

# HMS<sup>®</sup> Plus

## 150 • 150 CBO

Universal & Term Life Insurance

**Agent Guide**  
Policy Series 295/300/395

- ▶ HMS Plus 150: Term with 30, 25, & 20-Year Level Premiums
  - Guaranteed for Full Term or 5 Years
- ▶ HMS Plus 150 CBO: Universal Life with Cash Back Option<sup>1</sup>
  - 30, 25, 20, & 15-Year No-lapse Guarantee Periods
- ▶ 50% Built-in Accidental Death Benefit Rider<sup>2</sup>
- ▶ No Mortgage Required
- ▶ All Non-med and Simplified Issue<sup>3</sup>
- ▶ Living Benefit Riders Included at No Additional Cost
- ▶ Variety of Riders Including Disability Income and Waiver of Premium<sup>4</sup>

# Americo Contact Information

**Americo.com:** Access product information, forms, consumer-friendly information, and download quote software at our agent website [www.americo.com](http://www.americo.com).

## Agent Services:

800.231.0801 or  
[agent.services@americo.com](mailto:agent.services@americo.com)  
Monday – Friday 8 A.M.  
to 5 P.M., central.

**Underwriting:** Have a special situation? Refer to [Americo.com](http://Americo.com). For specific underwriting questions, contact an underwriter directly through Agent Services at 800.231.0801.

**TeleAmendments:** Together with your client you can contact Americo at 855.248.8327 and we will complete amendments over the phone.

For faster issue, fax underwriting and delivery requirements to 800.395.9238.

## Helpful Links

[www.Americo.com](http://www.Americo.com)  
[www.AmericoSalesSolutions.com](http://www.AmericoSalesSolutions.com)  
[www.AmericoHMSPlus.com](http://www.AmericoHMSPlus.com)  
[SC.Americo.com](http://SC.Americo.com)  
[SCDemo.Americo.com](http://SCDemo.Americo.com)

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<sup>1</sup> At the end of the no-lapse guarantee period, the accumulation value of the policy will be at least as large as the total amount of premiums paid for the base policy, not including any premiums paid for riders. HMS Plus 150 CBO not available in IN, MA, NJ, and PA.

<sup>2</sup> Accidental Death Benefit Rider (Rider Series 2165) – see product specifications for details.

<sup>3</sup> Issuance of policy may depend upon answers to medical questions.

<sup>4</sup> Riders not available in all states.

## Your clients deserve financial security ...



### Home Mortgage Series Plus offers unique products to fill your clients' needs.

HMS Plus is a specially designed selection of term and universal life insurance products that can help protect your clients' loved ones. Optional riders offer additional benefits to help protect the family home in times of financial hardship.<sup>4</sup>

- **Simplified Issue.** HMS Plus is simplified issue.<sup>3</sup> Most policies are issued within days of submission. It is quick and easy to apply!
- **Level and 5-Year Guarantee Periods Available.** Clients can choose 30, 25, or 20-year term periods and then choose either a fully guaranteed or a five-year guaranteed option.
- **Mortgage Not Required.** Unlike many competitors' products, you do not need a mortgage to apply for HMS Plus.
- **Cash Back Option.**<sup>1</sup> If your client chooses a Cash Back Option product, they may request to receive 100% of base premiums back at the end of the no-lapse guarantee period. 30, 25, 20, or 15-year no-lapse guarantee periods are available.
- **Variety of Optional Riders.** With so many available riders, it is easy to customize HMS Plus to fit almost any client need. Our most popular riders are the Disability Income Rider and Waiver of Premium.<sup>4</sup>

# HMS Plus at a Glance

## Face Amounts:

**Minimum:** \$25,000

**Maximum:** \$400,000

## Underwriting Classes:

### Non-nicotine or Nicotine

Non-nicotine rates available if the applicant has not smoked cigarettes, cigars, or e-cigarettes, chewed tobacco or nicotine gum, or used nicotine patches or any product containing nicotine in the last 24 months.

### Underwriting:

Accept/Reject through Table 6  
 Non-medical through \$400,000;  
 saliva test \$250,001 to \$400,000.  
 See Underwriting section for more information.

### Sex Rating during initial premium period:

Unisex

### Conversions:

None

# Product Specifications

	<i>150 CBO</i> Not available in IN, MA, NJ, or PA.	<i>150</i>
Policy Series	295/395	300
Policy Type	Universal Life	Term Insurance
Maturity Date	Age 105	Age 105
Cash Back Option (CBO)	At the end of the no-lapse guarantee period, the accumulation value of the policy will be at least as large as the total amount of no-lapse guarantee premiums paid for the base policy, not including any premiums paid for riders.	Not Available
Accidental Death Benefit Rider (Rider Series 2165)	<p>An Accidental Death Benefit equal to 50% of the base death benefit will be paid, if death occurs prior to the end of the level term period/no-lapse guarantee period and is a result of an accident.</p> <p>An additional 50% of the base death benefit will be payable, if death results from a bodily injury which is the direct result of an accident, while riding as a fare-paying passenger on a common carrier.</p> <p><i>This rider terminates at the end of the level premium period/no-lapse guarantee period.</i></p>	
Living Benefit Riders (Rider Series 2195, 2196, 2197, 2190, 2191, 2192)	An accelerated death benefit is payable, as a lump sum, in the event of a qualifying Critical, Chronic, or Terminal Illness. The Requested Acceleration must be 100% of the face amount as of the policy's issue date.	An accelerated death benefit is payable, as a lump sum, in the event of a qualifying Critical, Chronic, or Terminal Illness. The maximum initial Requested Acceleration is 100% of the face amount as of the policy's issue date. If a partial acceleration is elected, the Requested Acceleration amount must be a minimum of \$5,000, and the remaining policy face amount must be a minimum of \$20,000.
Level and Guaranteed Premium Options (State variations apply)	30-, 25-, 20-, and 15-year no-lapse guarantee period	30-, 25-, and 20-year guaranteed level premiums or 30-, 25-, and 20-year level premiums with a 5-year guarantee
Premium Modes & Modal Factors	Monthly EFT (No modal factors. The annual premium is simply divided by 12 to obtain monthly premium.)	Monthly EFT: .095
Minimum Issue Age	20; Age Last Birthday	
Maximum Issue Ages	<p>Non-nicotine:</p> <p>30-Year No-Lapse Guarantee: 55                      25-Year No-Lapse Guarantee: 55                      20-Year No-Lapse Guarantee: 60                      15-Year No-Lapse Guarantee: 55</p> <p>Nicotine:</p> <p>30-Year No-Lapse Guarantee: 50                      (45 in FL and IL)                      25-Year No-Lapse Guarantee: 50                      20-Year No-Lapse Guarantee: 52                      15-Year No-Lapse Guarantee: 47                      Age Last Birthday</p>	<p>30-Year Term: 60                      25-Year Term: 65                      20-Year Term: 70                      Age Last Birthday</p>
Optional Benefit Riders	<ul style="list-style-type: none"> <li>▶ Disability Income Rider (Also available on Additional Insured Rider)</li> <li>▶ Additional Insured Term Insurance Rider</li> <li>▶ Waiver of Premium for Disability Rider (150 only)</li> <li>▶ Waiver of Monthly Specified Premium Rider (150 CBO only)</li> <li>▶ Involuntary Unemployment Waiver of Premium Rider</li> <li>▶ Children's Term Rider (up to \$15,000 per child)</li> <li>▶ Income Term Rider</li> </ul>	
Policy Fee	\$90, Fully Commissionable	\$90, Fully Commissionable

## Reinstatement

If the policy terminates under the terms of the grace period provision, we will reinstate the policy if the request is received within three years (five years in some states) from the date of the first unpaid premium and the client provides evidence of insurability acceptable to us.

See policy for reinstatement conditions.

## Accidental Death Benefit Rider

(Rider Series 2165)

This Rider is added automatically and at no additional cost to HMS Plus 150 and 150 CBO. Please see Product Specifications for death benefit amounts. This Rider terminates at the end of the level term period / no-lapse guarantee period.

This benefit provides for the payment of an additional benefit in the event of the insured's death, as a result of an accidental injury within 180 days of the injury. An additional amount will be paid in the event of the insured's death, as a result of an accidental injury while riding as a fare-paying passenger on a common carrier.

An accidental injury is defined as an accidental bodily injury sustained by the insured, which is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause.

A common carrier is a public passenger conveyance operated by a duly licensed common carrier for regular passenger service by land, water, or air with a definite schedule of arrivals and departures.

## Living Benefit Riders

These riders are added automatically and at no additional cost to HMS Plus 150 and 150 CBO.

These benefits provide an accelerated death benefit, payable as a lump sum upon the occurrence of a qualifying event. The request for the Accelerated Death Benefit must be in writing and Americo must receive the request while the policy is in force.

For HMS Plus 150 policies, the maximum initial Requested Acceleration is 100% of the face amount as of the policy's issue date; partial accelerations are also available. If a partial acceleration is elected, the Requested Acceleration amount must be a minimum of \$5,000, and the remaining policy face amount must be a minimum of \$20,000. Requested Acceleration amounts will be reduced by an administrative charge and an actuarial discount, based on the insured's life expectancy at the time of the request.

If a Terminal Illness Rider benefit is paid, then all living benefit riders will terminate immediately. If a Critical or Chronic Illness Rider benefit is paid, all living benefit riders will remain active, but no more accelerations can be made for that rider in the following 12 months. The policy face amount will be reduced by the amount of the Requested Acceleration, and the policy's cash values will be reduced proportionately.

For HMS Plus 150 CBO policies, the Requested Acceleration must be 100% of the policy's face amount; partial accelerations are not available. Requested Acceleration amounts will be reduced by an administrative charge and an actuarial discount, based on the insured's life expectancy at the time of the request.

## Critical Illness Accelerated Death Benefit Rider

Rider Series 2190/2195

A Critical Illness qualifying event is when a physician certifies that the Insured has had one of the following conditions in the last 12 months:

- ▶ Amyotrophic Lateral Sclerosis (ALS)
- ▶ End Stage Renal Failure (Kidney Failure)
- ▶ Invasive Cancer
- ▶ Major Organ Failure
- ▶ Myocardial Infarction (Heart Attack)
- ▶ Stroke

## Chronic Illness Accelerated Death Benefit Rider

Rider Series 2191/2196

A Chronic Illness qualifying event occurs if, within the last 12 months, a physician has certified that for a continuous 90 day period the Insured:

- ▶ is unable to perform (without substantial assistance from another person) at least two activities of daily living due to loss of functional capacity; or
- ▶ requires substantial supervision to protect himself/herself from threats to health and safety due to severe cognitive impairment.

## Terminal Illness Accelerated Death Benefit Rider

Rider Series 2192/2197

A Terminal Illness qualifying event occurs when a physician certifies that the Insured has a terminal illness. A terminal illness is defined as a medical condition that, with a reasonable degree of medical certainty, will result in the Insured's death within 12 months from the date the physician signs the statement of proof of terminal illness.

## Cash Back Option

*Not available in IN, MA, NJ, or PA*

HMS Plus 150 CBO is a universal life policy that builds cash value, primarily in the last three to five years of the policy's no-lapse guarantee period.

The key benefit of the CBO product is that it returns 100% of the base policy's no-lapse guarantee premiums, less any outstanding loan balance, at the end of the no-lapse guarantee period if the policy is terminated. In addition, in the three to five years prior to the end of the no-lapse guarantee period, the accumulation value is guaranteed to be a percentage of the cumulative premiums paid on the base policy. These percentages are shown below. The surrender request to obtain any accumulation values must be received within 30 days of the policy anniversary at the end of the year an accumulation value is available. If the policyholder does not surrender at this time, the full accumulation value may no longer be available. (State variations apply.)

### Guaranteed Accumulation Percentages

End of Policy Year	15-Year No-Lapse Guarantee	20-Year No-Lapse Guarantee	25-Year No-Lapse Guarantee	30-Year No-Lapse Guarantee
0-12	0%	0%	0%	0%
13	20%	0%	0%	0%
14	60%	0%	0%	0%
15	100%	0%	0%	0%
16	0%	0%	0%	0%
17	0%	0%	0%	0%
18	0%	25%	0%	0%
19	0%	50%	0%	0%
20	0%	100%	0%	0%
21	0%	0%	0%	0%
22	0%	0%	20%	0%
23	0%	0%	40%	0%
24	0%	0%	65%	0%
25	0%	0%	100%	0%
26	0%	0%	0%	20%
27	0%	0%	0%	30%
28	0%	0%	0%	50%
29	0%	0%	0%	70%
30	0%	0%	0%	100%
31+	0%	0%	0%	0%

Cash Back Option Example:

- ▶ Male, age 30, non-nicotine, \$150,000 HMS Plus 150 CBO with a 30-year no-lapse guarantee period.
- ▶ The monthly premium is \$78.75.
- ▶ After 30 years, the cumulative premium paid is \$28,350.
- ▶ The Guaranteed Accumulation Value at the end of the 30-year no-lapse guarantee period is \$28,350.
- ▶ If your client terminates coverage within 30 days of the

End of Year	Cumulative Premiums Paid	Guaranteed Accumulation Percentage	Guaranteed Accumulation Value	Guaranteed Cash Surrender Value
1	\$945	0%	\$0	\$0
5	\$4,725	0%	\$0	\$0
10	\$9,450	0%	\$0	\$0
15	\$14,175	0%	\$0	\$0
20	\$18,900	0%	\$0	\$1,193
25	\$23,625	0%	\$0	\$1,703
26	\$24,570	20%	\$4,914	\$4,914
27	\$25,515	30%	\$7,655	\$7,655
28	\$26,460	50%	\$13,230	\$13,230
29	\$27,405	70%	\$19,184	\$19,184
30	\$28,350	100%	\$28,350	\$28,350

end of the 30th policy year, they will receive 100% of their base premiums back, less any outstanding loans. If requested after this time, there is no guarantee of the full cash surrender value.

- ▶ Additionally, if your client terminates coverage within 30 days of the end of the 26th policy year, they are guaranteed to receive no less than 20% (see Guaranteed Accumulation Percentages from chart above or chart on previous page) of their base premiums back, less any outstanding loans. In this case, they would receive \$4,914. (Based on your client's underwriting class, the no-lapse guarantee period, and the face amount, the actual Guaranteed Accumulation Value may be greater than 20% of the cumulative base premiums.)

## Loans

Policy loans may be made on the cash surrender value. The policy loan interest rate is 7.4% per year in advance. If at any time the total loan amount exceeds the cash value, the policy will terminate. Amerigo will send a notice to the policyowner at least 30 days prior to this type of termination. Policy loans can be repaid at any time. State variations may exist.

## Additional Premiums / Decreases to Coverage

HMS Plus 150 CBO is a universal life product with contract provisions for additional premiums and decreases to the Specified Amount. Additional premiums do not apply toward the Cash Back Option. Please contact Amerigo Customer Service for in-force illustrations.

30-Year Period: 60  
To Age 70: 55

## Premiums:

**HMS Plus 150:** Premium rates are per \$100 of monthly income and vary by monthly income death benefit period, rating class, and issue age.

**HMS Plus 150 CBO:** COI rates are per \$100 of monthly income and vary by monthly income death benefit period, rating class, and issue age.

**Minimum Monthly Benefit:** \$50

**Maximum Benefit:** The initial lump sum death benefit of the rider plus the face amount of the base policy can be no more than \$400,000.

**Death Benefit:** A level monthly benefit will be paid after the death of the insured. The benefit will be paid monthly until the end of the monthly income death benefit period, but no less than 24 months in duration.

The beneficiary may elect a lump sum payment instead of the monthly death benefit. Generally, the cumulative monthly death benefit payment will be greater than the lump sum payment. Once the beneficiary has started receiving the monthly benefit, they will no longer have the option to change to a lump sum payment.

**Termination:** Rider expires at the end of the monthly income death benefit period.

*See Income Term Rider underwriting guidelines for more information.*

# Optional Benefit Riders

## Income Term Rider

### Rider Series 2178

The Income Term Rider provides a death benefit paid in monthly payments, until the end of the Monthly Income Death Benefit Period. Monthly Income Periods available in 15, 20, 25, and 30 years, or To Age 70.

This benefit is paid in addition to the base policy death benefit. The monthly income death benefit period for the rider does not have to be the same length of time as the base policy's level premium period or no-lapse guarantee period.

## Specifications

**Minimum Issue Age:** Same as the base policy, age last birthday.

**Maximum Issue Ages:** Age last birthday

15-Year Period: 75  
20-Year Period: 70  
25-Year Period: 65

## Disability Income Rider

### Rider Series 2145

The Disability Income (DI) Rider allows the Insured and the Additional Insured (spouse) to receive monthly benefit payments in the event of a total disability. A 90-day waiting period applies, which means disability income benefits begin to accrue after the Insured has been totally disabled for 90 continuous days, and the Insured has met all of the requirements for benefits under this rider. No benefits are payable unless the period of total disability lasts longer than 90 days. Benefit payments begin to accrue on the 91st day. A 120-day waiting period applies for clients with policies issued in Maryland. Benefits are paid monthly, in arrears. See the policy for complete details.

## Specifications

**Total disability must:**

- ▶ begin while coverage is in effect,
- ▶ continue for at least three months,
- ▶ result from injury or disease, and
- ▶ keep the Insured from performing the material

and substantial duties of his or her regular occupation while not engaged in any other occupation for wage or profit, as a result of the injury or disease.

**Issue Ages:** 20-60, age last birthday

**Minimum Benefit:** The minimum benefit is \$100 per month.

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

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

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

**Termination:** DI Rider coverage terminates upon:

- ▶ surrender or termination of the base coverage,
- ▶ the coverage anniversary following the insured's 65th birthday, or
- ▶ the month anniversary following the receipt of written request to terminate the rider.

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

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

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

Note: This rider can be added to Additional Insured Term Insurance Rider.

**Proof of Continued Total Disability:** We may periodically require proof of continued total disability. We may also require that a physician of our choice, at our

expense, examine the insured. Monthly benefits will end if the insured does not provide satisfactory proof within 30 days of our request, if the insured is no longer totally disabled, or if the policy is surrendered or terminated. The insured will agree to notify us as soon as possible after the insured is no longer totally disabled.

*See Disability Income Rider underwriting guidelines for more information.*

## **Waiver of Premium for Disability Rider** Rider Series 2158

## **Waiver of Monthly Specified Premium Rider** Rider Series 2158-UL

These riders provide that the total premium / specified premium (including premium for riders) will be waived, if the base Insured becomes totally disabled. After 180 consecutive days of disability, the premium will be waived from the date of disability for the duration of the disability.

This benefit terminates on the coverage anniversary nearest the Insured's 60th birthday, if the Insured is not disabled at the time. If the Insured is disabled at that time, the monthly premium for the period of the Insured's continuous total disability will be waived until the Insured's 60th birthday or for two years, whichever is longer.

If the coverage includes a Children's Term Rider, the Waiver of Premium for Disability Rider must also be purchased on the Children's Term Rider. There is an additional charge for Waiver of Premium for Disability, if there is an Additional Insured Term Insurance Rider, which is based on the additional Insured's age and face amount. If the Primary Insured becomes disabled, the premium for the entire coverage (including the Additional Insured Term Insurance Rider) is waived. However, if the Additional Insured becomes disabled when the rider coverage is on the Primary Insured, premiums are not waived. If the Additional Insured wants the Waiver of Premium for Disability benefit to apply to him/herself, apply for separate coverage on the Additional Insured instead of attaching the Additional Insured Term Insurance Rider.

### **Specifications**

**Issue Ages:** 20 – 55, Age Last Birthday.

**Guaranteed Premiums:** The annual premium per \$1,000 of face amount is based on the Insured's issue age for the benefit.

## **Involuntary Unemployment Waiver of Premium Rider**

### **Rider Series 2140**

There is no charge for this rider and it will automatically be added when the Waiver of Premium for Disability Rider / Waiver of Monthly Specified Premium Rider is selected (not available in all states). This rider will waive up to six months of the premium for the period of the Insured's continuous unemployment, if the Insured suffers involuntary unemployment, up to a maximum of \$500 per month. This benefit may be used only once every five years. The Insured must have worked full-time for at least 90 days after the effective date of the rider and for at least 90 days prior to receiving state or federal unemployment benefits. In order to waive the premium, the Insured must be receiving State or federal unemployment benefits for at least four consecutive weeks and not be currently employed on a full-time basis.

#### **Specifications**

**Issue Ages:** 20 – 55, Age Last Birthday.

**Termination:** Age 60

Payments cease when the Insured secures new employment. Proof must be given of continuous unemployment or disability in order to continue to collect the benefit. If the Insured becomes unemployed on more than one occasion, premiums will only be waived once every five years.

The Children's Term Rider (Supplemental Application Series 5147) is issued in units of \$1,000 of level term life insurance. The maximum number of units available is 15. Coverage on each child terminates on the child's 25th birthday or the coverage anniversary nearest the base Insured's 65th birthday, whichever comes first. If the base Insured dies while this rider is in force, the level term life insurance on each child becomes fully paid-up term insurance.

Conversion to a new policy is available on the child's 25th birthday or the coverage anniversary nearest the base Insured's 65th birthday, whichever comes first. Conversion to a permanent policy of insurance is permitted for up to five times the amount of coverage in force on the child.

#### **Specifications**

**Issue Ages:** 15 days - 18 years, Age Last Birthday

#### **Face Amount**

Minimum = \$1,000 (1 unit)

Maximum = \$15,000 (15 units)

## **Additional Insured Term Insurance Rider**

### **Rider Series 2160**

Provides term life coverage for the spouse of the base Insured. Rates are guaranteed level for the full period or for five years. There is no policy fee associated with this rider. The Additional Insured Rider Supplemental Application (Application Series 5149) must be completed.

#### **Specifications**

**Issue Ages:** Same as base coverage.

#### **Face Amounts:**

Minimum = \$25,000

Maximum = Not to exceed the base coverage face amount.

## **Children's Term Rider**

### **Rider Series 2162**

This rider provides level term life insurance on any child, stepchild, or legally adopted child of the Insured named in the application, provided the child is 18 years of age or younger on the date of application. After the date of application, the rider will include any child born to the Insured or legally adopted by the Insured, provided the child is 18 years of age or younger at the time of adoption.

# New Business Information

## Completing the Application

- ▶ Print clearly and use black ink.
- ▶ Answer all questions thoroughly.
- ▶ Make sure all required forms for your product and state are complete.
- ▶ Note special requests such as effective date and draft date in the Agent Comments section of the application.
- ▶ Double check for correct signatures, agent number, and dates.
- ▶ The Payor section of the application is not necessary unless the Payor is different from the owner or Insured.

## Fax Your Application

- ▶ Use the Amerigo Fax Application Transmittal Form (#AFSFAX2002).
- ▶ Attach the application, additional required forms and a copy of the premium check or EFT form.
- ▶ Fax to: 800.395.9238.
- ▶ If you provide your fax # or email address on the Fax Transmittal form, you will receive a confirmation including the policy number within three business hours.
- ▶ Please do not mail the originals.

## Upload Your Application

Submit your business electronically to Amerigo's secure site.

- ▶ If your documents are not already saved electronically, scan and save them to your PC. We accept the following file types: .jpg, .gif, .bmp, .tif, .tiff, .doc, .docx, .xls, .xlsx, .pdf
- ▶ Log on to [www.americo.com](http://www.americo.com) and click on the "Document Submission" link in the upper, right corner of the home page.
- ▶ You can also upload outstanding requirements for existing pending business. Please remember to write a policy number on the document.

## Forms of Payment

- ▶ Please do not send cash or partial premiums.
- ▶ Amerigo will accept cashier's checks, but NOT money orders.
- ▶ We cannot process premium checks that are postdated, backdated by more than six months, or improperly endorsed. Please make sure the policy

number, if known, is noted on any check sent to Amerigo.

- ▶ Personal checks, written by the agent on behalf of the applicant, will not be accepted.

## Drafting for Premium

Amerigo will draft for initial premium.

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

Checking accounts – include voided check

Savings accounts – must include a pre-printed deposit slip (Please note that routing numbers beginning with a 5 are not valid for drafting and will need to be verified with the bank.)

Complete Amerigo's Bank Draft Authorization form (AF55019) for either type of account

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

# Underwriting

## Important Note Regarding Americo's Underwriting Standards

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

### Insurable Interest

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

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

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

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

Some examples of these situations are:

- ▶ Creditor (the amount of insurance must not exceed the indebtedness)
- ▶ Key Person (the general rule for the amount of insurance is no more than five times the Proposed Insured's annual income)

- ▶ Principal stockholders
- ▶ Employer to key employee
- ▶ Business partnerships

Ownership in all cases must be prudent and reasonable.

Examples of questionable ownership would be:

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

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

### Plan Eligibility

Eligibility will be determined by a number of factors. Among them are the applicant's prescription and MIB Database histories, answers to the application questions, and previous Americo application information.

### Health Changes Underwriting

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

### Medical Check-Ups

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

### Military Guidelines

If deployment orders are pending, or have been received (verbal or written), please indicate and supply the location of the next duty site for underwriting consideration.

**Please note, agents are not permitted to sell Americo products on military bases. In the event of any future military conflict, these guidelines may be discontinued.**

## Foreign Nationals and Foreign Travel

Coverage is not available for foreign nationals visiting, those temporarily residing in the United States, or individuals not residing legally in the United States. Consideration may be given to non-citizens who have established legal, permanent residency in the United States and are applying for citizenship. One of the following documents **must** be submitted with the application. **No exceptions will be made.**

- ▶ Copy of the applicant's Green Card or Permanent Visa (B1 - B2 Visas not acceptable)
- ▶ Copy of U.S. Citizenship and Immigration Services Form I-551

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

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

## Underwriting Advantages

- ▶ Clean applications are typically issued in a couple of days.
- ▶ Underwriting decisions are based on medical questions on the application, an MIB, and prescription drug check. No parameds, no blood, no urine, no APS...no hassle.
- ▶ On face amounts over \$250,000, agent collected saliva is required. This is a simple requirement fulfilled easily at the point of sale.

## Medical Requirements

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

\*Maine Residents: Agent-collected saliva required.

## Non-Medical

It is important to secure an accurate medical history, asking all health questions and providing the answers in the space provided on the application. In every case, please provide

the name, address, and telephone number of the applicant's personal physician plus the date, reason, and results of the last check-up.

## Medical History Questions

Read the instructions for the Medical Questions in Section 7 very carefully.

Questions 1a and b are the Nicotine History questions:

- ▶ These have been written to allow the Proposed Insured to identify their current and past Nicotine use.
- ▶ Any use identified by a check box entry should be quoted Nicotine rates.
- ▶ If the "No nicotine products" check box is checked, Non-Nicotine rates may be quoted.

Questions 2 through 3j are 'knock-out' health questions.

- ▶ Any "Yes" answer identifies the Proposed Insured as ineligible for coverage under HMS Plus plans. **However, your client may be eligible for coverage under another Americo plan.**

Questions 4 through 13 and Section 8 are general health questions:

- ▶ If the initial question is answered "No", none of the additional information, or drill down questions, located below require completion.
- ▶ If the initial question is answered "Yes", then all drill downs for that question are required.

The need for specialized medical questionnaires has been eliminated, except in a few instances. The questions on the application are sufficient for underwriting known risk factors. If additional information is obtained from 3rd party sources (as mentioned above) that information will be obtained in the most efficient way possible. If a specialized form is required, you will be given specific direction on the application.

## Agent Collected Saliva

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

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

## Mortgage Requirements

Proof of mortgage is never required.

# Underwriting Build Chart

HEIGHT	150 150 CBO INCOME TERM RIDER	DI RIDER
4'8"	78 - 189	74 - 178
4'9"	80 - 196	77 - 184
4'10"	83 - 203	79 - 191
4'11"	86 - 210	82 - 198
5'0"	89 - 217	85 - 204
5'1"	92 - 224	88 - 211
5'2"	95 - 232	91 - 218
5'3"	98 - 239	94 - 225
5'4"	101 - 247	97 - 233
5'5"	105 - 255	100 - 240
5'6"	108 - 263	103 - 247
5'7"	111 - 271	106 - 255
5'8"	115 - 279	109 - 263
5'9"	118 - 287	112 - 270
5'10"	121 - 296	115 - 278
5'11"	125 - 304	119 - 286
6'0"	129 - 313	122 - 294
6'1"	132 - 322	126 - 303
6'2"	136 - 331	129 - 311
6'3"	140 - 340	133 - 320
6'4"	143 - 349	136 - 328
6'5"	147 - 358	140 - 337
6'6"	151 - 367	143 - 346
6'7"	155 - 377	147 - 355

# Income Term Rider Underwriting

Underwriting for the Income Term Rider utilizes information obtained from the base policy.

## Sex Rating

Male/Female

## Rating Class

Standard Non-nicotine, Standard Nicotine

## Underwriting

Based on the initial lump sum death benefit of the rider plus the face amount of the base policy. Accept/Reject through Table 6.

Amounts	All Issue Ages
\$25,000-250,000	Non-medical
\$250,001-400,000	Agent Collected Saliva

Underwriting decisions are based on medical questions on the application, MIB, and prescription drug check.

# Disability Income Rider Underwriting

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

## Sex Rating

Unisex

## Underwriting

Accept/Reject through Table 2.

## Benefit Amount

- ▶ The maximum monthly benefit is 2% of the face amount subject to percentage of income limitations.
- ▶ The benefit cannot exceed \$2,000 per month for all policies in force with Americo.
- ▶ Maximum benefit amounts for all inforce individual disability income products are based on a calculation of percentage of salary.
- ▶ 60% of applicant's earned income.

- **Self-employed individuals** are considered based on their net income (gross income less expenses) from Schedule C of their Federal tax return or their 1099 totals. The Disability Income Rider is not offered to self-employed individuals working from their home.
- 60% for **eligible government occupations** (maximum \$1,500).

### Full Time Employment

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

### Employment History

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

### Annual Earned Income

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

### Occupational Classes

Class 4A, 3A, 2A, A, and B are acceptable. The rider is not available to railroad employees or military members. Self-employed individuals are eligible. However, be sure to evaluate the qualifying amount on the net monthly income instead of the gross monthly income. **Refer to the Occupation Guide on pages 19 - 22.**

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

### Employer

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

### Other Disability Insurance In-Force

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

### Previous Disability

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

### Exclusions

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

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

# Disability Income Rider Impairment Guide

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

Medical Condition	Criteria	Typical Underwriting Action
<b>Achilles Tendonitis</b>		Rider
<b>Acid Reflux</b>		Accept to rider
<b>AIDS</b>		Decline
<b>Alcoholism or Alcohol Abuse</b>	0-5 years	Decline
	Over 5 years	IC
<b>Alzheimer's / Dementia</b>		Decline
<b>Amputation</b>		IC
<b>Anemia</b>	Iron Deficiency	Accept
	Others	Decline
<b>Aneurysm</b>		Decline
<b>Angina</b>		Decline
<b>Angioplasty</b>		Decline
<b>Ankylosing Spondylitis</b>		Decline
<b>Anxiety</b>		Decline
<b>Aortic Stenosis</b>	Significant heart murmur	Decline
<b>Appendectomy</b>	Full Recovery	Accept
<b>Arteriosclerosis</b>		Decline
<b>Arthritis</b>	Osteoarthritis	Rider to Decline
	Rheumatoid or Psoriatic	Decline
<b>Asthma</b>	Mild, occasional brief episodes. No tobacco, frequent/chronic symptoms, or steroid use	Rider to Decline
	Tobacco use or with ER or hospital visits	Decline
<b>Atrial Fibrillation</b>		Decline
<b>Attention Deficit Disorder</b>	Diagnosed as an adult, requiring medication; 0-2 years	Decline
	>2 years	IC
<b>Aviation</b>		Rider
<b>Back Disorders</b>	History of strains/sprains or prior surgery with full recovery	Rider to Decline
	Current treatment, no surgery	Decline
	Curvatures	Rider to Decline
<b>Barrett's Esophagus</b>		Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Key:	
Accept – DIR offered as applied	Rider – Exclusion rider placed on policy
IC – Individual consideration	Decline – DIR deleted from policy
*Medical Conditions highlighted in yellow may require additional information*	

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

Underwriting reserves the right to make the final determination based on all factors of the risk.

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

Underwriting reserves the right to make the final determination based on all factors of the risk.

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

Underwriting reserves the right to make the final determination based on all factors of the risk.

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

Underwriting reserves the right to make the final determination based on all factors of the risk.

# Disability Income Rider Occupation Guide

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

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

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

Underwriting reserves the right to make the final determination based on all factors of the risk.

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

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

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

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

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

Underwriting reserves the right to make the final determination based on all factors of the risk.

# Single Impairment Guide

Medical Condition	Typical Underwriting Action
<b>AIDS</b>	Decline
<b>Alcohol Abuse</b>	Decline
<b>ALS (Lou Gehrig's Disease)</b>	Decline
<b>Alzheimer's Disease</b>	Decline
<b>Amputations:</b>	
Accidental - fully recovered, working full time	Usually Acceptable
Associated with diabetes/vascular disease	Decline
Kidney or bladder dysfunction	Decline
Wheelchair bound	Decline
<b>Aneurysm:</b>	
Abdominal or Thoracic - no surgery	Decline
Abdominal or Thoracic - with surgery after 6 months	Does Not Qualify
<b>Angina Pectoris (chest pain)</b>	Decline
<b>Anxiety</b>	Usually Acceptable
<b>Atrial Fibrillation:</b>	Decline
with RF ablation, no re-occurrence after 3 months	Individual Consideration
<b>Arthritis:</b>	
Rheumatoid	Does Not Qualify
Psoriatic mild, working full time	Usually Acceptable
Disabled due to arthritis	Decline
Methotrexate or steroid medications	Does Not Qualify
<b>Asthma:</b>	
Well controlled, seasonal with allergies	Acceptable
Steroid use	Does Not Qualify
Smoking	Individual Consideration
ER visit/hospitalization within last year	Does Not Qualify
<b>Blood Clots:</b>	
Pulmonary Embolism	Decline
Thrombophlebitis	Does Not Qualify
<b>Cancer</b>	Does Not Qualify
<b>Cerebral Palsy</b>	Does Not Qualify
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	Does Not Qualify
<b>Cirrhosis of the Liver</b>	Decline
<b>Colitis:</b>	
IBS	Acceptable
Ulcerative Colitis	Does Not Qualify
Crohn's Disease	Does Not Qualify
<b>Concussion, after 6 months</b>	Usually Acceptable
<b>Congestive Heart Failure</b>	Decline
<b>Coronary Artery Disease:</b>	
Angioplasty (stent) or bypass	Does Not Qualify
Heart Attack	Does Not Qualify
Recurrent episodes, onset before age 40	Decline
<b>Cystic Fibrosis</b>	Decline

Medical Condition	Typical Underwriting Action
<b>Dementia</b>	Decline
<b>Depression:</b>	
Mild with no hospitalizations within 3 years, no more than 1 medication	Usually Acceptable
Otherwise or with alcohol abuse and/or narcotic pain medications	Decline
<b>Diabetes:</b>	
Type 1 or with insulin - onset under age 60	Does Not Qualify
Onset age 20-30	Does Not Qualify
Onset under age 20	Decline
Type 2, oral medications or diet controlled after 6 months of treatment	Usually Acceptable
Type 2, Onset under age 20	Decline
<b>Driving Record:</b>	Adverse driving records will be underwritten on an individual application basis, subject to a motor vehicle report.
<b>DUI/DWI - multiple or last occurred under age 25</b>	Decline
<b>Drug Abuse:</b>	
Marijuana, occasional use/not daily	Usually acceptable with nicotine rate.
Cocaine, Amphetamines, Street Drugs (within 5 years)	Decline
Cocaine, Amphetamines, Street Drugs (over 5 years)	Decline
Prescription Narcotics, abuse or long-term use	Does Not Qualify
<b>Emphysema (see COPD)</b>	
<b>Epilepsy (obtain questionnaire):</b>	
Grand Mal attack within 6 months	Decline
Grand Mal attack over 6 months	Individual Consideration
Petit Mal attack within 6 months	Does Not Qualify
Petit Mal attack over 6 months	Individual Consideration
<b>Fibromyalgia (not disabled, no narcotic pain medications)</b>	Usually Acceptable
<b>Heart Attack (see Coronary Artery Disease)</b>	
<b>Heart Bypass (see Coronary Artery Disease)</b>	
<b>Heart Murmur:</b>	
Aortic Insufficiency	Does Not Qualify
Aortic Stenosis	Does Not Qualify
Mitral Regurgitation	Does Not Qualify
Mitral Valve Prolapse - no medications	Usually Acceptable
Mitral Valve Prolapse - with medications	Does Not Qualify
Mitral Valve Replacement - mitral and aortic	Does Not Qualify
<b>Heart Valve Repair</b>	Does Not Qualify

Underwriting reserves the right to make the final determination based on all factors of the risk.

Medical Condition	Typical Underwriting Action
<b>Heart Transplant</b>	Decline
<b>Hemophilia</b>	Decline
<b>Hepatitis:</b>	
Alcoholic	Decline
Hepatitis A with full recovery	Acceptable
Hepatitis B	Does Not Qualify
Hepatitis C	Does Not Qualify
<b>High Blood Pressure (hypertension):</b>	
Controlled and after 6 months of treatment	Acceptable
<b>Hodgkin's Disease</b>	Does Not Qualify
<b>Hysterectomy:</b>	
No cancer	Acceptable
Cancerous Cause (see cancer)	
<b>Kidney Dialysis</b>	Decline
<b>Kidney Removal (see Nephrectomy)</b>	
<b>Kidney Transplant Recipient</b>	Decline
<b>Kidney Transplant Donor</b>	Usually Acceptable
<b>Leukemia (see cancer)</b>	
<b>Liver Transplant</b>	Decline
<b>Lou Gehrig's disease (see ALS)</b>	
<b>Lung Transplant</b>	Decline
<b>Lupus:</b>	
Discoid	Usually acceptable
Systemic	Does Not Qualify
<b>Melanoma (see cancer)</b>	
<b>Mental Retardation</b>	Decline
<b>Multiple Myeloma</b>	Decline
<b>Multiple Sclerosis:</b>	
Mild, employed full time, no medications	Does Not Qualify
Otherwise	Decline
<b>Myasthenia Gravis, diagnosed over 1 year</b>	Does Not Qualify
<b>Muscular Dystrophy</b>	Decline
<b>Narcotic Pain Medication</b>	Individual Consideration
With antidepressant medication or disabled	Decline

Medical Condition	Typical Underwriting Action
<b>Nephrectomy (kidney removal) (if due to cancer, see cancer section)</b>	Does Not Qualify
<b>Osteoporosis</b>	Usually Acceptable
<b>Pacemaker</b>	Does Not Qualify
<b>Pancreatitis:</b>	
Acute, full recovery over 1 year	Does Not Qualify
Chronic	Decline
<b>Paraplegic</b>	Decline
<b>Parkinson's Disease</b>	Decline
<b>Peripheral Vascular Disease</b>	Decline
<b>Polycystic kidney disease</b>	Decline
<b>Polycystic kidney disease family history</b>	Decline
<b>Psychosis</b>	Decline
<b>Quadriplegic</b>	Decline
<b>Rheumatoid Arthritis (see arthritis)</b>	
<b>Sarcoidosis:</b>	
Current treatment or with residual lung impairment	Decline
Recovered over 1 year, no residuals	Does Not Qualify
<b>Schizophrenia</b>	Decline
<b>Skin Cancer (except melanoma)</b>	Individual Consideration
<b>Sleep Apnea current successful treatment w/CPAP or BIPAP</b>	Usually Acceptable
<b>Stroke:</b>	
No residuals - over 1 year	Does Not Qualify
Multiple Strokes	Decline
TIA (Mini Stroke)	Does Not Qualify
<b>Suicide attempt over 1 year</b>	Does Not Qualify
<b>Thyroid impairments, No Cancer</b>	Usually Acceptable
<b>Tuberculosis:</b>	
Current Disease/Treatment	Decline
Positive Skin Test with treatment completed	Usually Acceptable
<b>Ulcer</b>	Individual Consideration
<b>Ulcerative Colitis</b>	Does Not Qualify

Underwriting reserves the right to make the final determination based on all factors of the risk.

# Rate Charts

All rates to calculate guaranteed premiums can be found in the following rate charts. Contact Americo Sales Support at 800.231.0801 for guaranteed ART rates.

## HMS Plus 150 CBO Base Guaranteed Rates - Add \$90 policy fee - Annual Rates per \$1,000

150 CBO - Full guarantee. Base coverage only - no riders (All states except FL & IL)

Issue Ages	15 Year		20 year		25 Year		30 Year	
	NS	SM	NS	SM	NS	SM	NS	SM
20	15.75	24.00	8.90	13.30	6.25	9.80	5.10	8.00
21	15.75	24.00	8.90	13.30	6.25	9.80	5.12	8.04
22	15.75	24.00	8.90	13.30	6.25	9.80	5.14	8.08
23	15.75	24.00	8.90	13.30	6.25	9.80	5.16	8.12
24	15.75	24.00	8.90	13.30	6.25	9.80	5.18	8.16
25	15.75	24.00	8.90	13.30	6.25	9.80	5.20	8.20
26	16.07	24.66	9.00	13.53	6.35	10.01	5.30	8.41
27	16.39	25.34	9.10	13.77	6.45	10.23	5.40	8.62
28	16.72	26.04	9.20	14.01	6.55	10.45	5.50	8.84
29	17.06	26.76	9.30	14.25	6.65	10.67	5.60	9.07
30	17.40	27.50	9.40	14.50	6.75	10.90	5.70	9.30
31	17.77	28.20	9.66	15.09	6.96	11.38	5.89	9.75
32	18.15	28.92	9.92	15.70	7.17	11.88	6.08	10.23
33	18.54	29.66	10.19	16.34	7.39	12.40	6.28	10.73
34	18.94	30.42	10.47	17.00	7.62	12.94	6.49	11.25
35	19.35	31.20	10.75	17.70	7.85	13.50	6.70	11.80
36	20.16	32.75	11.21	18.68	8.21	14.33	7.08	12.56
37	21.00	34.38	11.69	19.72	8.58	15.21	7.49	13.37
38	21.88	36.09	12.19	20.82	8.97	16.15	7.92	14.24
39	22.80	37.88	12.71	21.98	9.38	17.14	8.37	15.16
40	23.75	39.75	13.25	23.20	9.80	18.20	8.85	16.15
41	24.97	42.19	13.93	24.62	10.35	19.35	9.41	17.20
42	26.25	44.78	14.64	26.13	10.93	20.57	10.00	18.31
43	27.60	47.52	15.39	27.73	11.55	21.87	10.63	19.50
44	29.02	50.43	16.18	29.43	12.20	23.25	11.30	20.76
45	30.50	53.52	17.00	31.25	12.90	24.70	12.00	22.10
46	32.04	56.79	18.06	32.91	13.74	26.33	12.87	23.59
47	33.65	60.26	19.19	34.66	14.64	28.07	13.80	25.18
48	35.35	-	20.39	36.50	15.60	29.92	14.80	26.87
49	37.13	-	21.66	38.44	16.62	31.89	15.87	28.68
50	39.00	-	23.00	40.50	17.70	34.00	17.00	30.60
51	40.82	-	24.26	42.49	18.85	-	18.55	-
52	42.73	-	25.58	44.58	20.08	-	20.14	-
53	44.73	-	26.98	-	21.39	-	21.87	-
54	46.82	-	28.45	-	22.78	-	23.74	-
55	49.00	-	30.00	-	24.25	-	25.77	-
56	-	-	31.03	-	-	-	-	-
57	-	-	32.09	-	-	-	-	-
58	-	-	33.19	-	-	-	-	-
59	-	-	34.32	-	-	-	-	-
60	-	-	35.50	-	-	-	-	-

150 CBO - Full guarantee. Base coverage only - no riders (FL & IL Only)

Issue Ages	30 Year	
	NS	SM
20	5.10	8.00
21	5.12	8.04
22	5.14	8.08
23	5.16	8.12
24	5.18	8.16
25	5.20	8.20
26	5.30	8.41
27	5.40	8.62
28	5.50	8.84
29	5.60	9.07
30	5.70	9.30
31	5.89	9.75
32	6.08	10.23
33	6.28	10.73
34	6.49	11.25
35	6.70	11.80
36	7.08	12.56
37	7.49	13.37
38	7.92	14.24
39	8.37	15.16
40	8.85	16.15
41	9.41	16.92
42	10.00	17.73
43	10.63	18.58
44	11.30	19.47
45	12.00	20.40
46	12.87	-
47	13.80	-
48	14.80	-
49	15.87	-
50	17.00	-
51	18.08	-
52	19.22	-
53	20.44	-
54	21.73	-
55	23.10	-

NS-Non-nicotine, SM-Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply.

**To calculate premium:** {Face amount/1000} \* rate + \$90 policy fee = annual premium  
**To calculate monthly premium:** annual premium/12

# HMS Plus 150 Base Guaranteed Rates - Add \$90 policy fee - Annual Rates per \$1,000

## 150 - 5-year guarantee. Base coverage only - no riders

Issue Ages	20/5		25/5		30/5	
	NS	SM	NS	SM	NS	SM
20	1.59	2.77	1.87	3.07	2.13	3.35
21	1.59	2.77	1.87	3.07	2.13	3.35
22	1.59	2.77	1.87	3.07	2.13	3.35
23	1.59	2.77	1.87	3.07	2.13	3.35
24	1.59	2.77	1.87	3.07	2.13	3.35
25	1.59	2.77	1.87	3.07	2.13	3.35
26	1.69	2.87	1.97	3.07	2.22	3.44
27	1.69	2.91	1.97	3.15	2.22	3.56
28	1.73	3.00	2.06	3.25	2.29	3.66
29	1.73	3.10	2.06	3.45	2.29	3.87
30	1.87	3.18	2.13	3.54	2.37	4.09
31	1.87	3.37	2.13	3.85	2.37	4.29
32	1.96	3.64	2.22	4.04	2.55	4.61
33	2.07	3.84	2.31	4.33	2.63	4.81
34	2.22	4.10	2.45	4.62	2.69	5.13
35	2.36	4.38	2.60	5.00	2.84	5.55
36	2.53	4.84	2.90	5.50	3.07	6.07
37	2.71	5.31	3.09	6.08	3.37	6.59
38	2.96	5.85	3.38	6.64	3.68	7.23
39	3.21	6.43	3.67	7.24	4.01	7.95
40	3.48	7.06	3.92	7.92	4.33	8.69
41	3.71	7.61	4.31	8.70	4.72	9.51
42	4.04	8.34	4.66	9.49	5.16	10.36
43	4.36	9.00	5.03	10.26	5.66	11.30
44	4.67	9.74	5.47	11.13	6.07	12.24
45	5.03	10.57	5.99	12.01	6.62	13.28
46	5.59	11.48	6.55	13.07	7.24	14.50
47	6.22	12.51	7.23	14.24	7.90	15.86
48	6.79	13.61	7.90	15.39	8.56	16.90
49	7.43	14.63	8.65	16.56	9.27	18.42
50	8.09	15.74	9.40	17.83	9.99	19.47
51	8.81	16.94	10.12	19.19	10.99	21.16
52	9.55	18.03	10.92	20.66	12.09	23.00
53	10.30	19.33	11.76	22.25	13.30	25.00
54	11.02	20.54	12.73	23.95	14.63	27.18
55	11.85	21.82	13.78	25.78	16.06	29.58
56	13.67	25.06	15.19	28.72	17.71	32.98
57	15.75	28.77	16.74	31.99	19.53	36.77
58	16.85	31.75	18.45	35.64	21.54	41.00
59	18.05	34.44	20.33	39.70	23.76	45.72
60	19.32	37.33	22.40	44.22	26.22	50.92
61	21.25	40.88	24.64	46.95	-	-
62	23.38	44.76	27.10	49.85	-	-
63	25.72	49.01	29.81	52.93	-	-
64	28.29	53.67	32.79	56.20	-	-
65	31.11	58.69	36.09	59.65	-	-
66	34.22	63.06	-	-	-	-
67	37.64	67.76	-	-	-	-
68	41.40	72.81	-	-	-	-
69	45.54	78.23	-	-	-	-
70	50.10	84.09	-	-	-	-
71	-	-	-	-	-	-
72	-	-	-	-	-	-
73	-	-	-	-	-	-
74	-	-	-	-	-	-
75	-	-	-	-	-	-

## 150 - Full guarantee. Base coverage only - no riders

Issue Ages	20/20		25/25		30/30	
	NS	SM	NS	SM	NS	SM
20	1.74	3.11	2.40	3.63	2.55	4.14
21	1.74	3.11	2.40	3.63	2.55	4.14
22	1.74	3.11	2.40	3.63	2.55	4.14
23	1.74	3.11	2.40	3.63	2.55	4.14
24	1.74	3.11	2.40	3.63	2.55	4.14
25	1.74	3.11	2.40	3.63	2.55	4.14
26	1.84	3.26	2.53	3.81	2.67	4.41
27	1.94	3.42	2.65	3.99	2.77	4.69
28	2.03	3.58	2.78	4.18	2.88	4.97
29	2.15	3.73	2.92	4.37	3.00	5.25
30	2.26	3.90	3.05	4.56	3.11	5.52
31	2.39	4.19	3.19	4.93	3.24	5.91
32	2.51	4.48	3.31	5.31	3.38	6.30
33	2.64	4.78	3.45	5.69	3.52	6.69
34	2.77	5.07	3.58	6.07	3.64	7.09
35	2.90	5.36	3.75	6.45	3.84	7.48
36	3.18	5.94	4.14	7.21	4.25	8.34
37	3.44	6.54	4.53	7.98	4.66	9.21
38	3.73	7.12	4.91	8.75	5.07	10.08
39	4.01	7.72	5.28	9.53	5.49	10.95
40	4.28	8.29	5.68	10.30	5.89	11.82
41	4.66	9.25	6.25	11.35	6.50	13.07
42	5.03	10.20	6.82	12.41	7.12	14.31
43	5.40	11.15	7.39	13.46	7.73	15.56
44	5.77	12.09	7.95	14.52	8.34	16.80
45	6.20	13.04	8.64	15.58	8.99	18.06
46	6.86	14.12	9.68	17.09	9.89	19.55
47	7.52	15.20	10.71	18.61	10.88	21.16
48	8.18	16.29	11.76	20.12	11.96	22.90
49	8.84	17.39	12.79	21.63	13.17	24.79
50	9.50	18.49	13.84	23.15	14.48	26.84
51	10.52	20.17	15.01	25.15	15.72	29.09
52	11.53	21.84	16.28	27.31	17.07	31.53
53	12.56	23.53	17.67	29.65	18.53	34.18
54	13.59	25.21	19.16	32.21	20.12	37.05
55	14.62	26.91	20.80	34.99	21.84	40.24
56	16.52	30.28	23.31	38.63	24.47	44.87
57	18.67	34.06	26.12	42.65	27.42	50.03
58	21.08	38.33	29.27	47.09	30.72	55.78
59	23.83	43.12	32.80	51.99	34.42	62.19
60	26.92	48.51	36.76	57.48	38.61	69.25
61	28.40	51.72	38.97	61.03	-	-
62	29.96	55.14	41.31	64.80	-	-
63	31.60	58.79	43.79	68.80	-	-
64	33.33	62.68	46.42	73.04	-	-
65	35.16	66.84	49.22	77.54	-	-
66	39.31	73.29	-	-	-	-
67	43.95	80.36	-	-	-	-
68	49.14	88.11	-	-	-	-
69	54.94	96.61	-	-	-	-
70	61.49	105.92	-	-	-	-
71	-	-	-	-	-	-
72	-	-	-	-	-	-
73	-	-	-	-	-	-
74	-	-	-	-	-	-
75	-	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply.

**To calculate premium:** {Face amount/1000} \* rate + \$90 policy fee = annual premium

**To calculate monthly premium:** annual premium \* .095

## Income Term Rider • Annual Premium/COI Rates per \$100 of Monthly Income

Issue Ages	15-Year Period		20-Year Period		25-Year Period		30-Year Period		To Age 70	
	NS	SM	NS	SM	NS	SM	NS	SM	NS	SM
20 - 25	17.00	28.90	24.20	38.10	38.50	50.70	45.50	63.10	85.37	125.16
26	17.34	29.34	25.27	39.38	39.67	52.66	46.82	65.74	85.48	125.93
27	17.68	29.78	26.33	40.66	40.84	54.62	48.14	68.38	85.60	127.02
28	18.01	30.22	27.40	41.94	42.01	56.58	49.46	71.02	86.19	128.66
29	18.35	30.66	28.46	43.22	43.18	58.54	50.78	73.66	86.89	130.96
30	18.69	31.10	29.53	44.50	44.35	60.50	52.10	76.30	87.71	133.37
31	19.31	32.46	31.24	47.34	46.68	64.56	54.44	81.74	88.76	136.66
32	19.93	33.82	32.96	50.18	49.01	68.62	56.78	87.18	90.05	140.16
33	20.56	35.18	34.67	53.02	51.34	72.68	59.12	92.62	90.99	143.01
34	21.18	36.54	36.39	55.86	53.67	76.74	61.46	98.06	92.04	146.29
35	21.80	37.90	38.10	58.70	56.00	80.80	63.80	103.50	93.33	150.02
36	23.75	41.70	41.08	64.62	61.00	88.84	70.25	116.84	94.50	153.96
37	25.70	45.50	44.06	70.54	66.00	96.88	76.70	130.18	94.85	158.23
38	27.64	49.30	47.04	76.46	71.00	104.92	83.14	143.52	95.20	162.06
39	29.59	53.10	50.02	82.38	76.00	112.96	89.59	156.86	95.67	165.89
40	31.54	56.90	53.00	88.30	81.00	121.00	96.04	170.20	96.04	170.20
41	34.73	62.84	57.30	97.68	89.00	134.10	104.83	186.16	99.62	174.65
42	37.92	68.78	61.60	107.06	97.00	147.20	113.62	202.12	104.78	179.03
43	41.12	74.72	65.90	116.44	105.00	160.30	122.42	218.08	110.29	182.87
44	44.31	80.66	70.20	125.82	113.00	173.40	131.21	234.04	115.91	185.06
45	47.50	86.60	74.50	135.20	121.00	186.50	140.00	250.00	121.00	186.50
46	53.18	93.60	82.28	146.16	132.76	204.80	153.16	271.28	119.90	186.39
47	58.86	100.60	90.07	157.12	144.52	223.10	166.32	292.56	118.61	187.26
48	64.54	107.60	97.85	168.08	156.28	241.40	179.48	313.84	117.43	188.03
49	70.22	114.60	105.64	179.04	168.04	259.70	192.64	335.12	115.44	189.12
50	75.90	121.60	113.42	190.00	179.80	278.00	205.80	356.40	113.42	190.00
51	82.72	131.28	123.58	204.90	197.44	304.20	225.08	384.72	113.02	185.00
52	89.54	140.96	133.73	219.80	215.08	330.40	244.36	413.04	112.20	181.33
53	96.36	150.64	143.89	234.70	232.72	356.60	263.64	441.36	111.50	177.55
54	103.18	160.32	154.04	249.60	250.36	382.80	282.92	469.68	110.80	173.77
55	110.00	170.00	164.20	264.50	268.00	409.00	302.20	498.00	110.00	170.00
56	118.46	192.06	177.16	294.00	290.60	440.80	341.56	566.80	-	-
57	126.92	214.12	190.12	323.50	313.20	472.60	380.92	635.60	-	-
58	135.38	236.18	203.08	353.00	335.80	504.40	420.28	704.40	-	-
59	143.84	258.24	216.04	382.50	358.40	536.20	459.64	773.20	-	-
60	152.30	280.30	229.00	412.00	381.00	568.00	499.00	842.00	-	-
61	163.94	320.04	249.40	462.20	415.20	619.20	-	-	-	-
62	175.58	359.78	269.80	512.40	449.40	670.40	-	-	-	-
63	187.22	399.52	290.20	562.60	483.60	721.60	-	-	-	-
64	198.86	439.26	310.60	612.80	517.80	772.80	-	-	-	-
65	210.50	479.00	331.00	663.00	552.00	824.00	-	-	-	-
66	236.24	530.00	389.60	734.20	-	-	-	-	-	-
67	261.98	581.00	448.20	805.40	-	-	-	-	-	-
68	287.72	632.00	506.80	876.60	-	-	-	-	-	-
69	313.46	683.00	565.40	947.80	-	-	-	-	-	-
70	339.20	734.00	624.00	1019.00	-	-	-	-	-	-
71	416.96	909.40	-	-	-	-	-	-	-	-
72	494.72	1084.80	-	-	-	-	-	-	-	-
73	572.48	1260.20	-	-	-	-	-	-	-	-
74	650.24	1435.60	-	-	-	-	-	-	-	-
75	728.00	1611.00	-	-	-	-	-	-	-	-

## Disability Income Rider

Annual rates per \$100 of Monthly Benefit.  
1 Year not available in NJ.

All States except CA			California Only	
Issue Ages	1 Year	2 Year	1 Year	2 Year
20	7.05	11.00	8.81	13.75
21	7.05	11.00	8.81	13.75
22	7.05	11.00	8.81	13.75
23	7.05	11.00	8.81	13.75
24	7.05	11.00	8.81	13.75
25	7.05	11.00	8.81	13.75
26	7.42	11.58	9.28	14.48
27	7.79	12.16	9.74	15.20
28	8.16	12.74	10.20	15.93
29	8.53	13.32	10.66	16.65
30	8.90	13.90	11.13	17.38
31	9.27	14.48	11.59	18.10
32	9.65	15.06	12.06	18.83
33	10.02	15.64	12.53	19.55
34	10.39	16.22	12.99	20.28
35	10.76	16.80	13.45	21.00
36	11.50	17.96	14.38	22.45
37	12.25	19.12	15.31	23.90
38	12.99	20.28	16.24	25.35
39	13.73	21.44	17.16	26.80
40	14.48	22.60	18.10	28.25
41	15.22	23.76	19.03	29.70
42	15.96	24.92	19.95	31.15
43	16.70	26.08	20.88	32.60
44	17.45	27.24	21.81	34.05
45	18.19	28.40	22.74	35.50
46	19.33	30.18	24.16	37.73
47	20.46	31.95	25.58	39.94
48	21.60	33.73	27.00	42.16
49	22.74	35.50	28.43	44.38
50	23.88	37.28	29.85	46.60
51	25.01	39.05	31.26	48.81
52	26.15	40.83	32.69	51.04
53	27.29	42.60	34.11	53.25
54	28.43	44.38	35.54	55.48
55	29.56	46.15	36.95	57.69
56	32.59	50.88	40.74	63.60
57	35.62	55.62	44.53	69.53
58	38.65	60.35	48.31	75.44
59	41.69	65.09	52.11	81.36
60	44.72	69.82	55.90	87.28

## Waiver of Premium for Disability Rider

Annual Rates per \$1,000 of Base Policy

Issue Ages	Base
20	0.13
21	0.13
22	0.13
23	0.13
24	0.13
25	0.14
26	0.14
27	0.15
28	0.15
29	0.15
30	0.16
31	0.17
32	0.17
33	0.18
34	0.19
35	0.20
36	0.21
37	0.23
38	0.24
39	0.26
40	0.28
41	0.31
42	0.34
43	0.37
44	0.41
45	0.47
46	0.53
47	0.60
48	0.68
49	0.78
50	0.91
51	1.06
52	1.25
53	1.47
54	1.75
55	2.10

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply.  
Disability Income Rider (Rider Series 2145). Waiver of Premium for Disability Rider (Rider Series 2158).

# HMS Plus 150 and 150 CBO Additional Insured Rates. Annual Rates per \$1,000

## 150 - 5-year guarantee.

Issue Ages	20/5		25/5		30/5	
	NS	SM	NS	SM	NS	SM
20	1.59	2.77	1.87	3.07	2.13	3.35
21	1.59	2.77	1.87	3.07	2.13	3.35
22	1.59	2.77	1.87	3.07	2.13	3.35
23	1.59	2.77	1.87	3.07	2.13	3.35
24	1.59	2.77	1.87	3.07	2.13	3.35
25	1.59	2.77	1.87	3.07	2.13	3.35
26	1.69	2.87	1.97	3.07	2.22	3.44
27	1.69	2.91	1.97	3.15	2.22	3.56
28	1.73	3.00	2.06	3.25	2.29	3.66
29	1.73	3.10	2.06	3.45	2.29	3.87
30	1.87	3.18	2.13	3.54	2.37	4.09
31	1.87	3.37	2.13	3.85	2.37	4.29
32	1.96	3.64	2.22	4.04	2.55	4.61
33	2.07	3.84	2.31	4.33	2.63	4.81
34	2.22	4.10	2.45	4.62	2.69	5.13
35	2.36	4.38	2.60	5.00	2.84	5.55
36	2.53	4.84	2.90	5.50	3.07	6.07
37	2.71	5.31	3.09	6.08	3.37	6.59
38	2.96	5.85	3.38	6.64	3.68	7.23
39	3.21	6.43	3.67	7.24	4.01	7.95
40	3.48	7.06	3.92	7.92	4.33	8.69
41	3.71	7.61	4.31	8.70	4.72	9.51
42	4.04	8.34	4.66	9.49	5.16	10.36
43	4.36	9.00	5.03	10.26	5.66	11.30
44	4.67	9.74	5.47	11.13	6.07	12.24
45	5.03	10.57	5.99	12.01	6.62	13.28
46	5.59	11.48	6.55	13.07	7.24	14.50
47	6.22	12.51	7.23	14.24	7.90	15.86
48	6.79	13.61	7.90	15.39	8.56	16.90
49	7.43	14.63	8.65	16.56	9.27	18.42
50	8.09	15.74	9.40	17.83	9.99	19.47
51	8.81	16.94	10.12	19.19	10.99	21.16
52	9.55	18.03	10.92	20.66	12.09	23.00
53	10.30	19.33	11.76	22.25	13.30	25.00
54	11.02	20.54	12.73	23.95	14.63	27.18
55	11.85	21.82	13.78	25.78	16.06	29.58
56	13.67	25.06	15.19	28.72	17.71	32.98
57	15.75	28.77	16.74	31.99	19.53	36.77
58	16.85	31.75	18.45	35.64	21.54	41.00
59	18.05	34.44	20.33	39.70	23.76	45.72
60	19.32	37.33	22.40	44.22	26.22	50.92
61	21.25	40.88	24.64	46.95	-	-
62	23.38	44.76	27.10	49.85	-	-
63	25.72	49.01	29.81	52.93	-	-
64	28.29	53.67	32.79	56.20	-	-
65	31.11	58.69	36.09	59.65	-	-
66	34.22	63.06	-	-	-	-
67	37.64	67.76	-	-	-	-
68	41.40	72.81	-	-	-	-
69	45.54	78.23	-	-	-	-
70	50.10	84.09	-	-	-	-
71	-	-	-	-	-	-
72	-	-	-	-	-	-
73	-	-	-	-	-	-
74	-	-	-	-	-	-
75	-	-	-	-	-	-

## 150 & 150 CBO - Full guarantee.

Issue Ages	15/15		20/20		25/25		30/30	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
21	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
22	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
23	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
24	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
25	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
26	1.64	2.97	1.84	3.26	2.53	3.81	2.67	4.41
27	1.64	2.97	1.94	3.42	2.65	3.99	2.77	4.69
28	1.64	3.06	2.03	3.58	2.78	4.18	2.88	4.97
29	1.64	3.06	2.15	3.73	2.92	4.37	3.00	5.25
30	1.64	3.26	2.26	3.90	3.05	4.56	3.11	5.52
31	1.74	3.37	2.39	4.19	3.19	4.93	3.24	5.91
32	1.74	3.58	2.51	4.48	3.31	5.31	3.38	6.30
33	1.85	3.77	2.64	4.78	3.45	5.69	3.52	6.69
34	1.97	4.06	2.77	5.07	3.58	6.07	3.64	7.09
35	2.10	4.27	2.90	5.36	3.75	6.45	3.84	7.48
36	2.29	4.78	3.18	5.94	4.14	7.21	4.25	8.34
37	2.50	5.17	3.44	6.54	4.53	7.98	4.66	9.21
38	2.72	5.68	3.73	7.12	4.91	8.75	5.07	10.08
39	2.91	6.29	4.01	7.72	5.28	9.53	5.49	10.95
40	3.20	6.78	4.28	8.29	5.68	10.30	5.89	11.82
41	3.51	7.48	4.66	9.25	6.25	11.35	6.50	13.07
42	3.81	8.09	5.03	10.20	6.82	12.41	7.12	14.31
43	4.11	8.80	5.40	11.15	7.39	13.46	7.73	15.56
44	4.52	9.49	5.77	12.09	7.95	14.52	8.34	16.80
45	4.83	10.20	6.20	13.04	8.64	15.58	8.99	18.06
46	5.47	11.20	6.86	14.12	9.68	17.09	9.89	19.55
47	6.01	12.20	7.52	15.20	10.71	18.61	10.88	21.16
48	6.67	13.22	8.18	16.29	11.76	20.12	11.96	22.90
49	7.20	14.22	8.84	17.39	12.79	21.63	13.17	24.79
50	7.85	15.33	9.50	18.49	13.84	23.15	14.48	26.84
51	8.62	16.43	10.52	20.17	15.01	25.15	15.72	29.09
52	9.40	17.53	11.53	21.84	16.28	27.31	17.07	31.53
53	10.03	18.75	12.56	23.53	17.67	29.65	18.53	34.18
54	10.92	19.95	13.59	25.21	19.16	32.21	20.12	37.05
55	11.68	21.16	14.62	26.91	20.80	34.99	21.84	40.24
56	12.53	22.47	16.52	30.28	23.31	38.63	24.47	44.87
57	13.40	23.77	18.67	34.06	26.12	42.65	27.42	50.03
58	14.25	25.08	21.08	38.33	29.27	47.09	30.72	55.78
59	15.09	26.49	23.83	43.12	32.80	51.99	34.42	62.19
60	15.95	27.79	26.92	48.51	36.76	57.48	38.61	69.25
61	17.92	32.25	28.40	51.72	38.97	61.03	-	-
62	20.14	37.40	29.96	55.14	41.31	64.80	-	-
63	22.63	43.40	31.60	58.79	43.79	68.80	-	-
64	25.43	50.36	33.33	62.68	46.42	73.04	-	-
65	26.92	58.42	35.16	66.84	49.22	77.54	-	-
66	29.88	62.24	39.31	73.29	-	-	-	-
67	33.17	66.31	43.95	80.36	-	-	-	-
68	36.82	70.65	49.14	88.11	-	-	-	-
69	40.87	75.27	54.94	96.61	-	-	-	-
70	45.45	80.21	61.49	105.92	-	-	-	-
71	51.09	93.20	-	-	-	-	-	-
72	57.43	108.30	-	-	-	-	-	-
73	64.55	125.84	-	-	-	-	-	-
74	72.55	146.23	-	-	-	-	-	-
75	81.55	170.00	-	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply.

**To calculate premium:** {Face amount/1000} \* rate = annual premium  
**To calculate monthly premium for 150:** annual premium \* .095  
**To calculate monthly premium for 150 CBO:** annual premium/12





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

## About Amerigo

For over 100 years, Amerigo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.<sup>1</sup> We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking and sound investment decisions have helped us build a strong financial foundation for our business. Today, Americo Financial Life and Annuity Insurance Company is the lead company in one of the largest independent, privately held insurance groups in the United States<sup>2</sup>, with \$6.6 billion in assets for year-end 2017.<sup>3</sup>

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

*<sup>2</sup>"Admitted Assets, Top Life Writers-2017," A.M. Best Co., as of September 2017.*

*<sup>3</sup>Information is as of year end 2017 on a consolidated basis for Americo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Americo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).*

## Important Information

*Americo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY.*

*Products are underwritten by Americo Financial Life and Annuity Insurance Company (Amerigo), Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states. Some riders are optional and available for an additional cost. Certain restrictions and variations apply. Consult policy and riders for all limitations and exclusions. For exact terms and conditions, please refer to the policy.*

*The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. If the insured, sane or insane, dies by suicide while the contract is in force and within two years (one year in Colorado, Missouri, and North Dakota) after the issue date, the proceeds payable will be limited to the sum of premiums paid, less any indebtedness. See Missouri contract for special provisions regarding suicide.*

*Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.*

*Any illustrations of future value used in a sales presentation are provided only for illustrative purposes. Any such illustration must not be regarded as guaranteed or as estimated future performance unless it is based solely on the minimum guaranteed interest rates.*

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