's Other Use	N/A N/A	D S
Moban	Schizophrenia	N/A	D
Moduretic	High Blood Pressure (HTN) CHF	N/A N/A	* D
Moexipril HCL	High Blood Pressure (HTN) CHF	N/A N/A	* D
Monoket	Angina / CHF	N/A	D
Monopril	High Blood Pressure (HTN) CHF	N/A N/A	* D
Mysoline	Seizures	N/A	D
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	* D
Naloxone	Alcohol / Drugs	4 yrs	H
Naltrexone	Alcohol / Drugs	4 yrs	D
Narcan	Alcohol / Drugs	4 yrs	H
Natrecor	CHF	N/A	D
Navane	Schizophrenia	N/A	D
Neurontin	Seizures Nerve Pain	N/A N/A	I S
Nifedipine	High Blood Pressure (HTN)	N/A	*
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	D

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Medication	Common Use of Concern	RX Fill	Plan
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	D
Nitrek	Angina / CHF	N/A	D
Nitro-bid	Angina / CHF	N/A	D
Nitro-dur	Angina / CHF	N/A	D
Nitroglycerine / Nitrotab / Nitroquick / Nitrostat	Angina / CHF	N/A	D
Nitrol	Angina / CHF	N/A	D
Normodyne	High Blood Pressure (HTN)	N/A	*
Norpace	Irregular Heartbeat	N/A	D
Norvir	AIDS	N/A	D
Novolin	Diabetes	N/A	D
Novolog	Diabetes	N/A	D
Pacerone	Irregular Heartbeat	N/A	D
Pancrease	Chronic Pancreatitis	N/A	D
Parcopa	Parkinson's	N/A	D
Parlodel	Parkinson's	N/A	D
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	D
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	D
Pentam 300	AIDS	N/A	D
Pentamidine Isethionate	AIDS	N/A	D
Pergolide Mesylate	Parkinson's	N/A	D
Permax	Parkinson's	N/A	D
Phenobarbital	Seizures	N/A	I
Phoslo	Kidney Dialysis	N/A	D
	Renal Insufficiency / Failure	N/A	D
	Diabetic Nephropathy	N/A	D

Medication	Common Use of Concern	RX Fill	Plan
Plaquenil	Systemic Lupus (SLE)	N/A	D
	Malaria	N/A	S
	Rheumatoid Arthritis	N/A	D
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	D
Plendil	High Blood Pressure (HTN)	N/A	*
Prandin	Diabetes	N/A	#
Prazosin	High Blood Pressure (HTN)	N/A	*
Primacor	CHF	N/A	D
Prinivil	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Prinzide	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Procardia	High Blood Pressure (HTN)	N/A	*
Prograf	Organ / Tissue Transplant	N/A	D
Proleukin	Cancer	7 yrs	D
		>7 yrs	S
Prolixin	Schizophrenia	N/A	D
Propanolol HCL	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Proventil	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	I
		N/A	D
Prozac	Depressive Disorder	N/A	S
Quinapril	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Quinaretic	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Ramipril	High Blood Pressure (HTN)	N/A	*
	CHF	N/A	D
Ranexa	Angina / CHF	N/A	D
Rapamune	Organ / Tissue Transplant	N/A	D

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- #** Diabetes - If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the client will not be eligible for coverage. The client is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

SECURITY SOLUTION PRESCRIPTION REFERENCE GUIDE (Cont.)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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I indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	D
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	D
Rebif	Multiple Sclerosis	N/A	D
Renagel	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A	D
		N/A	D
		N/A	D
Renvela	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A	D
		N/A	D
		N/A	D
Requip	Parkinson's Restless Leg Syndrome	N/A	D
		N/A	S
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	D
Rilutek	ALS / Motor Neuron Disease	N/A	D
Risperdal	Bi-Polar / Schizophrenia	N/A	D
Risperidone	Bi-Polar / Schizophrenia	N/A	D
Rituxan	Cancer Rheumatoid Arthritis	7 yrs	D
		>7 yrs	S
		N/A	D
Ropinirole	Parkinson's Restless Leg Syndrome	N/A	D
		N/A	S
Rythmol	Irregular Heartbeat	N/A	D
Serevent	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	I
		N/A	D
Seroquel	Bi-Polar / Schizophrenia	N/A	D
Sinemet / Sinemet CR	Parkinson's	N/A	D
Sodium Edecrin	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Soltalol Hydrochloride	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Sotalol HCL	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	D

Medication	Common Use of Concern	RX Fill	Plan
Spironolactone	High Blood Pressure (HTN) CHF	N/A N/A	* D
Sprycel	Cancer	7 yrs >7 yrs	D S
Stalevo	Parkinson's	N/A	D
Starlix	Diabetes	N/A	#
Suboxone	Alcohol / Drugs	4 yrs	D
Subutex	Alcohol / Drugs	4 yrs	D
Sustiva	AIDS	N/A	D
Symbicort	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	S
		N/A	D
Symmetrel	Parkinson's	N/A	D
Tambacor	Irregular Heartbeat	N/A	D
Tamoxifen	Cancer	7 yrs	D
		>7 yrs	S
Tarka	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Tasmar	Parkinson's	N/A	D
Tegretol	Seizures	N/A	I
Tenex	High Blood Pressure (HTN)	N/A	*
Tenoretic	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Tenormin	High Blood Pressure (HTN) CHF	N/A	*
		N/A	D
Theo-Dur	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	I
		N/A	D
Theophylline	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	I D
Thioridazine	Schizophrenia	N/A	D
Thiothixene	Schizophrenia	N/A	D

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SECURITY SOLUTION PRESCRIPTION REFERENCE GUIDE (Cont.)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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Medication	Common Use of Concern	RX Fill	Plan
Thorazine	Schizophrenia	N/A	D
Tiazac	High Blood Pressure (HTN)	N/A	*
Tolazamide	Diabetes	N/A	#
Tolbutamide	Diabetes	N/A	#
Tolinase	Diabetes	N/A	#
Toprol XL	High Blood Pressure (HTN) CHF	N/A N/A	* D
Torsemide	High Blood Pressure (HTN) CHF	N/A N/A	* D
Trandate	High Blood Pressure (HTN) CHF	N/A N/A	* D
Tresiba (Insulin)	Diabetes	N/A	D
Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	* D
Tribenzor	High Blood Pressure (HTN) CHF	N/A N/A	* D
Trihexyphe- nidyl HCL	Parkinson's	N/A	D
Truvada	AIDS	N/A	H
Tyzeka	Liver Disorder / Hepatitis	N/A	D
Uniretic	High Blood Pressure (HTN) CHF	N/A N/A	* D
Univasc	High Blood Pressure (HTN) CHF	N/A N/A	* D
Valcyte	AIDS	N/A	D
Valproic Acid	Seizures	N/A	D
Valstar	Cancer	7 yrs >7 yrs	D S
Valturna	High Blood Pressure (HTN) CHF	N/A N/A	* D
Vascor	Angina	N/A	D
Vaseretic	High Blood Pressure (HTN) CHF	N/A N/A	* D
Vasotec	High Blood Pressure (HTN) CHF	N/A N/A	* D

Medication	Common Use of Concern	RX Fill	Plan
Ventolin	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	I D
Verapamil	High Blood Pressure (HTN)	N/A	*
Viaspan	Organ / Tissue Transplant	N/A	D
Viracept	AIDS	N/A	D
Viramune	AIDS	N/A	D
Viread	AIDS	N/A	H
Visken	High Blood Pressure (HTN) CHF	N/A N/A	* D
Vivitrol	Alcohol / Drugs	4 yrs	D
Warfarin	Blood Clot / Deep Vein Thrombosis Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A N/A	I D
Xeloda	Cancer	7 yrs >7 yrs	D S
Xopenex	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	I D
Zelapar	Parkinson's	N/A	D
Zemlar	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	D D D
Zestoretic	High Blood Pressure (HTN) CHF	N/A N/A	* D
Zestril	High Blood Pressure (HTN) CHF	N/A N/A	* D
Ziac	High Blood Pressure (HTN) CHF	N/A N/A	* D
Zyprexa	Bi-Polar / Schizophrenia	N/A	D

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PREMIUM RATES

Standard Rates

ISSUE AGE	MALE	MALE	FEMALE	FEMALE	ISSUE AGE	MALE	MALE	FEMALE	FEMALE
	NT	T	NT	T		NT	T	NT	T
18	10.20	12.44	8.81	10.66	46	26.15	32.43	22.76	28.37
19	10.72	12.96	9.20	11.11	47	27.23	33.86	23.76	29.60
20	11.24	13.49	9.59	11.55	48	28.31	35.30	24.75	30.82
21	11.76	14.02	9.98	11.99	49	29.39	36.73	25.75	32.05
22	12.28	14.54	10.37	12.44	50	30.47	38.17	26.74	33.27
23	12.81	15.07	10.75	12.88	51	32.02	40.15	27.97	34.85
24	13.33	15.59	11.14	13.33	52	33.57	42.13	29.20	36.43
25	13.85	16.12	11.53	13.77	53	35.12	44.12	30.42	38.00
26	14.16	16.49	11.98	14.21	54	36.68	46.10	31.65	39.58
27	14.47	16.86	12.43	14.65	55	38.23	48.08	32.88	41.16
28	14.79	17.24	12.89	15.10	56	40.33	50.67	34.51	43.14
29	15.10	17.61	13.34	15.54	57	42.42	53.26	36.14	45.12
30	15.41	17.98	13.79	15.98	58	44.52	55.86	37.77	47.11
31	15.79	18.59	14.08	16.46	59	46.61	58.45	39.40	49.09
32	16.18	19.20	14.37	16.94	60	48.71	61.04	41.03	51.07
33	16.56	19.81	14.66	17.41	61	52.59	65.34	44.15	54.82
34	16.95	20.42	14.95	17.89	62	56.48	69.64	47.27	58.56
35	17.33	21.03	15.24	18.37	63	60.37	73.94	50.40	62.31
36	18.03	21.91	15.83	19.11	64	64.25	78.24	53.52	66.05
37	18.73	22.80	16.41	19.85	65	68.14	82.54	56.64	69.80
38	19.43	23.68	17.00	20.59	66	71.72	87.41	60.49	74.38
39	20.12	24.57	17.59	21.33	67	75.29	92.29	64.35	78.95
40	20.82	25.45	18.18	22.07	68	78.87	97.16	68.20	83.53
41	21.67	26.56	18.90	23.09	69	82.44	102.04	72.06	88.10
42	22.52	27.67	19.61	24.10	70	86.02	106.91	75.91	92.68
43	23.37	28.77	20.33	25.12	71	91.63	114.38	81.85	100.87
44	24.22	29.88	21.05	26.13	72	97.24	121.86	87.79	109.05
45	25.07	30.99	21.77	27.15					

Preferred Rates

ISSUE AGE	MALE	MALE	FEMALE	FEMALE	ISSUE AGE	MALE	MALE	FEMALE	FEMALE
	NT	T	NT	T		NT	T	NT	T
18	10.17	N/A	8.80	N/A	46	25.91	N/A	22.68	N/A
19	10.70	N/A	9.18	N/A	47	26.96	N/A	23.66	N/A
20	11.19	N/A	9.56	N/A	48	28.02	N/A	24.63	N/A
21	11.68	N/A	9.94	N/A	49	29.07	N/A	25.61	N/A
22	12.17	N/A	10.32	N/A	50	30.13	N/A	26.58	N/A
23	12.67	N/A	10.71	N/A	51	31.66	N/A	27.83	N/A
24	13.16	N/A	11.09	N/A	52	33.19	N/A	29.08	N/A
25	13.65	N/A	11.47	N/A	53	34.72	N/A	30.32	N/A
26	13.98	N/A	11.93	N/A	54	36.25	N/A	31.57	N/A
27	14.32	N/A	12.39	N/A	55	37.78	N/A	32.82	N/A
28	14.65	N/A	12.86	N/A	56	39.82	N/A	34.42	N/A
29	14.99	N/A	13.32	N/A	57	41.86	N/A	36.03	N/A
30	15.32	N/A	13.78	N/A	58	43.90	N/A	37.63	N/A
31	15.71	N/A	14.06	N/A	59	45.94	N/A	39.24	N/A
32	16.10	N/A	14.34	N/A	60	47.98	N/A	40.84	N/A
33	16.50	N/A	14.61	N/A	61	51.81	N/A	43.97	N/A
34	16.89	N/A	14.89	N/A	62	55.65	N/A	47.11	N/A
35	17.28	N/A	15.17	N/A	63	59.48	N/A	50.24	N/A
36	17.96	N/A	15.74	N/A	64	63.32	N/A	53.38	N/A
37	18.64	N/A	16.31	N/A	65	67.15	N/A	56.51	N/A
38	19.33	N/A	16.89	N/A	66	70.72	N/A	60.28	N/A
39	20.01	N/A	17.46	N/A	67	74.29	N/A	64.05	N/A
40	20.69	N/A	18.03	N/A	68	77.85	N/A	67.82	N/A
41	21.52	N/A	18.77	N/A	69	81.42	N/A	71.59	N/A
42	22.35	N/A	19.50	N/A	70	84.99	N/A	75.36	N/A
43	23.19	N/A	20.24	N/A	71	90.69	N/A	81.31	N/A
44	24.02	N/A	20.97	N/A	72	96.39	N/A	87.25	N/A
45	24.85	N/A	21.71	N/A					



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