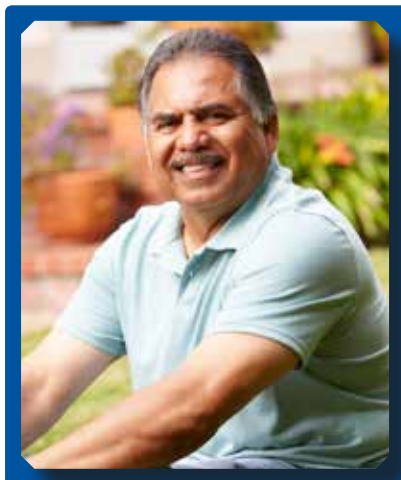
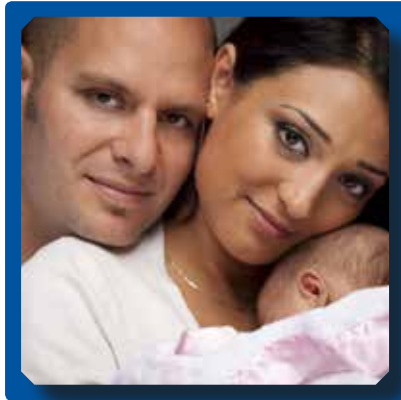


Simplified Issue Whole Life Guaranteed Issue Whole Life

AGENT GUIDE



www.unitedhomelife.com
800-428-3001

Whole Life Portfolio

- Five products for ages 0 to 80¹.
- Simple yes/no applications.
- Affordable, guaranteed² coverage.
- Level guaranteed premiums; guaranteed cash values.
- Know Before You Go[®] point-of-sale telephone interviews.
- No routine medical exams, bodily fluids testing³, or physician's statements.
- Initial premium can be drafted.
- Initial 1st-year commission paid daily if on EFT.
- Application can be taken over the phone.
- Electronic application available for final expense products.

Target Markets:

- Middle Market.
- 50+ Market.
- Final Expense.
- Family Protection Needs.
- Juvenile Market.
- Clients who prefer simplified issue to full underwriting.
- Clients who have previously been declined or labeled uninsurable.
- Clients who are overweight or who have significant health issues.

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¹ Product and rider/benefit availability, and issue ages may vary by state. Issue ages vary by product.

² So long as premiums are paid. See policy for details. Exclusions and limitations may apply.

³ Excluding applicants written in Wisconsin.

For Agent use only. Not for use with the general public.

Guaranteed Issue Whole Life

Graded Benefit Endowment Insurance

Issue Ages: 45 – 75 (age last birthday)
 Face Amounts: \$5,000 – 10,000
 Rate Classes: Non-Tobacco/Tobacco
 Annual Policy Fee: \$50 (commissionable)

Modal Factors:	
Semi-annual:	.515
Quarterly:	.260
Monthly EFT:	.087
Direct Monthly Bill:	.095

No health questions, medical exams, physical exams, or Personal History Interviews (PHIs).

Graded Death Benefit During First Three Policy Years:

- Year 1: benefit payable equals refund of premium plus 6% interest.
- Year 2: benefit payable equals refund of premium plus 12% interest.
- Year 3: benefit payable equals refund of premium plus 18% interest.

Full death benefit payable if death occurs due to accidental causes in the first three policy years.

Male Non-Tobacco

Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount					
		\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
45	62.03	31.33	36.73	42.13	47.52	52.92	58.32
46	63.82	32.11	37.66	43.22	48.77	54.32	59.87
47	65.68	32.92	38.63	44.35	50.06	55.78	61.49
48	67.59	33.75	39.63	45.51	51.39	57.27	63.15
49	69.55	34.60	40.66	46.71	52.76	58.81	64.86
50	71.59	35.49	41.72	47.95	54.18	60.40	66.63
51	73.69	36.41	42.82	49.23	55.64	62.05	68.46
52	75.84	37.34	43.94	50.54	57.13	63.73	70.33
53	78.07	38.31	45.10	51.89	58.69	65.48	72.27
54	80.37	39.31	46.30	53.30	60.29	67.28	74.27
55	83.20	40.54	47.78	55.02	62.26	69.50	76.73
56	86.28	41.88	49.39	56.89	64.40	71.91	79.41
57	89.50	43.28	51.07	58.86	66.64	74.43	82.22
58	92.86	44.74	52.82	60.90	68.98	77.06	85.14
59	96.38	46.28	54.66	63.05	71.43	79.82	88.20
60	100.08	47.88	56.59	65.30	74.01	82.71	91.42
61	103.96	49.57	58.62	67.66	76.71	85.75	94.80
62	108.02	51.34	60.74	70.13	79.53	88.93	98.33
63	112.30	53.20	62.97	72.74	82.51	92.28	102.05
64	116.77	55.14	65.30	75.46	85.62	95.78	105.94
65	121.46	57.19	67.75	78.32	88.89	99.45	110.02
66	127.62	59.86	70.97	82.07	93.17	104.28	115.38
67	133.40	62.38	73.98	85.59	97.20	108.80	120.41
68	139.55	65.05	77.20	89.34	101.48	113.62	125.76
69	146.10	67.90	80.61	93.32	106.04	118.75	131.46
70	153.05	70.93	84.24	97.56	110.87	124.19	137.50
71	160.43	74.14	88.09	102.05	116.01	129.97	143.92
72	168.23	77.53	92.17	106.80	121.44	136.07	150.71
73	176.42	81.09	96.44	111.79	127.14	142.49	157.84
74	185.01	84.83	100.93	117.02	133.12	149.21	165.31
75	194.00	88.74	105.62	122.50	139.37	156.25	173.13

Female Non-Tobacco

Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount					
		\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
45	56.69	29.01	33.94	38.87	43.81	48.74	53.67
46	58.17	29.65	34.71	39.78	44.84	49.90	54.96
47	59.69	30.32	35.51	40.70	45.89	51.09	56.28
48	61.25	30.99	36.32	41.65	46.98	52.31	57.64
49	62.86	31.69	37.16	42.63	48.10	53.57	59.04
50	64.50	32.41	38.02	43.63	49.24	54.85	60.47
51	66.19	33.14	38.90	44.66	50.42	56.18	61.94
52	67.92	33.90	39.80	45.71	51.62	57.53	63.44
53	69.70	34.67	40.73	46.80	52.86	58.93	64.99
54	71.53	35.47	41.69	47.91	54.13	60.36	66.58
55	73.77	36.44	42.86	49.28	55.69	62.11	68.53
56	76.21	37.50	44.13	50.76	57.39	64.02	70.65
57	78.74	38.60	45.45	52.30	59.15	66.00	72.85
58	81.39	39.75	46.84	53.92	61.00	68.08	75.16
59	84.13	40.95	48.27	55.59	62.90	70.22	77.54
60	87.01	42.20	49.77	57.34	64.91	72.48	80.05
61	90.02	43.51	51.34	59.17	67.00	74.84	82.67
62	93.14	44.87	52.97	61.07	69.18	77.28	85.38
63	96.40	46.28	54.67	63.06	71.44	79.83	88.22
64	100.30	47.98	56.71	65.43	74.16	82.88	91.61
65	103.36	49.31	58.30	67.30	76.29	85.28	94.27
66	107.71	51.20	60.57	69.95	79.32	88.69	98.06
67	111.72	52.95	62.67	72.39	82.11	91.83	101.55
68	115.95	54.79	64.88	74.96	85.05	95.14	105.23
69	120.42	56.73	67.21	77.69	88.16	98.64	109.12
70	125.15	58.79	69.68	80.57	91.45	102.34	113.23
71	130.14	60.96	72.28	83.61	94.93	106.25	117.57
72	135.36	63.23	75.01	86.78	98.56	110.34	122.11
73	140.82	65.61	77.86	90.11	102.36	114.61	126.86
74	146.50	68.08	80.82	93.57	106.31	119.06	131.81
75	152.42	70.65	83.91	97.17	110.43	123.69	136.96

Guaranteed Issue Whole Life

Graded Benefit Endowment Insurance

Commission Chargeback Policy:

- 100% chargeback if Insured dies during policy year 1.
- 50% chargeback of both first year and renewal commissions earned if Insured dies during policy year 2.
- No chargeback of earned commissions if Insured's death is due to accidental causes.

Agent Guidelines:

The Proposed Insured must be present when applying for a Guaranteed Issue WL policy. No power of attorney applications accepted.



GIWL sales can be no more than 25% of an Agent's total production. An Agent must place three non-Guaranteed Issue policies (excluding Protector AD accidental death coverage) for every one GIWL application written.

In addition, the Agent must affirm that the Proposed Insured:

- is not confined to a hospital, hospice, nursing home, or convalescent home.
- does not require home health nursing care.
- does not have AIDS or is not HIV positive.
- has not been diagnosed with an illness expected to cause death within 24 months.
- is not engaging in intravenous drug abuse.

Male Tobacco

Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount					
		\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
45	70.04	34.82	40.91	47.00	53.10	59.19	65.28
46	72.54	35.90	42.22	48.53	54.84	61.15	67.46
47	75.15	37.04	43.58	50.12	56.65	63.19	69.73
48	77.87	38.22	45.00	51.77	58.55	65.32	72.10
49	80.71	39.46	46.48	53.50	60.52	67.55	74.57
50	83.65	40.74	48.02	55.29	62.57	69.85	77.13
51	86.72	42.07	49.62	57.16	64.71	72.25	79.80
52	89.90	43.46	51.28	59.10	66.92	74.74	82.56
53	93.22	44.90	53.01	61.12	69.23	77.34	85.45
54	96.67	46.40	54.81	63.22	71.63	80.04	88.45
55	100.91	48.25	57.03	65.80	74.58	83.36	92.14
56	105.50	50.24	59.42	68.60	77.78	86.96	96.14
57	110.33	52.34	61.94	71.54	81.14	90.74	100.34
58	115.45	54.57	64.61	74.66	84.70	94.75	104.79
59	120.85	56.92	67.43	77.95	88.46	98.98	109.49
60	126.58	59.41	70.42	81.44	92.45	103.46	114.47
61	132.66	62.06	73.60	85.14	96.68	108.22	119.76
62	139.07	64.85	76.94	89.04	101.14	113.24	125.34
63	145.88	67.81	80.50	93.19	105.88	118.57	131.27
64	153.07	70.94	84.25	97.57	110.89	124.20	137.52
65	160.70	74.25	88.24	102.22	116.20	130.18	144.16
66	169.59	78.12	92.88	107.63	122.38	137.14	151.89
67	177.90	81.74	97.21	112.69	128.17	143.65	159.12
68	186.78	85.60	101.85	118.10	134.35	150.60	166.85
69	196.24	89.71	106.79	123.86	140.93	158.01	175.08
70	206.33	94.10	112.05	130.00	147.96	165.91	183.86
71	217.04	98.76	117.64	136.53	155.41	174.29	193.17
72	228.39	103.70	123.57	143.44	163.31	183.18	203.05
73	240.33	108.89	129.80	150.71	171.62	192.53	213.44
74	252.87	114.35	136.35	158.35	180.35	202.35	224.35
75	266.02	120.07	143.21	166.36	189.50	212.64	235.79

Female Tobacco

Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount					
		\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
45	63.36	31.91	37.42	42.94	48.45	53.96	59.47
46	65.42	32.81	38.50	44.19	49.88	55.57	61.27
47	67.53	33.73	39.60	45.48	51.35	57.23	63.10
48	69.72	34.68	40.74	46.81	52.88	58.94	65.01
49	71.99	35.67	41.93	48.19	54.46	60.72	66.98
50	74.34	36.69	43.16	49.62	56.09	62.56	69.03
51	76.78	37.75	44.43	51.11	57.79	64.47	71.15
52	79.30	38.85	45.74	52.64	59.54	66.44	73.34
53	81.92	39.99	47.11	54.24	61.37	68.49	75.62
54	84.62	41.16	48.52	55.88	63.25	70.61	77.97
55	87.93	42.60	50.25	57.90	65.55	73.20	80.85
56	91.52	44.16	52.12	60.09	68.05	76.01	83.97
57	95.28	45.80	54.09	62.38	70.66	78.95	87.24
58	99.25	47.52	56.16	64.79	73.43	82.06	90.70
59	103.41	49.33	58.33	67.33	76.32	85.32	94.32
60	107.80	51.24	60.62	70.00	79.38	88.76	98.14
61	112.43	53.26	63.04	72.82	82.60	92.38	102.16
62	117.30	55.38	65.58	75.79	85.99	96.20	106.40
63	122.44	57.61	68.26	78.92	89.57	100.22	110.87
64	128.57	60.28	71.46	82.65	93.83	105.02	116.21
65	133.53	62.44	74.05	85.67	97.29	108.90	120.52
66	139.72	65.13	77.28	89.44	101.60	113.75	125.91
67	145.37	67.59	80.23	92.88	105.53	118.17	130.82
68	151.37	70.20	83.37	96.53	109.70	122.87	136.04
69	157.74	72.97	86.69	100.41	114.14	127.86	141.58
70	164.48	75.90	90.21	104.52	118.83	133.14	147.45
71	171.60	79.00	93.93	108.85	123.78	138.71	153.64
72	179.09	82.25	97.83	113.42	129.00	144.58	160.16
73	186.94	85.67	101.93	118.20	134.46	150.72	166.99
74	195.10	89.22	106.19	123.17	140.14	157.11	174.09
75	203.61	92.92	110.63	128.35	146.06	163.78	181.49

Product and rider/benefit availability, and issue ages may vary by state. Exclusions and limitations may apply.

Express Issue Whole Life
Simplified Issue Graded Benefit

Rate Classes: Non-Tobacco/Tobacco
Built-in Rating: 16 Tables
Annual Policy Fee: \$50 (commissionable)

Modal Factors:	
Semi-annual:	.515
Quarterly:	.260
Monthly EFT:	.087
Direct Monthly Bill:	.095

Graded Death Benefit During First Two Policy Years:

- Year 1: benefit payable equals refund of premium plus 12% interest.⁴
- Year 2: benefit payable equals refund of premium plus 24% interest.⁴

Full death benefit payable if death occurs due to accidental causes in the first two policy years.

Male Non-Tobacco							Female Non-Tobacco						
Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount					Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount				
		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000			\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
25	41.82	22.54	40.73	58.92	77.11	95.30	25	38.40	21.05	37.76	54.46	71.17	87.87
26	41.82	22.54	40.73	58.92	77.11	95.30	26	38.40	21.05	37.76	54.46	71.17	87.87
27	41.82	22.54	40.73	58.92	77.11	95.30	27	38.40	21.05	37.76	54.46	71.17	87.87
28	41.82	22.54	40.73	58.92	77.11	95.30	28	38.40	21.05	37.76	54.46	71.17	87.87
29	41.82	22.54	40.73	58.92	77.11	95.30	29	38.40	21.05	37.76	54.46	71.17	87.87
30	41.82	22.54	40.73	58.92	77.11	95.30	30	38.40	21.05	37.76	54.46	71.17	87.87
31	41.82	22.54	40.73	58.92	77.11	95.30	31	38.40	21.05	37.76	54.46	71.17	87.87
32	41.82	22.54	40.73	58.92	77.11	95.30	32	38.40	21.05	37.76	54.46	71.17	87.87
33	41.82	22.54	40.73	58.92	77.11	95.30	33	38.40	21.05	37.76	54.46	71.17	87.87
34	41.82	22.54	40.73	58.92	77.11	95.30	34	38.40	21.05	37.76	54.46	71.17	87.87
35	41.82	22.54	40.73	58.92	77.11	95.30	35	38.40	21.05	37.76	54.46	71.17	87.87
36	41.82	22.54	40.73	58.92	77.11	95.30	36	38.40	21.05	37.76	54.46	71.17	87.87
37	41.82	22.54	40.73	58.92	77.11	95.30	37	38.40	21.05	37.76	54.46	71.17	87.87
38	41.82	22.54	40.73	58.92	77.11	95.30	38	38.40	21.05	37.76	54.46	71.17	87.87
39	41.82	22.54	40.73	58.92	77.11	95.30	39	38.40	21.05	37.76	54.46	71.17	87.87
40	41.82	22.54	40.73	58.92	77.11	95.30	40	38.40	21.05	37.76	54.46	71.17	87.87
41	41.82	22.54	40.73	58.92	77.11	95.30	41	38.40	21.05	37.76	54.46	71.17	87.87
42	41.82	22.54	40.73	58.92	77.11	95.30	42	38.40	21.05	37.76	54.46	71.17	87.87
43	41.82	22.54	40.73	58.92	77.11	95.30	43	38.40	21.05	37.76	54.46	71.17	87.87
44	41.82	22.54	40.73	58.92	77.11	95.30	44	38.40	21.05	37.76	54.46	71.17	87.87
45	41.82	22.54	40.73	58.92	77.11	95.30	45	38.40	21.05	37.76	54.46	71.17	87.87
46	42.87	23.00	41.65	60.29	78.94	97.59	46	39.26	21.43	38.50	55.58	72.66	89.74
47	44.03	23.50	42.65	61.81	80.96	100.11	47	40.20	21.84	39.32	56.81	74.30	91.79
48	45.32	24.06	43.78	63.49	83.20	102.92	48	41.16	22.26	40.16	58.07	75.98	93.88
49	46.57	24.61	44.87	65.13	85.39	105.65	49	42.23	22.72	41.09	59.46	77.83	96.20
50	48.13	25.29	46.22	67.16	88.09	109.03	50	43.37	23.21	42.08	60.94	79.81	98.67
51	50.05	26.12	47.89	69.66	91.44	113.21	51	44.43	23.68	43.01	62.34	81.67	101.00
52	51.64	26.81	49.27	71.73	94.20	116.66	52	45.73	24.24	44.14	64.03	83.92	103.82
53	53.65	27.69	51.02	74.36	97.70	121.04	53	47.18	24.87	45.39	65.92	86.44	106.96
54	55.80	28.62	52.89	77.16	101.44	125.71	54	48.71	25.54	46.73	67.92	89.10	110.29
55	58.10	29.62	54.90	80.17	105.44	130.71	55	50.34	26.25	48.14	70.04	91.93	113.83
56	60.57	30.70	57.05	83.40	109.75	136.10	56	52.05	26.99	49.64	72.28	94.92	117.57
57	63.26	31.87	59.39	86.91	114.43	141.95	57	53.87	27.78	51.22	74.65	98.09	121.52
58	66.16	33.13	61.91	90.69	119.47	148.25	58	55.78	28.61	52.88	77.14	101.41	125.67
59	69.46	34.56	64.78	94.99	125.20	155.42	59	57.81	29.50	54.65	79.80	104.95	130.09
60	72.54	35.91	67.46	99.02	130.58	162.13	60	59.98	30.44	56.54	82.63	108.72	134.81
61	76.26	37.52	70.70	103.87	137.04	170.22	61	62.31	31.45	58.56	85.66	112.77	139.87
62	80.30	39.28	74.21	109.15	144.08	179.01	62	64.93	32.59	60.83	89.08	117.32	145.56
63	84.54	41.13	77.90	114.68	151.46	188.23	63	67.46	33.69	63.04	92.38	121.72	151.07
64	88.95	43.04	81.73	120.42	159.12	197.81	64	70.22	34.89	65.44	95.98	126.53	157.07
65	93.87	45.18	86.01	126.84	167.68	208.51	65	73.18	36.18	68.02	99.85	131.69	163.52
66	99.29	47.54	90.73	133.92	177.11	220.30	66	76.55	37.65	70.95	104.24	137.54	170.84
67	105.14	50.09	95.82	141.56	187.29	233.03	67	80.21	39.24	74.14	109.03	143.92	178.82
68	111.68	52.93	101.51	150.09	198.68	247.26	68	84.24	40.99	77.64	114.28	150.92	187.56
69	119.09	56.15	107.96	159.76	211.57	263.37	69	88.54	42.87	81.38	119.90	158.42	196.93
70	127.11	59.64	114.93	170.23	225.52	280.81	70	93.14	44.87	85.39	125.90	166.42	206.94
71	135.66	63.36	122.37	181.39	240.40	299.41	71	97.94	46.95	89.56	132.16	174.76	217.36
72	144.67	67.28	130.21	193.15	256.08	319.01	72	103.08	49.19	94.03	138.87	183.72	228.56
73	154.17	71.41	138.47	205.54	272.60	339.66	73	108.67	51.62	98.89	146.16	193.43	240.70
74	164.47	75.89	147.44	218.98	290.53	362.07	74	114.48	54.15	103.95	153.75	203.55	253.35
75	174.94	80.45	156.55	232.65	308.75	384.84	75	120.71	56.86	109.37	161.88	214.39	266.90
76	186.54	85.50	166.64	247.79	328.93	410.08	76	127.12	59.65	114.94	170.24	225.53	280.83
77	199.14	90.98	177.60	264.23	350.85	437.48	77	134.35	62.79	121.23	179.67	238.12	296.56
78	211.80	96.48	188.62	280.75	372.89	465.02	78	141.62	65.96	127.56	189.17	250.77	312.38
79	225.14	102.29	200.22	298.16	396.10	494.04	79	149.48	69.37	134.39	199.42	264.44	329.46
80	239.11	108.36	212.37	316.38	420.40	524.41	80	157.78	72.98	141.62	210.25	278.88	347.52

Product and rider/benefit availability, and issue ages may vary by state. Exclusions and limitations may apply.

⁴In AR, KS, NV, and PA: death benefit is 30% of face amount in policy year 1; 60% of face amount in policy year 2.

Provider

Simplified Issue Whole Life For Juveniles

Issue Ages: 0-17 (age last birthday)

Annual Policy Fee: \$50 (commissionable)

No-cost built-in Guaranteed Insurability Benefit Rider for all face amounts for issue ages 0-17.*

Male Juvenile

Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount						
		\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
0	3.92	7.76	12.88	21.40	29.93	38.45	46.98	55.51
1	4.07	7.89	13.20	22.05	30.91	39.76	48.61	57.46
2	4.22	8.02	13.53	22.71	31.89	41.06	50.24	59.42
3	4.37	8.15	13.85	23.36	32.86	42.37	51.87	61.38
4	4.53	8.29	14.20	24.06	33.91	43.76	53.61	63.47
5	4.70	8.44	14.57	24.80	35.02	45.24	55.46	65.69
6	4.89	8.60	14.99	25.62	36.26	46.89	57.53	68.16
7	5.06	8.75	15.36	26.36	37.37	48.37	59.38	70.38
8	5.24	8.91	15.75	27.14	38.54	49.94	61.34	72.73
9	5.41	9.06	16.12	27.88	39.65	51.42	63.18	74.95
10	5.59	9.21	16.51	28.67	40.82	52.98	65.14	77.30
11	5.88	9.47	17.14	29.93	42.72	55.51	68.30	81.08
12	6.17	9.72	17.77	31.19	44.61	58.03	71.45	84.87
13	6.44	9.95	18.36	32.36	46.37	60.38	74.39	88.39
14	6.70	10.18	18.92	33.50	48.07	62.64	77.21	91.79
15	6.91	10.36	19.38	34.41	49.44	64.47	79.50	94.53
16	6.96	10.41	19.49	34.63	49.76	64.90	80.04	95.18
17	7.16	10.58	19.92	35.50	51.07	66.64	82.22	97.79

Female Juvenile

Issue Age	Annual Rate Per \$1,000	Monthly EFT Premiums By Face Amount						
		\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
0	3.92	7.76	12.88	21.40	29.93	38.45	46.98	55.51
1	4.07	7.89	13.20	22.05	30.91	39.76	48.61	57.46
2	4.22	8.02	13.53	22.71	31.89	41.06	50.24	59.42
3	4.37	8.15	13.85	23.36	32.86	42.37	51.87	61.38
4	4.52	8.28	14.18	24.01	33.84	43.67	53.51	63.34
5	4.67	8.41	14.51	24.66	34.82	44.98	55.14	65.29
6	4.82	8.54	14.83	25.32	35.80	46.28	56.77	67.25
7	4.96	8.67	15.14	25.93	36.71	47.50	58.29	69.08
8	5.11	8.80	15.46	26.58	37.69	48.81	59.92	71.04
9	5.25	8.92	15.77	27.19	38.61	50.03	61.44	72.86
10	5.40	9.05	16.10	27.84	39.59	51.33	63.08	74.82
11	5.55	9.18	16.42	28.49	40.56	52.64	64.71	76.78
12	5.69	9.30	16.73	29.10	41.48	53.85	66.23	78.60
13	5.84	9.43	17.05	29.75	42.46	55.16	67.86	80.56
14	5.98	9.55	17.36	30.36	43.37	56.38	69.38	82.39
15	6.13	9.68	17.68	31.02	44.35	57.68	71.01	84.35
16	6.17	9.72	17.77	31.19	44.61	58.03	71.45	84.87
17	6.21	9.75	17.86	31.36	44.87	58.38	71.88	85.39



Product and rider/benefit availability, and issue ages may vary by state. Exclusions and limitations may apply.

*See Page 14 for details.

Express Issue Whole Life Benefits/Riders:

Simplified Issue Graded Benefit Whole Life

No-Cost Benefits (for face amounts of \$10,000 or more):

- **Identity Theft Waiver of Premium Rider:** premiums waived for three months if the Insured experiences identity theft. Rider terminates at the earliest of the date the rider is exercised or the date the policy is continued under a non-forfeiture option.*
- **Hospital Stay Waiver of Premium Rider:** premiums waived for three months if the Insured is confined to a licensed hospital for 20 continuous days (or more). Rider terminates at the earliest of the date the rider is exercised or the date the policy is continued under a non-forfeiture option.*
- **Common Carrier Accidental Death Benefit Rider:** an additional benefit is payable if death is due to an accident while riding on public transportation as a fare-paying passenger. Rider terminates if requested in writing or the date the policy is continued under a non-forfeiture option.*

Express Issue Deluxe and Express Issue Premier Benefits/Riders:

Simplified Issue Whole Life

- **Child Rider:** provides coverage for children issue ages 30 days – 18 years (age **last**). Sold in units of \$5,000 (max 4 units); premium is \$25 per unit. Child must be insurable. Separate application required. Fully convertible prior to child's attained age 21 (or date rider terminates, if earlier) without evidence of insurability. Child Rider can be added to a grandparent's base policy only if the child has been legally adopted by the grandparent. Rider terminates if requested in writing, the date the policy is continued under a non-forfeiture option, if the policy is at the end of its premium paying period, or on the anniversary at the Insured's attained age 65. While the rider is in force, insurance on any child terminates on the child's 21st birthday.*
- **Accidental Death Benefit:** issue ages 20-60. Provides a benefit in addition to the base policy benefit payable should the Insured die by accidental bodily injury independent of all other causes, provided death occurs within 90 days of such injury. Not covered: war or any act attributable to war; riot participation; suicide; bodily or mental infirmity of any kind; committing or attempting to commit an assault or a felony; voluntary and involuntary ingestion of poison, drug or sedative or asphyxiation from inhalation of gas; while being transported on any kind of aircraft unless solely as a passenger without any duties whatsoever. See Page 15 for rates per thousand. Rider terminates at the earliest of the policy anniversary nearest the Insured's 70th birthday, the date the policy is continued under a non-forfeiture option, or if requested in writing. Minimum face for base policy and ADB rider is \$10,000 and max ADB rider is base policy face amount.
- **No-Cost Terminal Illness Accelerated Benefit Rider:** provides the Policyowner with the right to access the policy's death benefit (discounted at interest for one year) on the life of the Insured if the Insured is diagnosed with a life expectancy of 12 months or less.*

Provider Benefits/Riders:

Simplified Issue Whole Life

- **No-Cost Guaranteed Insurability Benefit Rider:** built into policy for all face amounts for issue ages 0 – 17. Guarantees the right to purchase additional life insurance in an amount up to the base policy face amount on the option date, without evidence of insurability. Option date: policy anniversary nearest Insured's 25th birthday. Rider terminates if requested in writing, on the date the policy is continued under a non-forfeiture option, or on the policy anniversary at the Insured's attained age 25.*
- **Total and Permanent Disability Benefit (Waiver of Premium):** premiums waived during total and permanent disability up to the policy anniversary nearest the Insured's 60th birthday. See Page 15 for rates per thousand. Rider terminates if requested in writing, on the date the policy is continued under a non-forfeiture option, or on the policy anniversary nearest the Insured's attained age 60.*
- **Child Rider:** provides coverage for children issue ages 30 days – 18 years (age **last**). Sold in units of \$5,000 (max is 4 units); premium is \$25 per unit. Child must be insurable. Separate application required. Fully convertible prior to child's attained age 21 (or date rider terminates, if earlier) without evidence of insurability. Child Rider can be added to a grandparent's base policy only if the child has been legally adopted by the grandparent. Rider terminates if requested in writing, the date the policy is continued under a non-forfeiture option, if the policy is at the end of its premium paying period, or on the anniversary at the Insured's attained age 65. While the rider is in force, insurance on any child terminates on the child's 21st birthday.*
- **No-Cost Common Carrier Accidental Death Benefit Rider (for face amounts of \$25,000 or more):** pays an additional benefit equal to the base policy face amount if the Insured's death is due to accidental bodily injury while riding as a fare-paying passenger on any public transportation. Rider terminates if requested in writing or the date the policy is continued under a non-forfeiture option.*
- **No-Cost Life-Threatening Cancer Accelerated Benefit Rider (for face amounts of \$25,000 or more):** advances the Policyowner up to 10% of the face amount of the policy if the Insured is diagnosed with life-threatening cancer where death is likely within five years as determined by an independent oncologist. Rider terminates if requested in writing, the date the policy is continued under a non-forfeiture option, or the date the rider benefit is paid.*
- **No-Cost Charitable Gift Donation Benefit (for face amounts of \$25,000 or more):** provides an additional 1% of the base policy face amount that will be paid to a charity chosen by the Policyowner upon the death of the Insured. If no charity is chosen, the 1% benefit will be paid to the American Red Cross.
- **No-Cost Terminal Illness Accelerated Benefit Rider:** provides the Policyowner with the right to access the policy's death benefit (discounted at interest for one year) on the life of the Insured if the Insured is diagnosed with a life expectancy of 12 months or less.*

*All riders and benefits terminate at the earliest of policy termination, the death of the Insured, policy expiry or maturity, or if the policy premium (including rider premium if any) is not paid by the end of the grace period.

Product and rider/benefit availability, and issue ages may vary by state. Exclusions and limitations may apply.

Rider/Benefit Premium Rates:

Total and Permanent Disability Benefit*
(Waiver of Premium)*

Male Rates Per Thousand			Issue Age	Female Rates Per Thousand		
Preferred NT	Non-Tobacco	Tobacco		Preferred NT	Non-Tobacco	Tobacco
0.19	0.20	0.22	18	0.19	0.21	0.22
0.19	0.20	0.22	19	0.19	0.21	0.22
0.20	0.21	0.24	20	0.21	0.21	0.23
0.21	0.22	0.25	21	0.22	0.22	0.25
0.21	0.22	0.26	22	0.22	0.22	0.25
0.22	0.23	0.27	23	0.23	0.24	0.26
0.23	0.24	0.28	24	0.24	0.25	0.28
0.24	0.25	0.29	25	0.25	0.26	0.29
0.25	0.26	0.31	26	0.26	0.27	0.30
0.27	0.27	0.32	27	0.28	0.28	0.31
0.28	0.28	0.34	28	0.29	0.30	0.33
0.30	0.31	0.36	29	0.30	0.31	0.34
0.32	0.33	0.39	30	0.31	0.32	0.36
0.34	0.35	0.41	31	0.32	0.33	0.39
0.36	0.37	0.43	32	0.34	0.35	0.41
0.38	0.39	0.45	33	0.36	0.38	0.43
0.40	0.41	0.49	34	0.38	0.40	0.46
0.42	0.43	0.51	35	0.41	0.42	0.49
0.45	0.46	0.54	36	0.43	0.44	0.53
0.48	0.50	0.59	37	0.46	0.48	0.57
0.51	0.53	0.63	38	0.50	0.52	0.61
0.56	0.57	0.68	39	0.53	0.55	0.66
0.60	0.62	0.73	40	0.57	0.59	0.70
0.65	0.67	0.80	41	0.61	0.63	0.77
0.70	0.73	0.88	42	0.66	0.68	0.84
0.76	0.78	0.95	43	0.72	0.74	0.91
0.83	0.86	1.03	44	0.77	0.80	1.00
0.89	0.92	1.12	45	0.83	0.86	1.10
0.97	1.00	1.23	46	0.88	0.91	1.18
1.05	1.08	1.36	47	0.95	0.99	1.28
1.16	1.19	1.51	48	1.04	1.07	1.40
1.29	1.33	1.69	49	1.14	1.18	1.54
1.44	1.48	1.90	50	1.25	1.29	1.71
1.60	1.66	2.16	51	1.38	1.43	1.91
1.79	1.85	2.45	52	1.52	1.57	2.15
2.00	2.07	2.78	53	1.68	1.74	2.38
2.23	2.31	3.14	54	1.86	1.92	2.66
2.50	2.58	3.56	55	2.06	2.13	2.98

Child Rider^

\$25 annually per unit of \$5,000 (max rider face = 4 units)

If Waiver of Premium is on base policy, add \$2 to the Child Rider annual premium rate.

Accidental Death Benefit:**

Age	Rate Per Thousand
20-32	\$1.25
33-45	\$1.50
46-56	\$1.75
57-60	\$2.00

* Only available on Provider Whole Life.

^ Not available on Guaranteed Issue Whole Life and Express Issue Whole Life.

** Not available on Guaranteed Issue Whole Life, Express Issue Whole Life, or Provider Whole Life.

Product and rider/benefit availability, and issue ages may vary by state. Exclusions and limitations may apply.

Modal Factors For All Plans:

Semi-annual:	.515
Quarterly:	.260
Monthly EFT:	.087
Direct Monthly Bill:	.095

Minimum Modal Premium: \$20 (unless premiums paid via EFT)

Policy Fee For All Whole Life Plans: \$50 annually (commissionable)

Premium Calculation Examples:

El Deluxe	El Premier	Provider
55 M NT	40 M T	35 F NT Pref
\$10,000 face	\$45,000 face	\$100,000 face
\$5,000 CR	\$45,000 ADB	WP
Monthly EFT	Dir Monthly	\$20,000 CR
		Quarterly
\$48.99 Rate/1,000	\$28.59 Rate/1,000	\$11.02 Rate/1,000
x 10.00 Face/1,000	+ 1.50 ABD Rate	+ .41 WP Rate
\$489.90	\$30.09	\$11.43
+ 25.00 1 Unit CR	x 45 Face/1,000	x 100 Face/1,000
+ 50.00 Policy Fee	\$1,354.05	\$1,143
\$564.90	+ 50.00 Policy Fee	+ 100 4 Units CR
x .087 Mode Factor	\$1,404.05	+ 2.00 CR WP
\$49.15 Monthly EFT	x .095 Mode Factor	+ 50.00 Policy Fee
	\$133.38 Dir Monthly	\$1,295
		x .260 Mode Factor
		\$336.70 Quarterly

What can I buy?

Premium Requested: \$67/Month
Product: El Premier
Sex: Female
Age: 67
Nicotine: No
Payment Mode: Monthly EFT
Policy Fee: \$50
Rate per \$1,000: 47.23

Face Amount Calculation Example:

Step 1: Premium Commitment ÷ Modal Factor
 $67 \div .087 = 770.1149$
Step 2: Subtract Policy Fee
 $770.1149 - \$50 = 720.1149$
Step 3: Divide by Rate Per \$1,000
 $720.1149 \div 47.23 = 15.246$
Step 4: Multiply by \$1,000
 $15.246 \times 1,000 = 15,246.98$
Face Amount Result: \$15,246.98

* Due to rounding, system calculations may differ slightly.

Simplified Underwriting

For all simplified-issue whole life products, a Personal History Interview (PHI) is required.

Know Before You Go® Application Process:

- Let your client know what to expect:
 - Purpose: to review information on application.
 - Typically takes about 15 minutes, depending on product.
 - Discussion includes medical history, name of physician, and other pertinent information from app.
 - Remind client to be forthcoming and honest in answering interviewer questions.
- You, as the Agent, initiate a Personal History Interview (PHI) from your client’s home by calling 866-333-6557.
- Tell the operator the interview is for UHL/UFL and for the appropriate simplified issue whole life product (Express Issue Whole Life, Express Issue Deluxe, Express Issue Premier, or Provider).
- Hand the phone to your client, who must complete the interview without coaching or help from others.
- During the call, the interviewer conducts MIB and IntelliScript prescription drug history searches.
- When the client is finished with the interview, he/she will be asked to hand the phone back to you.
- Based on the client’s answers to the questions, and the MIB and prescription drug database searches, the interviewer will tell you whether or not the application should be submitted to the Home Office.

PHI Hours:

- For all continental US time zones: 8:30 a.m. – 8:30 p.m., Monday-Friday; 11:00 a.m. – 4:00 p.m. on Saturday. Sundays by appointment.
- If Agent did not meet with the applicant in person when the application was taken, a PHI is **REQUIRED**.
- If the PHI is not done at the time the application is taken, the Home Office will order it.

MIB, Inc.:

- Maintains and safeguards a record on almost everyone who has applied for life, health, critical illness disability, or long-term care insurance within the past seven (7) years.
 - Records contain information of underwriting significance (medical and avocation information) about consumers who have applied for life and health insurance with MIB member companies.
 - Consumers may request a free copy of their MIB file by calling 866-692-6901.
- UHL/UFL does not rely solely on MIB reports to determine life insurance eligibility.

Milliman IntelliScript:

- Results include drug name, dosage, fill date, pharmacy, and physician information.
- UHL/UFL applicants may request a free copy of their Milliman IntelliScript prescription history report by calling 877-211-4816.

Male/Female Build Chart For Simplified Issue Whole Life:

Weight Cannot Exceed The Following:				
Height	Provider	EI Premier	EI Deluxe	EIWL
5’0”	190 lbs	210 lbs	240 lbs	For applicants outside these ranges, use EIWL graded benefit plan.
5’4”	215 lbs	240 lbs	270 lbs	
5’8”	245 lbs	270 lbs	305 lbs	
6’0”	275 lbs	305 lbs	340 lbs	
6’4”	305 lbs	340 lbs	385 lbs	

Non-Tobacco Definition: **No** nicotine product use for past 12 months.

Medical Examinations/Bodily Fluids Testing: No routine exams or lab testing required.⁵ UHL/UFFL reserves the right, however, to order such requirements, at the underwriter's discretion. An Agent applying for coverage on his/her life is subject to the usual underwriting requirements that we obtain on all applicants, including a Personal History Interview (PHI).

- Approved Paramed Company: APPS
- Approved Laboratory: Clinical Reference Lab

Attending Physician Statements (APS): Based on the applicant's medical history, MIB information, or pharmacy report, an APS may be necessary. Agents may be asked to provide the APS at the client's expense. APSs will be accepted only if provided by the physician/medical provider in a sealed envelope or faxed directly from the provider's office. See Page 21 for details.

Foreign Nationals: Applications accepted on individuals who are not naturalized US citizens provided they are here legally and on a permanent basis. Must possess a social security number, a valid Visa or Green Card, and have resided in the US for the past two years.

Military Risks: Applications accepted on individuals currently serving in the military in a non-combat unit provided they have not been alerted for combat duty or are not serving in a hazardous area. Complete Military Personnel Financial Services Disclosure and submit with application. Forms: 200-673 (UHL); 18-673 (UFFL).

Stranger-Owned Life Insurance (STOLI): Applications will not be accepted for which any agreement or understanding exists that provides for any party to obtain an interest in any policy issued on the Proposed Insured who does not have an insurable interest in the life of the Proposed Insured.⁶

App Submission Tips

Cover Memo:

- Legibly complete **all** sections, including:
 - Agent information.
 - How app was taken.
 - If PHI was completed.
 - If the policy is to be mailed to the Agent or Policyowner.
 - Any special instructions.

Application:

- Legibly complete **all** sections.
- Do not leave anything blank.
- Be as descriptive as possible.
- Clearly check answer boxes.
- Clearly note product applied for, face amount, payment mode, and premium amount.
- Required signatures include Proposed Insured, Policyowner (if different), and Agent.
- Basic Eligibility Requirement: Proposed Insured required to have an attending physician and to list physician's name and contact information on the application.

Premium:

- Premiums may be paid via check, bank draft, or money order. Cash is not accepted.
- A completed, signed authorization form for bank drafts is required.
- Must include a completed, signed EFT authorization form with bank name, routing and account numbers for the Home Office to draft premiums.

Application Receipt/Fair Credit Reporting Act:

- Completed, signed application receipt is required if premium is collected.
- The Fair Credit Reporting Act/MIB Notice must be provided to the applicant at the time the application is taken, or if a point-of-sale PHI has been conducted.

⁵Oral fluids/HIV testing collected by a paramed required for WI applicants.

⁶State variations may apply.

Preferred Underwriting Criteria (only for Provider Whole Life):

- Standard risks only – no ratable conditions.
- Must have current MD and adequate health care.
- No current or past treatment for high cholesterol or high blood pressure.
- No history of mental illness or depression in past 10 years
- No bankruptcy in past 10 years.
- No felony or misdemeanor convictions in past 10 years.
- No family history of death of a parent or sibling from Cardiovascular Disease or Cancer prior to age 60.
- Must have valid driver’s license. No more than two moving violations in past three years. No DUI in past five years.
- No excessive use of alcohol, history of alcohol abuse or treatment.
- Not an active member of the military.
- Must have legally resided in US for the past three years.
- Must be employable on a full-time basis; cannot be receiving any form of disability compensation.
- Aviation: No participation as a pilot or crew member in the past two years.
- No ratable avocation (i.e., racing, scuba diving, mountain climbing, rodeo, sky-diving).

Preferred Criteria Ages 66-80 (only for Provider Whole Life):

- Above criteria plus all of the following:
 - No history of fractures or falls in past 10 years.
 - Must be able to perform Activities of Daily Living (ADL) – feeding, bathing, dressing, taking own medications, toileting, transferring with no mobility problems or no artificial assistance for mobility, and no functional mobility deficits such as telephone use, shopping, housekeeping, and yard work.
 - Must answer an additional set of supplemental health questions during the PHI.

Preferred Male/Female Build Chart For Provider Whole Life:

Height	Weight	Height	Weight	Height	Weight	Height	Weight
4’10”	149 lbs	5’4”	181 lbs	5’10”	214 lbs	6’4”	252 lbs
4’11”	154 lbs	5’5”	186 lbs	5’11”	220 lbs	6’5”	258 lbs
5’0”	161 lbs	5’6”	192 lbs	6’0”	226 lbs	6’6”	265 lbs
5’1”	165 lbs	5’7”	197 lbs	6’1”	233 lbs	6’7”	273 lbs
5’2”	171 lbs	5’8”	203 lbs	6’2”	239 lbs	6’8”	279 lbs
5’3”	177 lbs	5’9”	209 lbs	6’3”	246 lbs	6’9”	286 lbs

Supplemental Health Questions For Ages 66-80 (only for Provider Whole Life):

All preferred underwriting criteria must be met along with a total of five (5) points from answers to the following questions. Each “yes” answer is 1 point. Questions will be asked by interviewer during PHI.

- Does the Proposed Insured exercise a minimum of two days per week, for a total of one hour per week?
- Does Proposed Insured have a valid driver’s license, and still drive?
- Is the Proposed Insured currently employed for a minimum of 10 hours per week?
- Does the Proposed Insured currently volunteer for a minimum of two hours per week?
- Does the Proposed Insured live with a spouse or roommate, or have pet ownership?
- Does the Proposed Insured participate in recreational travel, hobbies, or sports?
- Does the Proposed Insured handle all financial transactions independently without requiring outside assistance to pay bills and perform normal banking transactions?

UHL/UFL Opportunity

- More than two decades in the simplified issue market.
- Quick issue.
- Initial premium can be drafted.
- Annualized 1st-year commissions paid daily.
- Fully commissionable policy fees.
- Incentive trips.
- Marketing materials for use with consumers.
- Direct monthly bill available.
- Seasoned underwriters.
- App can be taken over the phone.
- Electronic application available for final expense products.

App Submission:

- Fax to: 317-692-7711
- Mail to:
United Home Life Ins Co.
Attn: New Business
PO Box 7192
Indianapolis, IN 46207-7192
- Overnight:
United Home Life Ins Co.
Attn: New Business
225 South East Street
Indianapolis, IN 46202
317-692-7979

On The Web:

- Download applications, forms, and marketing materials 24/7.
- Via eApp for final expense plans.
- Track app status.
- View daily commission activity and monthly commission statements.
- Online quoting engine.
- Mobile quoting app:
www.unitedhomelife.com/UnitedHomeLife/QuickQuote.jsp
- View persistency/placement rates for you and the Agents in your hierarchy.
- Track production for Agents in your hierarchy.



APS Guidelines/Procedures

UHL/UFL does not order APSs, and **here's why:**

- For most products, our **Know Before You Go®** personal history interview provides a **very solid preliminary decision** *before* you leave your client's home.
- Ordering an APS **adds** to the Company's **expenses** which can **result in higher premiums** and/or **lower commission rates**.
- **Underwriting takes longer** – sometimes weeks, or even *months*.
- Obtaining the APS **rarely results** in an **application that's approved as applied for**.



What we will do: Notify you, giving you as much information as HIPAA allows, and **advise the product your client does qualify for**. Your client then has options:

- **Accept the product offered** and we'll issue the policy.
- **Pursue further underwriting. Your client** would then **request the APS** from his/her physician, and the **cost would be at your client's expense**.
 - **NOTE: We will only accept an APS via fax directly from the provider's office or in an envelope sealed by the provider if sent by USPS or overnight mail. The fax number to which an APS should be sent is 317-692-7636.**

Notes:

For Agent use only. Not for use with the general public.

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