



Lincoln Heritage Life

Rate Book

Final Expense Plans



Lincoln Heritage[®]
LIFE INSURANCE COMPANY

FOR AGENT USE ONLY



Lincoln Heritage[®]
LIFE INSURANCE COMPANY

Thank you for joining the Lincoln Heritage team. We are proud to partner with the best field agents in the nation. From our humble beginnings in 1963, our mission has been to serve our agents with the attention and respect you each deserve. Our entire Home Office is dedicated to provide you with the support and tools you need to build a lasting legacy.

This company was built from the ground up by agents just like you. Jack Londen, our founder, was an agent while he attended college; he knocked on doors and helped many families while laying the foundation for what has become the number one final expense company in the country. His son and our late president, Tom Londen, followed in his father's footsteps, starting his lifelong endeavor in the final expense industry selling insurance door to door while going to college. The company continues to be led by the next generation of Londens: Alex, who is the president of the company, and Matt, who works as Chief Financial Officer and Treasurer.

We come from a family of agents, and it's because of this that we do things a little differently than most other insurers. We do what's right for you and we strive to make your job easier. We don't impose rules that don't make sense and we are committed to finding a way to say yes. We have enjoyed much success over the years and we know that we owe it all to you — without you at our side, none of this is possible.

From Teleapps and electronic applications through eApp, same-day advances to streamlined underwriting, we have the benefits you want and the service you deserve. We are devoted to keeping our promise to serve you with accurate, prompt, and personal service. While we continue expanding, our dedication to serving you remains our number one priority.

Thank you for partnering with us to build your success. The last 55+ years have been marked by excellence and great achievement but we know the best is yet to come.

Your Partners in Success,

Lincoln Heritage Life Insurance Company

Final Expense

Separate rates for non-tobacco/tobacco users

Ages 0 - 85*

Minimum premium is \$15 per month, before riders

Premiums payable for life of the insured up to age 100

Must answer “no” to all Uninsurable and Significant Health Questions

Includes Terminal Illness Benefit provision

Age	Issue Limits†
0 - 80	\$35,000**
81 - 85	\$15,000**

Twenty Pay

Separate rates for non-tobacco/tobacco users

Ages 0 - 85*

Minimum premium is \$15 per month, before riders

Premiums payable for 20 years

Must answer “no” to all Uninsurable and Significant Health Questions

Includes Terminal Illness Benefit provision

Age	Issue Limits†
0 - 80	\$35,000**

3 Year Modified Death Benefit

Ages 0 - 49*

Minimum premium is \$15 per month, before riders

Must answer “no” to all Uninsurable Conditions§

Death Benefit

1st Year – return of life premiums paid plus 10%

2nd Year – return of life premiums paid plus 20%

3rd Year – return of life premiums paid plus 30%

Thereafter – full benefit

Premiums payable for life of the insured up to age 100

Age	Issue Limits†
0 - 49	\$15,000**

2 Year Modified Death Benefit

Ages 50 - 85

Minimum premium is \$15 per month, before riders

Must answer “no” to all Uninsurable Conditions§

Death Benefit

1st Year – return of life premiums paid plus 10%

2nd Year – return of life premiums paid plus 20%

Thereafter – full benefit

Premiums payable for life of the insured up to age 100

Age	Issue Limits†
50 - 85	\$15,000**

**Applicant must be at least 30 days of age at the time of the application.*

***If insured is owner, spouse of owner or minor child of owner. See page 6 for complete guidelines.*

†Issue Limits applies to total coverage on insured with Lincoln Heritage Life.

§NC is guaranteed issue for Modified Death Benefit, no health questions need to be answered.

Child Rider

The owner of the insurance policy may purchase a child rider on the child, stepchild, grandchild, or great-grandchild of the applicant who is at least 30 days of age and has not reached their 18th birthday at the time of the application. Each unit insures one child for \$5,000 level term to age 25. A maximum of 5 units may be purchased per child. If insuring multiple children, all children must have an equal number of units.

The child rider application must be completed in its entirety in order for the rider to be processed. Child rider applicants can qualify for the rider if they are able to answer “no” to all health questions listed on the child rider application.

Children born after the effective date of the rider and who are at least 30 days of age, may be added by submitting a new application for coverage. This rider may be converted to a permanent plan of insurance of equal or lesser face amount. To convert the rider, paperwork must be completed on or before the policy anniversary following the insured’s 25th birthday.

Premium per unit (\$5,000) per child

	20 Pay Plan	All Other Plans
Annual	\$26.47	\$23.53
Semi-Annual	\$13.76	\$12.24
Quarterly	\$ 7.01	\$ 6.24
Monthly PAC	\$ 2.25	\$ 2.00

Accidental Death & Dismemberment (AD&D) Rider

This is a value added death benefit that can also be sold as a stand-alone product (check with Home Office for Stand Alone product availability). Each unit provides the following benefits:

- \$ 5,000 Accidental death
- \$ 2,500 Single dismemberment
- \$10,000 Death due to an automobile accident
- \$20,000 Death due to a common carrier accident
- \$20,000 Death due to an act of war or terrorism
- \$ 1,000 Maximum reimbursement for transport of mortal remains to resident city if death, natural or accidental, occurs more than 200 miles away from legal residence.

Maximum of 8 units, that applies to total coverage on insured with Lincoln Heritage Life.

AD&D Rates

	Ages	20 Pay Plans		All Other Plans	
		Annual	PAC	Annual	PAC
1 UNIT	0 - 70	\$ 17.65	\$ 1.50	\$ 11.76	\$ 1.00
	71 - 75	23.53	2.00	17.65	1.50
	76 - 80	29.41	2.50	23.53	2.00
	81 - 85	—	—	26.47	2.25
2 UNITS	0 - 70	35.30	3.00	23.53	2.00
	71 - 75	47.06	4.00	35.30	3.00
	76 - 80	58.82	5.00	47.06	4.00
	81 - 85	—	—	52.94	4.50
3 UNITS	0 - 70	52.95	4.50	35.28	3.00
	71 - 75	70.59	6.00	52.95	4.50
	76 - 80	88.23	7.50	70.59	6.00
	81 - 85	—	—	79.41	6.75
4 UNITS	0 - 70	70.60	6.00	47.04	4.00
	71 - 75	94.12	8.00	70.60	6.00
	76 - 80	117.64	10.00	94.12	8.00
	81 - 85	—	—	105.88	9.00
5 UNITS	0 - 70	88.25	7.50	58.80	5.00
	71 - 75	117.65	10.00	88.25	7.50
	76 - 80	147.05	12.50	117.65	10.00
	81 - 85	—	—	132.35	11.25
6 UNITS	0 - 70	105.90	9.00	70.56	6.00
	71 - 75	141.18	12.00	105.90	9.00
	76 - 80	176.46	15.00	141.18	12.00
	81 - 85	—	—	158.82	13.50
7 UNITS	0 - 70	123.55	10.50	82.32	7.00
	71 - 75	164.71	14.00	123.55	10.50
	76 - 80	205.87	17.50	164.71	14.00
	81 - 85	—	—	185.29	15.75
8 UNITS	0 - 70	141.20	12.00	94.08	8.00
	71 - 75	188.24	16.00	141.20	12.00
	76 - 80	235.28	20.00	188.24	16.00
	81 - 85	—	—	211.76	18.00

REMINDER: Add a Policy Fee to each Stand Alone AD&D application.
There is a minimum of 5 units for these policies.

Application Health Question Details

The question numbers shown below are for the standard application approved in most states. The question numbers may vary in your state.

Tobacco Question:

1. Also includes all forms of smokeless and chewing tobacco. Does not apply to forms of vaping that do not contain tobacco.

Uninsurable Conditions:

1. Tested positive for HIV (Human Immunodeficiency Virus) at any time or progressed to a diagnosis of AIDS (Acquired Immune Deficiency Syndrome). Includes any diagnosis of a terminal illness.
2. a) Bedridden includes any individual who cannot get in or out of their bed or wheelchair without assistance from another person or mechanical device.
b) A care facility includes any facility that has medical staff available to the applicant (regardless of whether or not they use it), and/or that manages or facilitates the distribution of medication. This can include in-patient rehabilitation centers, drug/alcohol treatment facilities, assisted living facilities, nursing homes and group homes.
- c) We do not insure individuals who are incarcerated or who do not permanently reside in the United States.

Significant Health Conditions also include:

1. Angina Pectoris or Coronary Artery Disease.
2. TIA (trans-ischemic attack), mini-stroke, or PAD (peripheral artery disease).
3. Any cancer in remission if still taking any medications or receiving treatment to keep cancer from returning.
4. Oxygen use, Chronic Bronchitis, or any chronic lung disease other than Asthma.
5. Hepatitis C, Cirrhosis, dialysis, or been advised to have an organ transplant.
6. Any diagnosis, treatment, or medication that would indicate the presence of a memory compromising illness. This would require an owner or payor other than the applicant, such as a spouse, child, or sibling.
7. A diagnosis of alcohol or drug abuse, or the applicant's voluntary admission of alcohol or drug abuse. Medical Marijuana use would not require a "yes" answer to this question, unless abuse also exists.
8. The presence of Diabetes **without complications** would not require a "yes" answer to this question.
9. If a pending diagnostic test could result in a positive diagnosis related to any of the Uninsurable Conditions 1-2 or Significant Health questions 1-8, then the diagnostic test question must be answered "yes."

Prescription Checks

As part of the underwriting process, a prescription check may be run on all 20 Pay and Final Expense applications.

Even though the application does not require a list of the applicant's medications, it is required to review their medications with them at the time of sale. Reviewing the medications at the time of application will help eliminate plan changes during the underwriting process.

If the results of the prescription check indicate that an applicant qualifies for a Modified Death Benefit Plan, the Home Office will notify the writing agent before the policy is mailed.

Maximum Face Amounts for Third Party Applications

The maximum face amounts listed below are based on the applicant's stated relationship to the owner (third party applications). The maximum face amount applies to the total amount of in-force coverage an insured has with Lincoln Heritage.

\$15,000 Maximum Face Amount

- Parents or in-laws insuring adult children who are between the ages of 18-21.
- Grandparents/great-grandparents insuring grandchildren/great-grandchildren who are under the age of 18.
- Adult children insuring their parents/in-laws who are the age of 60 or older.

\$10,000 Maximum Face Amount

- Parents or in-laws insuring adult children who are over the age of 21.
- Grandparents/great-grandparents insuring grandchildren/great-grandchildren who are the age of 18 or older.
- Adult children insuring their parents/in-laws who are under the age of 60.
- Adult grandchildren insuring grandparents/great-grandparents.
- Anyone insuring their sibling, niece, nephew, aunt, uncle, or cousin.

Third Party Application Underwriting

A phone interview with the applicant is required for all Final Expense and 20 Pay applications that qualify as a third party application (all relationships listed above). It is recommended that the phone interview be completed at the time of application. If a third party application is submitted without a phone verification, the Home Office will attempt to reach the applicant. If verification cannot be completed, the policy may be issued as Modified Death Benefit, where applicable. See page 10 for a detailed description of the In-House Phone Verification process.

High Face Application Underwriting

Face amounts greater than \$20,000 are considered High Face Applications and will be issued only after the following requirements are met:

1. All applicants age 18 or older sign the application.
2. Social Security Number is provided.
3. Supplemental Application, listing all medications taken or prescribed in the past two years, is submitted with the completed application.
4. A phone interview is completed with the applicant.

Supplemental Application

A Supplemental Application may be submitted at the agent's discretion, but is required in each of the following situations:

1. High Face Application (greater than \$20,000).
2. The client withholds or is unable to provide their social security number.
3. We are waiving the applicant's signature. Read below for State Specific Signature Guidelines.

The supplemental application should include all medications taken or prescribed in the past two years. This form should not be submitted blank, and should only list "none" if the applicant has not had or taken any medications in the past two years.

Minor Suitability Form

The Maryland minor suitability form is required when the primary insured is a minor.

Terminal Illness Benefit Disclosure Form

Excluding modified policies, the following states require a Terminal Illness Benefit disclosure form signed at the time of application: AL, AR, IL, IN, KS, LA, MA, MI, MN, MS, MT, NE, NC, OH, OK, OR, PA, and VA.

State Specific Signature Guidelines

Unless otherwise stated, **all proposed adult applicants must sign** the application.

If legally allowed to sign for someone else, the signor should sign their own name, followed by "for" and the name of the person for whom they signed. Please be advised that **no one should ever sign someone else's name, under any circumstance**. In situations where the applicant's signature is being waived, leave their signature space blank, or write "N/A" on the applicant signature line. If applicable, copies of the Power-of-Attorney or Guardianship paperwork will be required.

FL, MA: All applicants age 15 and older must sign the application, including child rider applicants.

Spousal Relationships: An applicant's signature may be waived only if applying for \$20,000 or less, and if the applicant's spouse is listed and signs as owner of the policy. This applies in all states except: FL, GA, MA, MI, MN, MS, MO, NC, NH, PA, UT.

In the following states, the applicant's signature may be waived for a modified plan in parent/adult child relationships if a phone verification is completed with the applicant: AL, AZ, OK.

In the states of CA, CT, DC, IL, IN, IA, KS, ND, NJ, OH, RI, SC, TN, TX and VT, the applicant's signature may be waived on Final Expense or 20 Pay plans in parent/adult child relationships if a phone verification is completed with the applicant. If applying for a modified plan in these states, the applicant's signature can be waived in parent/adult child relationships without the need for a phone verification with the applicant.

See page 11 for distinct voice recorded applications (Teleapp) signature guidelines.

Additional Information

A phone interview is attempted on each in-person application and can be done while you are in the applicant's home. After the application has been completed, please call our In-House Verification line at 1-800-218-5657. This line is staffed 6:30 am–7:00 pm Monday–Friday and 7:00 am–2:00 pm on Saturdays, Arizona Time.

A phone interview is required on all Third Party and High Face applications.

Please visit our website to view additional information, access our forms and upload completed applications at www.lhlicagents.com.

Complete the application listing each applicant's full information, including their Social Security Number. If no Social Security Number is provided, a Supplemental Application is required and face value will be limited to a maximum of \$20,000.

Name a specific beneficiary(ies), avoiding vague designations such as 'all children'. Having one person in charge of Final Wishes that the insured trusts can often prevent family disagreements later on.

If a minor is listed as beneficiary, make sure the owner/applicant is aware of the requirements to pay the claim. Please contact the Claims Department with any questions.

When naming a funeral home as beneficiary, include the phrase 'as interest may appear.' In these cases, a family member should be named as a contingent beneficiary. Please note that a funeral home may **NOT** be named as beneficiary in the following states:

Florida	Maryland	Michigan	Montana	New Jersey
Tennessee	Texas	Utah	West Virginia	

In New Mexico, a funeral home may be named as a beneficiary only if the insured and owner are the same person.

Verify that the applicant does not have any Uninsurable Health Conditions, as listed on the application. **If the applicant has one of these conditions, no coverage will be provided, except in NC.**

If the applicant answers “yes” to any Significant Health question, either because they currently have the condition, or had been treated for, or taken medication for any of the conditions in the last two years, the policy will be issued as a **Modified Death Benefit**.

If the applicant indicates that they have a memory compromising illness, such as Alzheimer’s Disease or Dementia, please designate someone other than the applicant to be the owner or payor. This person must have insurable interest, such as a spouse, child, or sibling.

We can only issue policies to applicants permanently residing in the United States. All underwriting guidelines apply and the application must be signed in the U.S. Applications with a Policy Owner in the following states must also be written and solicited in the owner’s state of residence: CA, FL, ND, and SD. We cannot accept applications written in, solicited in, or owned by a resident of the states of NY or WA.

An existing policy form is required if the applicant has existing life insurance coverage in the following states, even if they are not replacing this coverage: AK, AL, AZ, CO, CT, HI, IA, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, SD, TX, VA, VT, WI and WV.

We do not accept replacements of existing coverage in KY, KS or WV.

Advance Guidelines

We advance the same day the application is processed when the first month’s premium is paid from a preprinted check and future payments are being drafted from the same account.

We advance on business where the CWA is being drafted from a checking account and future payments are to be drafted from the same account. The advance will take place 3 business days after the first draft is received.

We advance on business where the CWA is a post-dated check and future payments are to be drafted from the same account. The advance will take place the day the check is deposited.

We will pay the commission as earned on checking account business where the first premium is paid by money order, agent’s check, non-preprinted check, or cash.

We advance on business where the payor has a vested interest in the policy. We consider them to have a vested interest if they are the owner, insured, or beneficiary.

We advance on business where the writing agent is not the owner, insured, payor, or relative and has no influence on the policy.

There is a maximum advance payable per household, payor, owner, and insured.

We advance on existing households, payors, owners, and insureds, dependent on the policy’s history.

Any commission not advanced will be paid monthly on an as earned basis.

FOR ELECTRONIC APPLICATIONS (EAPP):

We advance the same day the application is processed when the first month's premium is being drafted the same day and future payments are being drafted from the same account.

eApp by Lincoln Heritage

eApp is an electronic option for submitting applications. Here are some highlights:

- eApp is web-based. You can access it by visiting eapp.lhlicagents.com or logging into your agent web portal.
- eApp provides the fastest way to earn same-day commission advances and production on immediate drafts from checking or savings accounts.
- Paperwork comes through in good order, reducing the need for follow-up memos.
- The information entered is automatically saved as you go.
- A 'Related Applications' feature allows for the entry of multiple applications in the same household at once, reducing the amount of times you need to re-enter the same information. (i.e. addresses and bank info)
- Features a searchable medication checker.
- Has a Quick Quote section, to compare up to three premium quotes at a time.
- eApp was designed to help streamline our Teleapp process.

In-House Phone Verification and Teleapp

MEETING IN PERSON: PHONE VERIFICATION

If you are meeting in person with your client, please call the In-House Verification line. We will complete the health questions on a recorded line and you will obtain physical signatures, either on your device or paper application.

Phone Verification Process

1. Home Office associate obtains verbal authorization from the applicant to run a prescription check
 2. Home Office associate reviews the health questions on the application.
 3. If the applicant declines the Prescription check, the Home Office associate will ask the applicant to disclose all medications they have taken and/or been prescribed in the past two years.
 4. Home Office associate provides the writing agent with a reference number and the pre-approval results.
- In-House Verification (800) 218-5657
 - Spanish In-House Verification (800) 318-9610

In-House Phone Verification lines are available:

Mon-Fri from 6:30 AM – 7:00 PM Arizona time

Saturdays from 7:00 AM – 2:00 PM Arizona time

NOT IN PERSON: TELEAPP

Call the Teleapp line to complete an application when you are NOT in person with your clients. Review the instructions below for the full process.

- Teleapp (888) 230-6088
- Spanish Teleapp (888) 230-6089

Teleapp lines are staffed:

Mon-Fri from 6:30 AM – 7:00 PM Arizona time

Saturdays from 7:00 AM – 2:00 PM Arizona time

Place your call to the Teleapp line only after you've completed the sale and have all parties (owner, applicant, payor) on the line. The application cannot be completed without all parties available and ready to record their portion of the call. All affirmation paragraphs will be read to the required party to obtain voice signatures. Each party will be required to state their full name and confirm the date.

We encourage you to use our eApp to significantly shorten your Teleapp calls and simplify the process. Here's how:

- Before calling the Teleapp line, log in to eApp and fill out all sections of the application.
- Stop at the Producer section. DO NOT click Review & Sign.
- Make note of the application number (Ex: F00001234) and place the call to our Teleapp line.
- Once you are on the line with an associate, advise them you have a pre-filled Teleapp recording to complete and provide them with the application number.
- Return to your eApp dashboard by clicking on the logo in the top left corner.
- From there, the associate can retrieve the application and simply verify the information that you have entered rather than collecting all of it over the phone.
- After the associate gives the pre-approval, you will receive a DocuSign email to complete the agent signature process. Verify the application information and add your signature through the link provided. The application will be automatically submitted once you have finished the signing process.

Note: Once the call is completed, do not make any changes on the application. The recording and application you submit must be exactly the same. If a change is necessary, please notify Home Office at the Teleapp phone number listed above immediately for assistance.

REQUIREMENTS FOR TELEAPP/VOICE RECORDED SIGNATURES

We do not waive any signatures for Teleapp applications. Please have all parties, owner, applicant, and payor available when calling the recorded line.

FINAL EXPENSE	Age	FEMALE				MALE			
		NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO	
		Annual	PAC	Annual	PAC	Annual	PAC	Annual	PAC
	0	\$19.79	\$1.68	\$19.79	\$1.68	\$22.44	\$1.91	\$22.44	\$1.91
	1	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	2	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	3	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	4	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	5	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	6	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	7	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	8	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	9	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	10	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	11	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	12	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	13	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	14	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	15	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	16	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	17	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	18	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	19	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	20	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	21	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	22	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	23	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	24	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	25	19.79	1.68	19.79	1.68	22.44	1.91	22.44	1.91
	26	20.40	1.73	21.60	1.84	23.64	2.01	24.72	2.10
	27	20.88	1.77	23.39	1.99	24.83	2.11	27.00	2.30
	28	21.48	1.83	25.20	2.14	26.16	2.22	29.28	2.49
	29	21.96	1.87	27.00	2.30	27.35	2.32	31.56	2.68
	30	22.56	1.92	28.80	2.45	28.56	2.43	33.84	2.88
	31	23.39	1.99	29.64	2.52	28.68	2.44	34.55	2.94
	32	24.23	2.06	30.60	2.60	28.80	2.45	35.28	3.00
	33	25.08	2.13	31.43	2.67	28.91	2.46	35.88	3.05
	34	25.91	2.20	32.39	2.75	29.04	2.47	36.59	3.11
	35	26.76	2.27	33.24	2.83	29.16	2.48	37.32	3.17
	36	26.93	2.29	33.83	2.88	30.14	2.56	38.29	3.25
	37	27.10	2.30	34.42	2.93	31.12	2.65	39.26	3.34
	38	27.28	2.32	35.01	2.98	32.09	2.73	40.23	3.42
	39	27.45	2.33	35.60	3.03	33.07	2.81	41.20	3.50
	40	27.62	2.35	36.19	3.08	34.05	2.89	42.17	3.58
	41	28.35	2.41	37.30	3.17	34.89	2.97	43.82	3.72
	42	29.20	2.48	38.42	3.27	35.86	3.05	45.46	3.86
	43	29.93	2.54	39.64	3.37	36.72	3.12	47.11	4.00
	44	30.77	2.62	40.76	3.46	37.68	3.20	48.75	4.14

Age	FEMALE				MALE				FINAL EXPENSE
	NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO		
	Annual	PAC	Annual	PAC	Annual	PAC	Annual	PAC	
45	\$ 31.50	\$ 2.68	\$41.87	\$ 3.56	\$ 38.53	\$ 3.28	\$ 50.40	\$ 4.28	
46	32.71	2.78	43.35	3.68	40.11	3.41	52.50	4.46	
47	33.92	2.88	44.84	3.81	41.56	3.53	54.47	4.63	
48	35.02	2.98	46.20	3.93	43.13	3.67	56.57	4.81	
49	36.23	3.08	47.68	4.05	44.59	3.79	58.55	4.98	
50	37.44	3.18	49.16	4.18	46.16	3.92	60.65	5.16	
51	38.53	3.28	50.89	4.33	47.86	4.07	63.49	5.40	
52	39.62	3.37	52.75	4.48	49.68	4.22	66.34	5.64	
53	40.84	3.47	54.47	4.63	51.37	4.37	69.30	5.89	
54	41.93	3.56	56.33	4.79	53.20	4.52	72.14	6.13	
55	43.01	3.66	58.05	4.93	54.89	4.67	74.98	6.37	
56	44.59	3.79	59.91	5.09	57.40	4.88	78.07	6.64	
57	46.05	3.91	61.64	5.24	59.91	5.09	81.15	6.90	
58	47.62	4.05	63.49	5.40	62.42	5.31	84.25	7.16	
59	49.08	4.17	65.22	5.54	64.93	5.52	87.34	7.42	
60	50.65	4.31	67.07	5.70	67.44	5.73	90.42	7.69	
61	53.58	4.55	71.03	6.04	69.60	5.92	94.48	8.03	
62	56.50	4.80	74.85	6.36	71.64	6.09	98.55	8.38	
63	59.43	5.05	78.81	6.70	73.80	6.27	102.61	8.72	
64	62.35	5.30	82.64	7.02	75.84	6.45	106.68	9.07	
65	65.28	5.55	86.59	7.36	78.00	6.63	110.74	9.41	
66	69.60	5.92	90.43	7.69	82.44	7.01	115.47	9.81	
67	73.92	6.28	94.25	8.01	86.88	7.38	120.20	10.22	
68	78.12	6.64	98.08	8.34	91.20	7.75	124.94	10.62	
69	82.44	7.01	101.91	8.66	95.63	8.13	129.67	11.02	
70	86.76	7.37	105.75	8.99	100.08	8.51	134.40	11.42	
71	93.00	7.91	113.03	9.61	108.96	9.26	143.79	12.22	
72	99.12	8.43	120.45	10.24	117.84	10.02	153.05	13.01	
73	105.36	8.96	127.73	10.86	126.84	10.78	162.45	13.81	
74	111.48	9.48	135.15	11.49	135.72	11.54	171.71	14.60	
75	117.72	10.01	142.43	12.11	144.59	12.29	181.09	15.39	
76	128.28	10.90	150.34	12.78	158.88	13.50	190.85	16.22	
77	138.84	11.80	158.25	13.45	173.28	14.73	200.61	17.05	
78	146.35	12.44	166.15	14.12	183.88	15.63	210.49	17.89	
79	156.71	13.32	174.05	14.79	198.00	16.83	220.25	18.72	
80	167.06	14.20	181.95	15.47	212.00	18.02	230.01	19.55	
81	173.29	14.73	186.64	15.86	216.12	18.37	232.10	19.73	
82	179.53	15.26	191.33	16.26	220.35	18.73	234.19	19.91	
83	185.76	15.79	192.59	16.37	224.47	19.08	236.29	20.08	
84	192.00	16.32	198.94	16.91	228.71	19.44	238.38	20.26	
85	198.24	16.85	205.41	17.46	232.82	19.79	240.47	20.44	

FINAL EXPENSE

REMINDER: Add Policy Fee

TWENTY PAY	Age	FEMALE				MALE			
		NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO	
		Annual	PAC	Annual	PAC	Annual	PAC	Annual	PAC
	0	\$30.60	\$2.60	\$30.60	\$2.60	\$33.72	\$2.87	\$33.72	\$2.87
	1	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	2	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	3	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	4	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	5	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	6	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	7	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	8	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	9	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	10	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	11	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	12	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	13	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	14	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	15	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	16	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	17	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	18	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	19	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	20	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	21	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	22	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	23	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	24	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	25	30.60	2.60	30.60	2.60	33.72	2.87	33.72	2.87
	26	31.20	2.65	32.76	2.78	36.47	3.10	37.32	3.17
	27	31.91	2.71	34.92	2.97	39.11	3.32	40.92	3.48
	28	32.51	2.76	36.96	3.14	41.88	3.56	44.52	3.78
	29	33.24	2.83	39.11	3.32	44.52	3.78	48.12	4.09
	30	33.84	2.88	41.28	3.51	47.27	4.02	51.72	4.40
	31	34.07	2.90	42.00	3.57	47.52	4.04	51.83	4.41
	32	34.32	2.92	42.71	3.63	47.75	4.06	52.08	4.43
	33	34.55	2.94	43.56	3.70	48.00	4.08	52.20	4.44
	34	34.80	2.96	44.28	3.76	48.23	4.10	52.44	4.46
	35	35.03	2.98	45.00	3.83	48.48	4.12	52.56	4.47
	36	35.80	3.04	46.18	3.93	49.08	4.17	53.39	4.54
	37	36.57	3.11	47.36	4.03	49.56	4.21	54.35	4.62
	38	37.35	3.17	48.53	4.13	50.16	4.26	55.20	4.69
	39	38.12	3.24	49.71	4.23	50.64	4.30	56.16	4.77
	40	38.89	3.31	50.89	4.33	51.24	4.36	57.00	4.85
	41	39.50	3.36	51.26	4.36	51.72	4.40	58.05	4.93
	42	40.11	3.41	51.75	4.40	52.31	4.45	59.10	5.02
	43	40.84	3.47	52.13	4.43	52.79	4.49	60.15	5.11
	44	41.44	3.52	52.62	4.47	53.39	4.54	61.20	5.20

Age	FEMALE				MALE			
	NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO	
	Annual	PAC	Annual	PAC	Annual	PAC	Annual	PAC
45	\$ 42.04	\$ 3.57	\$ 52.99	\$ 4.50	\$ 53.87	\$ 4.58	\$ 62.25	\$ 5.29
46	42.77	3.64	54.35	4.62	54.17	4.60	64.24	5.46
47	43.62	3.71	55.71	4.74	54.47	4.63	66.34	5.64
48	44.35	3.77	56.95	4.84	54.77	4.66	68.31	5.81
49	45.19	3.84	58.30	4.96	55.07	4.68	70.41	5.98
50	45.92	3.90	59.66	5.07	55.37	4.71	72.39	6.15
51	46.89	3.99	60.77	5.17	57.19	4.86	73.50	6.25
52	47.74	4.06	61.88	5.26	59.01	5.02	74.61	6.34
53	48.71	4.14	63.00	5.36	60.83	5.17	75.72	6.44
54	49.56	4.21	64.11	5.45	62.64	5.32	76.84	6.53
55	50.53	4.30	65.22	5.54	64.47	5.48	77.95	6.63
56	52.23	4.44	67.45	5.73	66.17	5.62	81.53	6.93
57	53.92	4.58	69.55	5.91	67.85	5.77	85.11	7.23
58	55.74	4.74	71.77	6.10	69.55	5.91	88.69	7.54
59	57.43	4.88	73.87	6.28	71.25	6.06	92.27	7.84
60	59.13	5.03	76.09	6.47	72.94	6.20	95.85	8.15
61	61.49	5.23	78.44	6.67	74.89	6.37	99.56	8.46
62	63.85	5.43	80.79	6.87	76.70	6.52	103.27	8.78
63	66.20	5.63	83.14	7.07	78.64	6.68	106.97	9.09
64	68.56	5.83	85.48	7.27	80.46	6.84	110.68	9.41
65	70.92	6.03	87.83	7.47	82.40	7.00	114.39	9.72
66	75.00	6.38	92.77	7.89	86.20	7.33	119.45	10.15
67	79.08	6.72	97.84	8.32	90.00	7.65	124.52	10.58
68	83.28	7.08	102.77	8.74	93.80	7.97	129.58	11.01
69	87.36	7.43	107.85	9.17	97.60	8.30	134.65	11.45
70	91.44	7.77	112.78	9.59	101.40	8.62	139.71	11.88
71	97.08	8.25	119.33	10.14	111.00	9.44	148.48	12.62
72	102.84	8.74	126.00	10.71	120.60	10.25	157.13	13.36
73	108.48	9.22	132.55	11.27	130.08	11.06	165.90	14.10
74	114.24	9.71	139.22	11.83	139.68	11.87	174.55	14.84
75	119.88	10.19	145.76	12.39	149.28	12.69	183.32	15.58
76	129.96	11.05	153.05	13.01	162.72	13.83	192.71	16.38
77	140.04	11.90	160.22	13.62	176.04	14.96	201.97	17.17
78	147.29	12.52	167.51	14.24	185.76	15.79	211.35	17.96
79	157.18	13.36	174.67	14.85	198.82	16.90	220.63	18.75
80	167.06	14.20	181.95	15.47	212.00	18.02	230.01	19.55

TWENTY PAY

REMINDER: Add Policy Fee

3 YEAR MODIFIED DEATH BENEFIT	Age	FEMALE		MALE	
		Annual	PAC	Annual	PAC
	0	\$35.76	\$3.04	\$45.96	\$3.91
	1	35.76	3.04	45.96	3.91
	2	35.76	3.04	45.96	3.91
	3	35.76	3.04	45.96	3.91
	4	35.76	3.04	45.96	3.91
	5	35.76	3.04	45.96	3.91
	6	35.76	3.04	45.96	3.91
	7	35.76	3.04	45.96	3.91
	8	35.76	3.04	45.96	3.91
	9	35.76	3.04	45.96	3.91
	10	35.76	3.04	45.96	3.91
	11	35.76	3.04	45.96	3.91
	12	35.76	3.04	45.96	3.91
	13	35.76	3.04	45.96	3.91
	14	35.76	3.04	45.96	3.91
	15	35.76	3.04	45.96	3.91
	16	35.76	3.04	45.96	3.91
	17	35.76	3.04	45.96	3.91
	18	35.76	3.04	45.96	3.91
	19	35.76	3.04	45.96	3.91
	20	35.76	3.04	45.96	3.91
	21	35.76	3.04	45.96	3.91
	22	35.76	3.04	45.96	3.91
	23	35.76	3.04	45.96	3.91
	24	35.76	3.04	45.96	3.91
	25	35.76	3.04	45.96	3.91
	26	37.07	3.15	47.04	4.00
	27	38.40	3.26	48.12	4.09
	28	39.72	3.38	49.20	4.18
	29	41.04	3.49	50.27	4.27
	30	42.36	3.60	51.35	4.36
	31	44.52	3.78	53.28	4.53
	32	46.67	3.97	55.20	4.69
	33	48.83	4.15	57.24	4.87
	34	51.00	4.34	59.16	5.03
	35	53.16	4.52	61.08	5.19
	36	56.52	4.80	64.68	5.50
	37	59.88	5.09	68.40	5.81
	38	63.12	5.37	72.00	6.12
	39	66.48	5.65	75.72	6.44
	40	69.84	5.94	79.31	6.74
	41	72.36	6.15	81.60	6.94
	42	74.88	6.36	83.88	7.13
	43	77.40	6.58	86.16	7.32
	44	79.92	6.79	88.44	7.52
	45	82.44	7.01	90.72	7.71
	46	85.20	7.24	95.16	8.09
	47	88.08	7.49	99.60	8.47
	48	90.84	7.72	104.16	8.85
	49	93.72	7.97	108.60	9.23

Age	FEMALE		MALE	
	Annual	PAC	Annual	PAC
50	96.48	8.20	113.04	9.61
51	97.08	8.25	115.20	9.79
52	97.67	8.30	117.36	9.98
53	98.40	8.36	119.52	10.16
54	99.00	8.42	121.68	10.34
55	99.60	8.47	123.84	10.53
56	101.76	8.65	125.16	10.64
57	103.92	8.83	126.60	10.76
58	105.96	9.01	127.92	10.87
59	108.12	9.19	129.36	11.00
60	110.28	9.37	130.68	11.11
61	112.80	9.59	134.76	11.45
62	115.44	9.81	138.84	11.80
63	117.96	10.03	142.80	12.14
64	120.60	10.25	146.88	12.48
65	123.12	10.47	150.96	12.83
66	128.52	10.92	157.44	13.38
67	133.92	11.38	163.92	13.93
68	139.32	11.84	170.52	14.49
69	144.72	12.30	177.00	15.05
70	150.12	12.76	183.48	15.60
71	155.08	13.18	191.33	16.26
72	160.04	13.60	199.18	16.93
73	164.99	14.02	207.02	17.60
74	169.95	14.45	214.87	18.26
75	174.91	14.87	222.72	18.93
76	183.62	15.61	228.36	19.41
77	192.33	16.35	234.12	19.90
78	201.05	17.09	240.00	20.40
79	209.76	17.83	245.76	20.89
80	218.47	18.57	246.71	20.97
81	220.59	18.75	246.94	20.99
82	221.39	18.82	247.18	21.01
83	221.76	18.85	247.53	21.04
84	225.41	19.16	247.76	21.06
85	229.06	19.47	248.00	21.08

2 YEAR MODIFIED DEATH BENEFIT

REMINDER: Add Policy Fee

Policy Fee

When calculating the total monthly premium, remember to include the policy fee. The policy fee will only be waived if the **applicant** is taking out an additional policy within 12 months of an existing policy.

POLICY FEE

Add the policy fee according to the payment method listed below.

Bank draft or monthly direct	\$ 3.00
Quarterly	\$ 9.00
Semi-Annual	\$18.00
Annual	\$36.00

Rate Calculations

Multiply annual rate by the number of thousands of face desired. Add in the annual premium for all riders. Take that amount and multiply it by the following modal factors:

Bank draft or monthly direct:	.085 (Add \$2.00 for monthly direct bill policies)
Quarterly	.265
Semi-Annual	.520

Example #1:

75 year old male who qualified for final expense non-tobacco rates wants a \$5,000 policy with 1 unit of AD&D to be paid semi-annually.

$$\left(\begin{array}{c} \$144.59 \\ \text{Annual} \\ \text{Rate} \end{array} \times \begin{array}{c} 5 \\ \text{Face/} \\ \text{1000} \end{array} \right) + \begin{array}{c} \$17.65 \\ \text{Rider Annual} \\ \text{Premium} \end{array} \times \begin{array}{c} .52 \\ \text{Modal} \\ \text{Factor} \end{array} + \begin{array}{c} \$18.00 \\ \text{Policy} \\ \text{Fee} \end{array} = \begin{array}{c} \$403.11 \\ \text{Payment} \\ \text{Amount} \end{array}$$

Example #2:

58 year old female who qualified for final expense non-tobacco rates wants a \$10,000 policy with 3 units of AD&D on PAC.

$$\left(\begin{array}{c} \$4.05 \\ \text{Monthly} \\ \text{PAC Rate} \end{array} \times \begin{array}{c} 10 \\ \text{Face/} \\ \text{1000} \end{array} \right) + \begin{array}{c} \$3.00 \\ \text{Rider Monthly} \\ \text{Premium} \end{array} + \begin{array}{c} \$3.00 \\ \text{Policy} \\ \text{Fee} \end{array} = \begin{array}{c} \$46.50 \\ \text{Payment} \\ \text{Amount} \end{array}$$

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