



*Lighting the way to financial security*

## **New Vantage<sup>®</sup> Life**

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# **Rate and Underwriting Guide**

**Sentinel Security Life Insurance Company**

PO Box 27248 Salt Lake City, UT 84127-0248

Home Office: 801.484.8514 • Toll Free: 800.247.1423 • Fax: 888.433.4795

# The Sentinel Plan - Summary of New Vantage® I, II, & III

	New Vantage® I	New Vantage® II*	New Vantage® III**
Death Benefit <sup>1</sup>	Full Death Benefit Payable in all years	Year 1 • 30% Year 2 • 70% Year 3+ • Full Death Benefit Payable	Year 1 • ROP + 10% annual interest Year 2 • ROP + 10% annual interest Year 3 • Full Death Benefit Payable
Riders	Accidental Death (ADR)	ADR included in first two years at no additional cost	ADR included in first two years at no additional cost
	Children's Protection Rider (CPR)	N/A	N/A
	Waiver of Premium (WOP)	N/A	N/A
Premiums	Level, payable to age 121		
Minimum Premium	\$10 per month		
Issue Ages (Age last birthday)	Single Premium • 20 - 76 <sup>2</sup> Ordinary • 0 - 85 10-Pay • 0 - 75 20-Pay • 0 - 65 Paid-Up 65 • 0 - 55 Paid-Up 85 • 0 - 65	45 - 85 <sup>3</sup>	
Minimum Face Amount	Single Premium • \$2,000 ; All Others • \$1,000		
Maximum Face Amounts	Ages 0-75 • \$35,000 Ages 76-80 • \$25,000 Ages 81-85 • \$15,000	Ages 45-80 • \$20,000 Ages 81-85 • \$15,000	Ages 45-85 • \$15,000
Policy Fee	\$35 Annually (Commissionable)		
Modal Factors	Annual • 1.00 Semi-Annual • 0.52 Quarterly • .265 ACP Monthly • .086		
Underwriting Class	Non-Nicotine Nicotine		
Cash Value/Loans	Available		

<sup>1</sup>For New Vantage® II and III, the death benefit is 100% of the face amount in the event of accidental death during the first two years

<sup>2</sup>Maximum Age for Single Premium product depends on gender and nicotine status; refer to premium calculations.

<sup>3</sup>Limited Ages: Minnesota - Refer to instructions in state specific application

\*New Vantage® II not available in Montana

\*\*New Vantage® III not available in Arkansas, Minnesota, Montana, Nevada.

Unisex States: Montana - Use male rates for all cases

The New Vantage® plans are whole life insurance products designed to help cover final expenses such as the costs associated with funeral and burial expenses.

**New Vantage®** plans are designed for

- Applicants who desire coverage for final expenses and do not want to go through the hassles of full underwriting

- Applicants who have previously been declined for coverage with another carrier and may qualify for one of our three plans

- Applicants who are hard to place

All New Vantage® plans provide guaranteed and level premiums and use a simplified application and underwriting process.

Each plan provides a different death benefit depending on the health of the applicant which allows us to offer coverage to those who would otherwise be declined. You can find more specific death benefit information on the plan pages to follow.

## Insurable Interest and Ownership

A person is assumed to have an unlimited insurable interest in his or her own life. With few exceptions, a person must have an insurable interest and consent before buying insurance on another person's life. As a matter of public policy, the owner must be in a position to suffer a financial loss upon the death of the insured. It is unlawful to use insurance to speculate upon the demise of another person.

In the final expense market, the financial loss we are insuring is the cost of the funeral and other last expenses. This is a legitimate reason for buying insurance. Even so, all third party situations require a degree of caution.

As a general rule, on third party applications, any adult insured must sign the application and a statement of insurable interest must be completed by the owner. The exceptions to the rule are as follows:

- 1) A parent can buy insurance on his or her minor children and an adult child can buy insurance on his or her parent(s), the insured parent must sign application
- 2) A person can buy insurance on his or her spouse; however, the spouse must sign the application
- 3) A grandparent can buy insurance on minor grandchildren

Other relationships, such as brother/sister, aunt/uncle, etc. come under the general rule stated above.

This guide is intended to answer your questions and provide ideas to help you sell Sentinel's New Vantage® Plans. The information contained in the Underwriting Guide is intended for informational purposes only and is not intended as a substitute for training. There are several other tools available to support your learning needs. You must ensure that you correctly represent, to a customer or prospect, the product features based on the actual wording of the applicable policy and riders for your state.

Products and features may not be available in all jurisdictions, and certain restrictions may apply. Call the Agency Department for more detailed product information and availability. This product is filed under policy form number 90B-XX, 90E-XX, 90F-XX, and 90G-XX, where XX stands for the state's postal abbreviation and may be not available for sale in all states.

**For producer use only**

This document is intended for producer use only and should not be disclosed to the public. The information contained in this guide is general in nature and is subject to the applicable policy and rider wording.

# Application & Underwriting Process

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- We recommend that you pre-qualify the applicant by completing all parts of Section 7. If the applicant qualifies for one of the three New Vantage plans then complete the rest of the application and any applicable forms.
- All applications are considered on an individual basis. The Company reserves the right to limit or reject any application.
- Post-dated checks within 30 days are accepted.  
However, please mark clearly on the application that it is a postdate.
- A Medical Information Bureau (MIB) report is ordered on each proposed insured.
- Attending Physician's Statement (APS) may be ordered in certain rare cases to properly categorize the risk.
- The application must be dated the day the applicant signs. The policy will be dated the day it is approved, unless a specific date is requested. A written request may be made to back-date the policy, but not for more than six months. Back premiums must be collected with the application.
- If the policy is approved other than as applied for, the Agent will be notified and allowed 1 business day to advise us not to proceed. Otherwise, the policy will be issued for the adjusted face amount according to the premium paid with the application.

## **AGENTS MAY SEND COMPLETED APPLICATIONS USING ONE OF THE BELOW METHODS**

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### **• Fax to Sentinel Life, Attn New Business**

888-433-4795

- Include all application pages and any applicable forms such as the HIPAA form
- When including a copy of the applicant's check, make sure it is on a separate page by itself
- Do not mail the originals, hold until an underwriting decision has been made
- Once underwriting is complete all originals must be properly destroyed

### **• Mail to Sentinel Life, Attn New Business**

PO Box 27248 Salt Lake City, UT 84127-0248

### **• Express Mail to Sentinel Life, Attn New Business**

1405 West 2200 South  
Salt Lake City, UT 84119

### **E-App Submission**

- Submit applications with the E-App! Our E-App is an intuitive, simple, and quick application process that has many useful tools such as an electronic signature, minimization of errors and missing requirements, and faster issue times. The E-App is powered by Firelight, a technology of Insurance Technologies.
- To access the E-App, please go to The Agent Portal. Under the Agent Tools menu on the left, select Electronic Application.
- Agents must sign via E-Signature and Applicants must sign via E-Signature or via phone by calling 877-888-0352. A valid e-mail address is required for Electronic Signature (E-Signature).
- Applications are not received by the carrier until all signatures have been collected and the application has been submitted. After the E-App is submitted, the agent will receive an e-mail that contains the underwriting decision, or they can check the Agent Portal.
- The E-app uses reflexive questionnaires to better assess an application. Reflexive questionnaires are automatically created when the applicant reports certain health conditions on the application including heart, cancer, lung disorders, mental health and medications for chronic pain.
- Please reference the E-App User Guide on the Agent Portal if you need additional information on the E-App.

## **How to Qualify**

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### ***Applications that include New Vantage<sup>®</sup> I, II, & III***

The application for the New Vantage<sup>®</sup> I, II, and III plans includes three separate sections of Medical Questions.

Part A - If the applicant answers "YES" to any of the questions in Part A, the client is not eligible for any of the New Vantage<sup>®</sup> plans.

Part B - If the applicant answers "NO" to all questions in part A, but "YES" to one or more questions in part B, the applicant may be eligible for the New Vantage<sup>®</sup> III plan.

Part C - If the applicant answers "NO" to all questions in part A and part B, but "YES" to one or more questions in part C, the applicant may be eligible for the New Vantage<sup>®</sup> II plan.

If the applicant answers "NO" to all questions in all three parts, the applicant may be eligible for the New Vantage<sup>®</sup> I plan.

### ***Applications that include New Vantage<sup>®</sup> I & II only***

The application for the New Vantage<sup>®</sup> I and II plans includes two separate sections of Medical Questions.

Part A - If the applicant answers "YES" to any of the questions in part A, the client is not eligible for any of the New Vantage<sup>®</sup> plans.

Part B - If the applicant answers "NO" to all questions in part A, but "YES" to one or more questions in part B, the applicant may be eligible for the New Vantage<sup>®</sup> II plan.

If the applicant answers "NO" to all questions in Parts A and B, the applicant may be eligible for the New Vantage<sup>®</sup> I Plan.

### ***New Vantage<sup>®</sup> I only (MT)***

The application for the New Vantage<sup>SM</sup> I plan includes two separate sections of Medical Questions

Part A - If the applicant answers "YES" to any of the questions in part A, the client is not eligible for any of the New Vantage<sup>TM</sup> plans.

Part B - If the applicant answers "NO" to all questions in part A, but "YES" to one or more questions in part B, provide additional details for all questions answered "YES" and submit to underwriting for consideration.

If the applicant answers "NO" to all questions in parts A and B, the applicant may be eligible for the New Vantage<sup>®</sup> I plan.

## Prescription Medication Decline List

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The prescription medications listed below are uninsurable. The following list is not all inclusive; please make sure each drug on the proposed insured's prescription history has been thoroughly researched.

ABACAVIR	FILGRASTIM	MARAVIROC	SANDIMMUNE
AGENERASE	FORTOVASE	MYCOPHENOLATEMOPETIL	SAQUINAVIR
APTIVUS	FOSAMPRENAVIR	MYFORIC	SARGRAMOSTIM
ARICEPT	FOSCARNET	MYOTROPHIN	SELZENTRY
ATAZANAVIR	FOSCARVIR	NAMENDA	SIMULECT
ATRIPLA	FUZEON	NELFINAVIR	STAVUDINE
AZASAN	GALANTAMINE	NEORAL	STRIBILD
AZATHIOPRINE	GENGRAF	NEUPOGEN	SUSTIVA
BETASERON	HIVID	NEVIRAPINE	TENOFOVIR
CELLCEPT	HYDERGINE	NORVIR	THALOMID
COGNEX	HYDREA	ORTHOCLONE	THYMOGLOBULIN
COMBIVIR	HYDROXYUREA	PREZISTA	TIPRANAVIR
COMPLERA	HYLENEX	PROGRAF	TIVICAY
CRIXIVAN	IMURAN	RALTEGRAVIR	TRIZIVIR
DARUNAVIR	INDINAVIR	RAPAMUNE	TRUVADA
DELAVIRDINE	INFERGEN	RAZADYNE	VALCYTE
DIDANOSINE	INTELENCE	REBIF	VELDONA
DOLUTEGRAVIR	INTERFERON	REMINYL	VIDEX
DONEPEZIL	INTRON-A	RESCRIPTOR	VIRACEPT
EDURANT	INVIRASE	RETROVIR	VIRAMUNE
EFAVIRENZ	ISENTRESS	REYATAZ	VIREAD
EMTRICITABINE	KALETRA	RILPIVIRINE	VITRASE
EMTRIVA	LAMIVUDINE	RILUTEK	WELLFERON
ENFUVIRTIDE	LEUKERAN	RILUZOLE	WYDASE
EPIVIR	LEUKINE	RITONAVIR	ZALCITABINE
EPZICOM	LEXIVA	RIVASTIGMINE	ZENAPAX
ERGOLOID	LOPINAVIR	ROFERON	ZERIT
ETRAVIRINE	LUPRON		ZIAGEN
EXELON			ZIDOVUDINE

# Prescription Medication Rated List

The prescription medications listed below will likely be rated. Multiple medications, though not on the list, may cause a rate or decline. The following list is not all inclusive; please make sure each drug on the proposed insured's prescription history has been thoroughly researched.

ABILIFY	CORVERT	ILETIN*	NITRO_____**	RIBAVIRIN
ACTEMRA	COUMADIN**	IMDUR	NOLVADEX	RISPERDAL
ACTIMMUNE	CYTOXAN	INFLIXIMAB	NOVOLIN*	ROFERON
ADALIMUMAB	DEPADE	INTEGRILIN	NOVOLOG*	SERENTIL
AGGRENOX**	DIGITEK	IPRATROPIUM BROMIDE	ORENCIA	SEROQUEL
AGRYLIN	DIGOXIN	ISMO	PACERONE	SOLTAMOX
ALDACTONE	DILATRATE SR	ISORDIL	PEGASYS	SPIRONOLACTONE
ALFERON N	DIPRADAM	ISOSORBIDE	PEG-INTRON	STELAZINE
ALKERAN	DIPYRDAMOLE	JANTOVEN**	PENICILLAMINE	STILPHOSTROL
AMIODARONE HCL	ELIGARD	KINERET	PENTOXIFYLLINE	TAMOXIFEN
AMYL NITRITE	EMCYT	LANOXICAPS	PENTOXIL	TARCEVA
ANAGRELIDE	EPIVIR	LANTUS*	PERPHENAZINE	TESLAC
ANAKINRA	EQUETRO	LEUPROLIDE ACETATE	PERSANTINE**	THIORIDAZINE
ANTABUSE	ESKALITH	LEVEMIR*	PLAQUENIL	THIOTHIXENE
APIDRA*	EULEXIN	LIBRIUM	PLAVIX**	THORAZINE
ARIMIDEX	EXUBERA *	LITHIUM	PLENAXIS	TICLID
AROMASIN	FARESTON	LITHOBID	PLETAL	TICLOPIDINE
ASMANEX	FASLODEX	LOXAPINE	PROLIXIN	TIKOSYN
AVONEX	FAZACLO	LOXITANE	PULMOZYME	TRELSTAR
BARACLUDE	FEMARA	LYSODREN	PURINETHOL	TRENTAL
BIDIL	FLUPHENAZINE	MEGACE	RANEXA	TREXALL
BRETYLIUM	FLUTAMIDE	MEGESTROL	REBETOL	TRIFLUOPERAZINE
CAMPRAL	FORADIL AEROLIZER	MELLARIL	REBETRON	TRIFLUPROMAZINE
CASODEX	GEODON	METHOTREXATE	REBIF	TYSABRI
CHLORDIAZEPOXIDE HCL	HALDOL	MINITRAN	RELION	VELOSULIN*
CHLORPROMAZINE HCL	HALOPERIDOL	MOBAN	REMICADE	VIADUR
CILOSTAZOL	HEPSERA	MONOKET	RESCRIPTOR	VIVITROL
CLOPIDOGREL**	HUMALOG*	MUSTARGREN	RETROVIR	WARFARIN**
CLOZAPINE	HUMIRA	NALTREXONE	REVIA	ZOLADEX
CLOZARIL	HUMULIN*	NEOSAR	RHEUMATREX	ZYPREXA
COPAXONE	HYDROXYCHLOROQUINE	NILANDRON	RIBAPAK	
COPEGUS	IFEX	NIMOTOP**	RIBASPHERE	
CORDARONE	IFOSFAMIDE	NITREK	RIBATAB	

\* Types of insulin; considered a New Vantage II if one or any combination is greater than 50 units.

\*\* May be considered for a New Vantage I if used as maintenance post a heart or circulatory event.

# Height & Weight Tables

## Males and Females Ages 15+

The applicant's height and weight must be within the guidelines listed in the table below. If the applicant's height and weight falls outside the guidelines of the New Vantage® III Plan, then s/he is not eligible for coverage.

Height	Weight		
	NV I	NV II	NV III
4'8"	75-160	161-192	193-214
9"	78-166	167-199	200-222
10"	81-172	173-206	207-230
11"	83-178	179-213	214-238
5'0"	86-184	185-220	221-246
1"	90-193	194-231	232-258
2"	95-202	203-242	243-270
3"	99-211	212-253	254-282
4"	103-220	221-264	265-294
5"	107-229	230-274	275-306
6"	111-238	239-285	286-318
7"	116-247	248-296	297-330
8"	120-256	257-307	308-342
9"	124-265	266-318	319-354
10"	128-274	275-328	329-366
11"	132-283	284-339	340-378
6'0"	137-292	293-350	351-390
1"	140-299	300-359	360-400
2"	144-307	308-368	369-410
3"	147-314	315-377	378-420
4"	151-322	323-377	378-430
5"	154-329	330-395	396-440
6"	158-337	338-404	405-450

\*Build Table uses English Measurements (Inches and Pounds)

## NOTES

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Lighting the way to financial security

# New Vantage® I Male

Non-Nicotine

Nicotine

Single	Paid-Up 85	Paid-up 65	20 Pay	10 Pay	Full Pay	Age	Full Pay	10 Pay	20 Pay	Paid-up 65	Paid-up 85	Single
	8.76	8.82	12.05	24.91	7.18	0						
	8.88	8.95	12.24	25.27	7.33	1						
	9.00	9.07	12.43	25.64	7.52	2						
	9.12	9.20	12.62	26.00	7.72	3						
	9.24	9.33	12.81	26.36	7.93	4						
	9.36	9.45	13.00	26.72	8.13	5						
	9.55	9.65	13.28	27.24	8.36	6						
	9.74	9.85	13.55	27.75	8.58	7						
	9.93	10.05	13.83	28.27	8.81	8						
	10.12	10.25	14.11	28.78	9.07	9						
	10.31	10.45	14.38	29.30	9.31	10						
	10.49	10.65	14.66	29.81	9.55	11						
	10.68	10.85	14.94	30.32	9.80	12						
	10.87	11.06	15.21	30.84	10.07	13						
	11.06	11.26	15.49	31.35	10.34	14						
	11.25	11.46	15.77	31.87	10.64	15						
	11.46	11.72	16.13	32.53	10.91	16						
	11.66	11.98	16.49	33.19	11.18	17						
	11.87	12.23	16.84	33.85	11.47	18	15.79	39.05	19.84	16.44	15.81	
	12.07	12.54	17.20	34.50	11.84	19	16.29	39.81	20.25	17.00	16.31	
258.27	12.27	12.96	17.55	35.14	12.20	20	16.80	40.57	20.67	17.57	16.83	315.50
264.27	12.63	13.41	17.89	35.78	12.58	21	17.22	41.32	21.07	18.06	17.25	322.64
270.55	13.04	13.89	18.24	36.41	12.98	22	17.64	42.07	21.48	18.55	17.67	329.93
277.00	13.47	14.40	18.58	37.04	13.41	23	18.02	42.80	21.88	19.01	18.05	337.39
283.62	13.90	14.91	18.92	37.66	13.83	24	18.39	43.54	22.28	19.46	18.43	344.89
290.40	14.52	15.64	19.25	38.28	14.44	25	18.81	44.26	22.68	19.97	18.85	352.55
298.22	15.13	16.38	19.55	38.76	15.05	26	19.76	44.87	23.05	21.06	19.80	361.57
306.31	15.52	16.88	19.85	39.25	15.43	27	20.72	45.47	23.42	22.16	20.77	370.84
314.65	15.91	17.38	20.14	39.72	15.81	28	21.79	46.06	23.79	23.40	21.84	380.36
323.25	16.29	17.89	20.44	40.20	16.18	29	22.25	46.65	24.15	24.00	22.31	390.24
332.21	16.67	18.42	20.73	40.67	16.56	30	22.71	47.23	25.10	24.61	22.77	400.46
341.52	17.05	18.96	21.66	41.88	16.93	31	23.32	48.64	26.37	25.40	23.39	411.14
351.29	17.53	19.62	22.59	43.08	17.40	32	23.94	50.04	27.64	26.22	24.01	422.26
361.30	18.17	20.47	23.51	44.27	18.02	33	24.70	51.42	28.91	27.21	24.78	433.61
371.55	18.84	21.39	24.44	45.46	18.68	34	25.57	52.79	30.18	28.35	25.66	445.39
382.24	19.55	22.38	25.37	46.63	19.37	35	26.53	54.15	31.45	29.62	26.63	457.50
393.25	20.30	23.44	26.30	47.79	20.10	36	27.42	55.50	32.72	30.84	27.53	470.03
404.70	21.04	24.53	27.23	48.94	20.83	37	28.33	56.84	33.99	32.11	28.45	482.87
416.37	21.80	25.67	28.15	50.08	21.56	38	29.27	58.16	35.26	33.47	29.40	496.02
428.25	22.56	26.86	29.08	51.21	22.30	39	30.31	59.48	36.53	34.99	30.46	509.37

### Steps to find different premium amounts

1. Find the premium for \$1,000 by client's age on the table to the right

35 Year-Old Male  
Non Nicotine Full Pay  
**\$19.37**

2. Multiply that number by the coverage amount (e.g. for \$10,000 multiply by 10)

\$10,000  
**10**

3. Add \$35 for the policy fee

**\$35**

4. Multiply the total by the modal factor to determine the premium

ACP Monthly Payment Mode  
**.086**

**TOTAL \$19.66**

### Example

Step 1.  $19.37 \times 10 = 193.70$

Step 2.  $193.70 + 35 = 228.70$

Step 3.  $228.70 \times 0.086 = \$19.66$

### Modal Factors

Annual: 1.00  
Semiannual: .52  
Quarterly: .265  
ACP Monthly: .086

\*Per 1,000 annual coverage; does not include \$35 annual policy fee

For Internal Use:

580	600	596	592	588	584	585	589	593	597	601	581
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If an applicant has used any type of nicotine products within the last 12 months, use the nicotine premium amounts. However, if the applicant uses a cigar or pipe less than or equal to four times in one month, s/he will qualify for non-nicotine premiums.

# New Vantage® I Male

## Non-Nicotine

## Nicotine

## Available Riders (New Vantage® I Only)

### Waiver of Premium Rider (WOP)

- Issue ages 15 through 55
- Provides for the waiver of the policy premiums if the Insured becomes totally and permanently disabled
- The Insured must be continuously disabled for six consecutive months before a claim can be filed
- Expires on the policy anniversary following the Insured's 60th birthday or the end of the premium paying period of the base policy

### Accidental Death Rider (ADR)

- Issue ages 0 through 60
- Up to 5 times the face amount with a maximum of \$100,000
- Benefit will be paid if death results, directly and independently of all other causes, from accidental bodily injury
- Death must occur within 120 days from the date of injury
- Expires on the policy anniversary following the Insured's 65th birthday or the end of the premium paying period for the base policy
- The annual rate per thousand is \$1.25.

### Children's Protection Rider (CPR)

- Each unit provides \$1,000 of term insurance on each insured child over the age of 15 days.
- Dependent children may be included on the application provided they have not reached their 18th birthday.
- The minimum size is 1/2 of a unit and the maximum is five units, or the parent's coverage, whichever is less.
- Upon the death of the insured parent, each insured child's coverage becomes paid up to the expiry date.
- During the insured period, a child's coverage may be converted, without evidence of insurability, to a permanent plan of insurance currently being offered for an amount not exceeding the amount of existing coverage.
- If the conversion is made on the date of expiry, the conversion can be made for an amount up to five times that provided by the rider.
- Only natural children, step-children and legally adopted children can be listed as applicants.
- Coverage expires on the earliest of the following dates:
  - The policy anniversary following a child's 25th birthday
  - The policy anniversary following the insured parent's 65th birthday
  - The end of the premium paying period for the insured parent
- The annual premium per unit is \$10

If an applicant has used any type of nicotine products within the last 12 months, use the nicotine premium amounts. However, if the applicant uses a cigar or pipe less than or equal to four times in one month, s/he will qualify for non-nicotine premiums.

Single	Paid-up 85	Paid-up 65	20 Pay	10 Pay	Full Pay	Age	Full Pay	10 Pay	20 Pay	Paid-up 65	Paid-up 85	Single
440.54	23.13	27.88	30.01	52.33	22.85	40	31.23	60.78	37.80	36.42	31.39	523.02
453.04	23.70	28.93	30.94	53.90	23.39	41	32.15	62.79	39.07	37.92	32.33	540.27
465.74	24.30	30.10	31.87	55.45	23.97	42	33.05	64.79	40.34	39.47	33.24	557.80
478.64	24.90	31.32	32.79	56.99	24.54	43	33.95	66.77	41.61	41.09	34.16	575.78
491.83	25.55	32.68	33.72	58.52	25.15	44	34.79	68.74	42.88	42.74	35.02	594.02
505.21	26.22	34.65	34.65	60.03	25.78	45	35.35	70.68	44.15	44.15	35.60	612.51
520.71	26.97	36.94	35.15	61.77	26.49	46	36.04	72.90	44.36	45.73	36.32	629.95
536.52	27.75	39.23	35.65	63.51	27.23	47	36.70	75.12	44.58	47.39	37.00	647.60
552.74	28.59	41.52	36.16	65.25	28.01	48	37.39	77.33	44.79	49.84	37.72	665.65
569.47	29.35	43.80	36.66	67.00	28.72	49	37.87	79.55	45.01	52.61	38.23	684.11
586.60	29.42	46.09	37.16	68.74	28.74	50	39.64	81.76	45.22	55.39	40.05	703.09
603.43	31.39	53.49	38.95	71.61	30.36	51	41.84	85.66	47.86	64.56	42.31	720.94
620.57	33.45	60.89	40.73	74.48	31.95	52	43.86	89.56	50.51	73.74	44.39	738.99
638.01	35.51	68.30	42.52	77.36	33.27	53	45.83	93.46	53.15	82.91	46.43	757.04
655.66	37.56	75.70	44.30	80.23	34.91	54	47.97	97.36	55.80	92.09	48.83	775.20
673.51	39.62	83.10	46.08	83.10	36.53	55	50.10	101.26	58.44	101.26	51.79	793.15
692.17	41.68		47.87	85.98	38.30	56	52.45	105.16	61.09		54.75	812.33
710.94	43.74		49.65	88.85	40.15	57	55.43	109.06	63.73		57.70	831.40
730.01	45.80		51.43	91.72	41.89	58	58.62	112.96	66.38		60.66	850.58
749.39	47.86		53.22	94.60	43.70	59	61.08	116.86	69.02		63.62	869.96
768.98	49.92		55.00	97.47	45.83	60	63.95	120.76	71.67		66.58	889.34
789.48	51.99		56.27	101.84	47.97	61	68.22	127.29	74.28		70.06	910.25
810.08	55.06		58.51	106.20	50.36	62	72.48	133.82	78.26		74.83	930.95
830.59	58.42		60.91	110.57	53.06	63	76.74	140.35	82.55		80.10	951.35
851.09	62.23		63.61	114.93	56.07	64	81.01	146.88	87.19		85.88	
871.59	66.52		66.52	119.30	59.08	65	85.27	153.41	92.23		92.23	
880.16				123.66	62.57	66	90.15	159.94				
888.22				128.03	66.09	67	95.90	166.47				
895.76				132.40	69.99	68	101.97	173.00				
902.80				136.76	73.55	69	108.21	179.53				
909.23				141.13	77.81	70	115.08	186.06				
930.14				144.09	84.21	71	122.58	192.42				
951.05				149.78	90.60	72	133.24	202.80				
				155.90	97.00	73	143.90	214.22				
				162.50	103.39	74	154.56	226.98				
				169.68	109.79	75	168.81	241.38				
					122.60	76	186.25					
					135.76	77	199.79					
					146.98	78	213.41					
					157.08	79	228.45					
					167.51	80	246.84					
					180.64	81	263.19					
					192.98	82	278.80					
					206.45	83	295.46					
					219.27	84	313.11					
					232.25	85	328.41					

\*Per 1,000 annual coverage; does not include \$35 annual policy fee

For Internal Use:

580	600	596	592	588	584	585	589	593	597	601	581
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Lighting the way to financial security

# New Vantage® I Female

Non-Nicotine

Nicotine

Single	Paid-up 85	Paid-up 65	20 Pay	10 Pay	Full Pay	Age	Full Pay	10 Pay	20 Pay	Paid-up 65	Paid-up 85	Single
	8.26	8.31	11.27	23.44	6.61	0						
	8.36	8.42	11.42	23.74	6.73	1						
	8.45	8.52	11.58	24.05	6.84	2						
	8.55	8.62	11.74	24.36	6.95	3						
	8.65	8.73	11.90	24.66	7.07	4						
	8.75	8.83	12.05	24.97	7.19	5						
	8.90	8.99	12.28	25.39	7.33	6						
	9.05	9.15	12.50	25.81	7.50	7						
	9.20	9.31	12.73	26.23	7.73	8						
	9.35	9.48	12.96	26.65	7.98	9						
	9.50	9.64	13.18	27.07	8.22	10						
	9.65	9.80	13.41	27.50	8.49	11						
	9.80	9.96	13.63	27.92	8.78	12						
	9.95	10.12	13.86	28.34	9.10	13						
	10.10	10.28	14.08	28.76	9.38	14						
	10.24	10.44	14.31	29.18	9.58	15						
	10.42	10.67	14.63	29.78	9.83	16						
	10.60	10.90	14.95	30.37	10.07	17						
	10.78	11.12	15.27	30.96	10.30	18	14.66	35.36	17.75	15.39	14.71	
	10.95	11.35	15.58	31.54	10.60	19	14.95	36.10	18.15	15.74	15.00	
223.44	11.13	11.80	15.90	32.12	10.98	20	15.27	36.82	18.55	16.12	15.32	275.74
229.56	11.40	12.20	16.21	32.69	11.31	21	15.59	37.54	18.94	16.51	15.65	283.58
235.97	11.79	12.66	16.51	33.26	11.69	22	15.93	38.25	19.33	16.92	15.99	291.68
242.43	12.22	13.18	16.82	33.82	12.11	23	16.30	38.96	19.72	17.38	16.37	299.82
249.17	12.63	13.68	17.12	34.38	12.51	24	16.81	39.66	20.10	17.99	16.88	308.35
256.08	13.03	14.18	17.42	34.93	12.90	25	17.24	40.36	20.48	18.52	17.32	317.02
263.37	13.65	14.93	17.67	35.34	13.51	26	17.73	40.93	20.83	19.12	17.81	326.17
270.93	14.32	15.73	17.92	35.74	14.16	27	18.19	41.49	21.18	19.71	18.28	335.46
278.64	15.04	16.61	18.17	36.13	14.86	28	18.64	42.05	21.53	20.29	18.74	345.00
286.61	15.69	17.44	18.41	36.53	15.50	29	19.14	42.61	21.87	20.94	19.25	354.79
294.73	16.23	18.16	18.65	36.92	16.02	30	19.66	43.16	22.21	21.63	19.78	364.82
303.32	16.37	18.43	19.45	37.98	16.14	31	20.19	44.40	23.19	22.35	20.32	375.42
312.06	16.53	18.75	20.24	39.03	16.29	32	20.72	45.64	24.16	23.08	20.86	386.35
321.15	16.71	19.10	21.04	40.08	16.45	33	21.39	46.86	25.14	23.98	21.54	397.40
330.37	16.98	19.56	21.84	41.11	16.70	34	22.09	48.07	26.12	24.95	22.26	408.79
339.84	17.26	20.06	22.63	42.14	16.96	35	22.72	49.28	27.09	25.86	22.90	420.40
349.64	17.53	20.58	23.43	43.15	17.21	36	23.37	50.47	28.07	26.83	23.57	432.33
359.78	17.87	21.20	24.23	44.16	17.53	37	23.73	51.65	29.05	27.49	23.94	444.47
370.05	18.19	21.81	25.02	45.16	17.82	38	24.08	52.82	30.02	28.18	24.31	456.93
380.64	18.70	22.70	25.82	46.15	18.30	39	24.46	53.98	31.00	28.93	24.71	469.59

### Steps to find different premium amounts

1. Find the premium for \$1,000 by client's age on the table to the right

24 Year-Old Female Non Nicotine Paid-Up 65 **\$13.68**

2. Multiply that number by the coverage amount (e.g. for \$10,000 multiply by 10)

\$10,000 **10**

3. Add \$35 for the policy fee

**\$35**

4. Multiply the total by the modal factor to determine the premium

Annual Payment Mode **1.00**

**TOTAL \$171.80**

### Example

- Step 1. **13.68** x **10** = 136.80
- Step 2. 136.80 + **35** = 171.80
- Step 3. 171.80 x **1.00** = \$171.80

### Modal Factors

- Annual: **1.00**
- Semiannual: .52
- Quarterly: .265
- ACP Monthly: .086

\*Per 1,000 annual coverage; does not include \$35 annual policy fee

For Internal Use:

582	602	598	594	590	586		587	591	595	599	603	583
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If an applicant has used any type of nicotine products within the last 12 months, use the nicotine premium amounts. However, if the applicant uses a cigar or pipe less than or equal to four times in one month, s/he will qualify for non-nicotine premiums.

# New Vantage® I Female

## Non-Nicotine

## Nicotine

Single	Paid-up 85	Paid-up 65	20 Pay	10 Pay	Full Pay	Age	Full Pay	10 Pay	20 Pay	Paid-up 65	Paid-up 85	Single
391.56	19.16	23.56	26.62	47.14	18.72	40	25.10	55.13	31.98	30.04	25.37	482.66
402.90	19.56	24.40	27.41	48.47	19.09	41	25.78	56.82	32.95	31.25	26.08	496.24
414.45	19.98	25.30	28.21	49.79	19.47	42	26.38	58.49	33.93	32.42	26.70	510.22
426.41	20.22	26.80	29.01	51.09	19.67	43	26.71	60.15	34.91	33.33	27.06	524.49
438.48	20.46	28.71	29.80	52.39	19.87	44	27.06	61.80	35.88	34.56	27.44	539.03
450.94	20.92	30.60	30.60	53.67	20.20	45	27.52	63.43	36.86	36.86	27.93	553.76
465.22	21.72	32.60	30.97	55.16	20.78	46	28.02	65.30	37.40	39.28	28.47	568.55
479.81	22.51	34.61	31.34	56.65	21.42	47	28.54	67.17	37.94	41.71	29.03	583.64
494.70	23.31	36.61	31.70	58.14	22.09	48	29.13	69.04	38.49	44.14	29.67	598.74
509.90	24.11	38.61	32.07	59.62	22.47	49	29.71	70.91	39.03	46.56	30.30	613.84
525.40	24.90	40.62	32.44	61.11	23.31	50	30.48	72.78	39.57	48.99	31.30	629.03
540.29	26.49	46.98	33.78	63.37	24.23	51	31.55	75.76	41.41	56.73	33.44	644.74
555.49	28.08	53.34	35.12	65.63	24.96	52	32.62	78.75	43.25	64.48	35.58	660.45
570.79	29.67	59.69	36.46	67.89	25.94	53	34.55	81.74	45.09	72.22	37.72	676.16
586.19	31.26	66.05	37.80	70.15	26.97	54	36.66	84.72	46.93	79.97	39.87	691.76
601.90	32.85	72.41	39.14	72.41	27.82	55	38.69	87.71	48.78	87.71	42.01	707.37
619.65	34.43		40.48	74.67	28.86	56	40.82	90.69	50.62		44.15	725.02
637.60	36.02		41.83	76.92	29.87	57	42.86	93.68	52.46		46.29	742.76
655.86	37.61		43.17	79.18	31.62	58	44.89	96.67	54.30		48.43	760.51
674.32	39.20		44.51	81.44	33.59	59	46.93	99.65	56.14		50.57	778.36
693.09	40.79		45.85	83.70	35.79	60	49.06	102.64	57.99		52.71	796.21
711.45	42.30		46.57	87.04	37.58	61	51.22	107.27	59.30		54.86	813.14
730.01	44.64		48.09	90.38	39.44	62	53.93	111.90	61.75		58.09	829.97
748.88	47.22		49.70	93.72	41.57	63	56.33	116.53	64.40		61.77	846.91
767.96	50.07		51.41	97.07	43.70	64	59.04	121.15	67.29		65.84	863.84
787.24	53.23		53.23	100.41	45.83	65	61.27	125.78	70.42		70.42	880.77
796.42				103.75	47.97	66	63.30	130.41				886.28
805.19				107.09	50.10	67	67.08	135.04				891.17
813.55				110.43	52.65	68	70.47	139.67				895.46
821.51				113.77	55.43	69	73.83	144.30				899.13
828.95				117.11	58.27	70	77.74	148.93				902.19
849.35				118.77	61.82	71	83.14	152.17				919.53
869.86				122.66	66.64	72	88.47	158.29				936.77
890.36				126.75	71.42	73	94.87	164.90				953.70
910.86				131.08	76.74	74	102.23	172.06				
931.46				135.72	85.27	75	112.20	179.91				
951.35					91.45	76	121.18					
					98.26	77	131.27					
					105.87	78	140.25					
					114.37	79	150.35					
					122.43	80	160.34					
					132.83	81	175.41					
					145.48	82	192.98					
					157.93	83	208.69					
					169.96	84	225.52					
					183.53	85	242.35					

## Available Riders (New Vantage® I Only)

### Waiver of Premium Rider (WOP)

- Issue ages 15 through 55
- Provides for the waiver of the policy premiums if the Insured becomes totally and permanently disabled
- The Insured must be continuously disabled for six consecutive months before a claim can be filed
- Expires on the policy anniversary following the Insured's 60th birthday or the end of the premium paying period of the base policy

### Accidental Death Rider (ADR)

- Issue ages 0 through 60
- Up to 5 times the face amount with a maximum of \$100,000
- Benefit will be paid if death results, directly and independently of all other causes, from accidental bodily injury
- Death must occur within 120 days from the date of injury
- Expires on the policy anniversary following the Insured's 65th birthday or the end of the premium paying period for the base policy
- The annual rate per thousand is \$1.25.

### Children's Protection Rider (CPR)

- Each unit provides \$1,000 of term insurance on each insured child over the age of 15 days.
- Dependent children may be included on the application provided they have not reached their 18th birthday.
- The minimum size is 1/2 of a unit and the maximum is five units, or the parent's coverage, whichever is less.
- Upon the death of the insured parent, each insured child's coverage becomes paid up to the expiry date.
- During the insured period, a child's coverage may be converted, without evidence of insurability, to a permanent plan of insurance currently being offered for an amount not exceeding the amount of existing coverage.
- If the conversion is made on the date of expiry, the conversion can be made for an amount up to five times that provided by the rider.
- Only natural children, step-children and legally adopted children can be listed as applicants.
- Coverage expires on the earliest of the following dates:
  - The policy anniversary following a child's 25th birthday
  - The policy anniversary following the insured parent's 65th birthday
  - The end of the premium paying period for the insured parent
- The annual premium per unit is \$10

\*Per 1,000 annual coverage; does not include \$35 annual policy fee

For Internal Use:

582	602	598	594	590	586	587	591	595	599	603	583
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If an applicant has used any type of nicotine products within the last 12 months, use the nicotine premium amounts. However, if the applicant uses a cigar or pipe less than or equal to four times in one month, s/he will qualify for non-nicotine premiums.



Lighting the way to financial security

# New Vantage® II & III

## Male

## Female

### Non-Nicotine

### Nicotine

### Non-Nicotine

### Nicotine

New Vantage III	New Vantage II	Age	New Vantage II	New Vantage III
39.66	32.87	45	39.30	58.50
41.85	34.34	46	42.16	60.12
43.99	35.83	47	45.56	61.59
46.13	37.77	48	48.84	62.56
46.95	39.81	49	52.15	64.51
47.51	40.73	50	53.42	64.94
50.07	43.64	51	57.49	70.31
53.18	46.74	52	61.59	75.20
55.36	49.10	53	64.81	80.46
58.46	51.91	54	68.48	85.46
61.99	54.92	55	72.44	90.20
65.78	58.17	56	76.58	94.76
69.12	61.99	57	80.55	99.55
72.90	65.92	58	85.16	105.41
76.52	68.92	59	89.80	110.30
79.95	72.22	60	94.31	115.18
84.21	76.58	61	99.78	120.98
89.54	81.37	62	105.65	126.91
93.80	85.59	63	111.75	133.34
99.13	89.76	64	117.28	140.09
104.68	94.12	65	122.63	146.58
110.44	100.03	66	128.91	154.91
116.94	106.62	67	136.52	165.15
123.72	112.43	68	145.38	173.53
130.16	118.25	69	155.16	182.57
137.29	124.06	70	166.02	192.06
145.47	132.17	71	180.26	204.30
154.10	142.83	72	193.77	213.48
166.28	154.56	73	206.28	226.05
178.01	166.70	74	219.31	237.53
199.72	187.91	75	245.85	263.44
221.03	201.99	76	266.91	295.77
241.23	217.23	77	290.67	321.99
262.55	233.55	78	316.54	349.89
282.74	250.95	79	344.08	381.05
297.33	269.62	80	380.49	417.69
322.01	289.13	81	419.90	444.60
353.43	310.11	82	455.91	474.33
385.97	330.99	83	479.05	494.02
420.75	353.43	84	498.91	511.71
456.65	375.87	85	519.05	532.57

New Vantage III	New Vantage II	Age	New Vantage II	New Vantage III
30.63	26.72	45	31.65	50.44
32.54	28.11	46	32.98	51.13
34.65	29.61	47	34.81	53.75
37.03	31.40	48	37.40	55.24
37.87	33.31	49	40.26	56.32
38.65	33.50	50	40.38	57.00
39.44	34.77	51	42.95	60.46
41.58	35.98	52	45.14	63.84
42.64	37.47	53	47.15	67.30
44.54	38.79	54	49.45	70.82
45.84	40.47	55	51.48	74.14
47.97	42.76	56	53.33	76.84
50.10	45.31	57	55.43	78.51
51.16	47.80	58	57.14	80.17
53.30	50.07	59	59.65	82.28
55.43	52.21	60	62.05	84.12
58.63	54.37	61	65.03	86.53
61.82	57.56	62	68.22	88.93
64.62	60.76	63	72.48	91.33
67.16	63.95	64	75.68	93.74
70.35	67.16	65	79.95	96.14
74.61	71.42	66	85.27	101.27
79.95	75.68	67	91.67	107.46
84.21	81.01	68	97.00	114.17
89.54	85.27	69	103.40	121.97
95.72	89.54	70	108.72	128.67
104.46	98.06	71	117.25	136.74
114.06	105.53	72	125.78	144.17
124.72	114.06	73	134.30	151.60
134.30	121.51	74	142.83	161.33
152.59	136.88	75	159.32	178.56
167.18	147.56	76	171.67	192.61
181.76	159.46	77	184.01	205.38
193.77	172.41	78	197.47	222.11
205.71	184.59	79	209.81	237.86
218.31	197.91	80	224.20	256.91
235.75	217.23	81	244.60	274.70
254.65	238.34	82	267.04	294.66
277.47	261.70	83	288.35	321.11
304.19	287.23	84	310.79	346.35
335.23	308.55	85	333.23	384.10

### Steps to find different premium amounts

1. Find the premium for \$1,000 by client's age on the table to the right

**New Vantage III  
60 Year-Old  
Male  
Non-Nicotine  
\$79.95**

2. Multiply that number by the coverage amount (e.g. for \$10,000 multiply by 10)

**\$10,000  
10**

3. Add \$35 for the policy fee

**\$35**

4. Multiply the total by the modal factor to determine the premium

**Semi-Annual  
Payment Mode  
.52**

**TOTAL \$433.94**

### Example

Step 1. **79.95** x **10** = 799.50  
 Step 2. 799.50 + **35** = 834.50  
 Step 3. 834.50 x **0.52** = \$433.94

### Modal Factors

Annual: 1.00  
 Semiannual: .52  
 Quarterly: .265  
 ACP Monthly: .086

\*Per 1,000 annual coverage; does not include \$35 annual policy fee

For Internal Use:

605	609	610	606
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For Internal Use:

607	611	612	608
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If an applicant has used any type of nicotine products within the last 12 months, use the nicotine premium amounts. However, if the applicant uses a cigar or pipe less than or equal to four times in one month, s/he will qualify for non-nicotine premiums.