

# Golden Solution Plans

(Ages 50 through 85)

Whole Life Insurance

## AGENT GUIDE

Underwriting Guidelines  
Premium Rates

- Immediate Death Benefit Plan  
*(Policy Form No. 9464)*
- Graded Death Benefit Plan  
*(Policy Form No. 9465)*
- Return of Premium Benefit Plan  
*(Policy Form No. 9471)*

## COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll free number **800-736-7311**. The following is a list of extensions that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

Department	Phone Menu Extension:	Email	Fax
Agent Contracting	1 1 3		
Advanced Commissions	1 1 4		254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5		
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

**New Business Application Fax Number:** (254) 297-2100. Be sure to include Fax Application Cover Page.

**New Agent Contract Fax Number:** (254) 297-2110.

### Mailing Addresses:

**General Delivery**  
P.O. 2549  
Waco, TX 76702

**Overnight**  
425 Austin Ave.  
Waco, TX 76701

### Online Services:

**[www.americanamicable.com](http://www.americanamicable.com)**  
**[www.occidentallife.com](http://www.occidentallife.com)**  
**[www.pioneeramerican.com](http://www.pioneeramerican.com)**  
**[www.pioneersecuritylife.com](http://www.pioneersecuritylife.com)**

Access product information, forms, agent e-file, and other valuable information at the Company websites.

## UNDERWRITING GUIDELINES

Our new Golden Solution life insurance plans target a broad spectrum of the final expense insurance market. These policies and our application form 9466 (with state variations) accommodate a simplified approach to purchasing life insurance.

Golden Solution "Immediate Death Benefit" policy is for those with no serious health history and who can answer "NO" to all health questions 1 through 8 on the application.

Golden Solution "Graded Death Benefit" policy is for those who answer "NO" to questions 1 through 7, but "YES" to health question 8.

Golden Solution "Return of Premium Benefit" policy is for those who answer "NO" to questions 1 through 3, "YES" to any health questions 4 through 7.

If health questions 1, 2, or 3 are answered "YES" the applicant is not eligible for any of the Golden Solution plans.

The Golden Solution application features simple "YES" or "NO" questions that enable you to quickly determine which plan of insurance the applicant may be eligible for.

**Issue Ages:** 50-85 (age last birthday)

**Premium Paying Period:** To age 100

**Minimum Face Amount:** \$2,500

**Maximum Immediate Death Benefit:** AGES 50-75: \$25,000  
AGES 76-85: \$15,000

**Maximum Graded Death Benefit:** AGES 50-85: \$15,000

**Maximum Return of Premium Death Benefit:** AGES 50-85: \$15,000

**Policy Fee:** \$30

**Modal Factors:**

Semi-Annual: .512      Quarterly: .259      Monthly EFT: .087

**Benefits and Riders:**

Accidental Death Benefit Rider (not available on ROP Plan)

Grandchild Rider (also covers Great Grandchildren)

Children's Insurance Agreement Rider (not available on ROP Plan)

Terminal Illness Accelerated Benefit Rider\*

Accelerated Benefit Confined Care Rider\* (not available on Graded Death or ROP Plan)

\* Included at no additional premium, where available.

## **PLAN DESCRIPTIONS**

### **Golden Solution "Immediate Death Benefit":**

Simplified issue whole life policy with level death benefit of 100% of face amount paid immediately.

### **Golden Solution "Graded Death Benefit":**

Simplified issue whole life policy which pays 30% of selected face amount the 1st year, 70% paid the 2nd year and 100% paid the 3rd and subsequent years. 100% paid for accidental death, all years.

### **Golden Solution "Return of Premium Benefit":**

Simplified issue whole life policy which pays return of premium plus 10% interest for 3 years if under age 65, 2 years if age 65 or older. 100% paid after graded period. 100% paid for accidental death, all years.

## **SIMPLIFIED UNDERWRITING**

Eligibility for coverage is based on a simplified "YES/NO" application, a telephone interview, liberal height and weight chart, and a check with the Medical Information Bureau (M.I.B.) and pharmaceutical related facility. Check the height/weight charts in this guide to determine plan of coverage the Proposed Insured will qualify for based on their build.

## **TELEPHONE INTERVIEW**

A telephone interview conducted with the Proposed Insured is required on every application prior to the policy being issued.

After fully completing the application you may call from the client's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 ways:

- 1) at point-of-sale, or
- 2) the Company will contact the Proposed Insured upon receipt of the application.

Point-of-sale telephone interviews can be completed by calling the toll free number below. When calling be sure to identify yourself, Company and product being applied for "Golden Solution". The applicant must always complete the telephone interview without assistance from the agent or another person. If the sale is made on the weekend or if the interview is not completed at point-of-sale, mark the question "NO" in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

### **U.S. Only**

**EMSI: 1-866-719-2024**

**8am-9pm Monday thru Friday CST**

**10am-2pm Saturdays CST**

### **Puerto Rico Only**

**Source Access: 866-910-6539**

**8am-5pm Monday thru Friday CST**

**EMSI: 1-800-766-4605**

**8am-9pm Monday thru Friday CST**

**10am-2pm Saturdays CST**

## APPLICATION COMPLETION

- **Full Name of Proposed Insured** – List full legal name
- **Age** – calculate based on age last birthday
- **Height and Weight** – Record the Proposed Insured's current height and weight. Refer to the build tables in this guide to assist in determining the appropriate plan to apply for.
- **Signature** – Power of Attorney (POA) signatures are not acceptable.
- **Owner** – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they **MUST** sign and date below the Proposed Insured's Signature on the back of the application.
- **Beneficiary** – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust or an insured's Estate.
- **Plan Applied For** – Check appropriate box based on the answers to the health questions and the Proposed Insured's build.
- **Will you replace an existing life insurance policy or an annuity?** – Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement forms.
- **Telephone Interview** – Check box YES or NO as to whether the telephone interview was completed at point-of-sale to avoid having the applicant contacted twice. Always provide the applicant's telephone number and the best time to call even if the interview is completed at point-of-sale. Space has been provided in the application right-hand corner for the interview case number provided by the interviewing company.
- **During the past 12 months have you used tobacco in any form?** – This includes the use of cigarettes, pipe, chewing tobacco, cigars, snuff or other tobacco products (*excluding occasional cigar or pipe use*).
- **Application Date** – should always be the date the Proposed Insured answered all the medical questions and signed the application.
- **All changes must be crossed out and initialed by Proposed Insured.** No white outs or erasures are permitted on the application.
- **Terminal Illness Accelerated Benefit Riders Disclosure Statement (Form No. 9474)** – must be presented to the applicant and the agent must certify that it has been presented.
- **Accelerated Benefit Confined Care Rider Disclosure Statement (Form No. 9761)** – This disclosure statement **must be signed by the applicant** and a copy submitted to the Home Office with the application when applying for the Immediate Death Benefit Plan.
- **Applications for Return of Premium Plan** – When applying for ROP, you should complete questions 1 through 3 of the application and the question or questions that will be answered "Yes" in the ROP Section (questions 4 through 7). The remaining questions do not have to be completed.

## **INITIAL PREMIUM**

The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for 1st premium. See Company website for eCheck procedures. **MONEY ORDERS NOT ACCEPTED.**

## **CUSTOMER BENEFITS**

- Simple YES/NO application
- No medical exams or blood work required
- Affordable rates that will not increase
- Benefits not subject to Federal income tax
- Cash value for emergencies and other needs

## **IMPORTANT**

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed insured. Also, remember to include your agent number.

## **STATE SPECIFICS**

- *Arkansas*—Return of Premium Plan not available.
- *Illinois*—Return of Premium Plan is Graded 2 years only.
- *Kansas*—Return of Premium Plan not available. If any YES answers to application health questions 1-8 do not send/collect initial premium.
- *Maryland*—Immediate Death Benefit Plan only.
- *Massachusetts*—Immediate Death Benefit Plan only.
- *Missouri*—Return of Premium issue age is 50-65. Graded Death Benefit issue age is 50-75.
- *Minnesota*—Immediate Death Benefit Plan only.
- *Nevada*—Return of Premium Plan not available
- *New Jersey*—Immediate Death Benefit Plan only.
- *North Carolina*—Immediate Death Benefit Plan only.
- *Pennsylvania*—Return of Premium Plan not available.
- *South Carolina*—Immediate Death Benefit Plan only.
- *South Dakota*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses.
- *Virginia*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE  
ALL PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

# BUILD CHARTS

## Golden Solution Immediate Death Benefit

### Maximum Weight Table (Unisex)

Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	218	225	233	241	248	256
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	264	273	281	289	298	307
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	315	324	334	343	352	361

## Golden Solution Graded Death Benefit Golden Solution Return of Premium Benefit

### Maximum Weight Table (Unisex)

Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	238	246	254	262	271	280
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	288	297	306	316	325	335
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	344	354	364	374	384	394.

Proposed Insureds who exceed the maximum weight on the above charts will not be eligible for the designated coverage. Proposed Insureds who are within 10 pounds of the maximum weight on the Graded Death Benefit/Return of Premium Build Chart should apply for the Return of Premium Benefit Plan.

## Golden Solution ALL Plans

### Minimum Weight Table (Unisex)

Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	88	90	93	95	99	101
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	104	106	110	113	117	120
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	125	129	133	136	140	143

Underweight Proposed Insureds will not be eligible for coverage.

## MEDICATION GUIDE

To assist you with determining whether the applicant is eligible for coverage or as to which plan is appropriate for the Proposed Insured, we have provided a list of medications which are generally for the treatment of medical conditions we have referenced. This is a brief list of medications designed to provide assistance and is not intended to be all inclusive. If you have any questions concerning the medication list, please contact [underwriting@aatx.com](mailto:underwriting@aatx.com).

### **Alzheimers'/Dementia**

Aricept  
Exelon  
Namenda  
Razadyne  
Reminyl

### **AIDS/HIV**

Abacavir  
Didanosine  
Efavirenz/Sustiva  
Indinavir  
Kaletra  
Nelfinavir  
Nevirapine  
Stavudine

### **Chronic Renal Failure/ Insufficiency**

Aranesp  
Epogen/Procrit

### **CHF (Congestive Heart Failure)**

Bidil  
Bumex

### **COPD (Chronic Obstructive Pulmonary Disease)**

Spiriva

### **Chronic Hepatitis**

Combivir/Epivir/Lamivudine  
Copegus/Ribavirin  
Hepsera  
Interferon alpha  
Pegasys  
Rebetol/Ribavirin  
Rebetron  
Trizivir

### **Smoking Cessation**

Chantix

### **Transplants**

CellCept  
Imuran  
Myfortic  
Prograf  
RAPA

### **Re-Writes on Same Insured:**

If a second application is written on the same individual (1) within 6 months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered on that individual by the Underwriting Department.

## **GOLDEN SOLUTION: Field Underwriting Hints.**

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

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

## **SPEED UP YOUR TURNAROUND TIME!**

### **Practice these simple guidelines**

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

THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records and speeds up issues!

## **PRACTICE GOOD FIELD UNDERWRITING OR...**

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. Medical records on those applicants will be requested until the Underwriting Department believes that agent has corrected their field underwriting problems.

Do not let poor field underwriting contribute to unnecessary delays in both the issuing of your business and the payment of your compensation.

**Optional Accidental Death Benefit (ADB) (Policy Form 7159)**

Annual Premiums Per \$1,000 of Insurance  
(Not Available on Return of Premium Plan)

Issue Age	Rate
50-55	\$ 2.00
56-60	2.50
61-65	3.00
66-70	4.00
71-75	6.50
76-80	10.00

ADB provides an additional amount of death benefit should the insured die as a result of an accident.

**Issue Ages:** 50-80

**Minimum Amount:** \$2,500

**Maximum Amount:** Equal to the face amount of the policy

**Benefit Terminates:** At age 100

ADB Calculation Example: Male, Age 65, Monthly, \$8,000 ADB  
 (\$3.00 X 8) multiplied X .087 = \$2.09 per month. Add ADB monthly premium to life coverage monthly premium for total monthly premium.

**Optional Grandchild Rider (Policy Form 9579)** when attached to Immediate Death Benefit and Graded Death Benefit Plans. (Policy Form 9581) when attached to Return of Premium Plan.

Provides \$5,000 of life insurance protection on each grandchild and great grandchild through age 20. This benefit also guarantees their future insurability for up to \$25,000 of individual protection regardless of their health.

Rider coverage is fully paid-up in the event of the primary insured's death (does not apply to the Golden Solution-Return of Premium Plan).

**Issue Ages:** Primary Insured: 50 - 80  
 Grandchildren: 180 days - 15 years

**Premium:** \$12.00 annually per grandchild

Grandchild Rider Calculation Example: 2 grandchildren  
 (\$12.00 X 2) multiplied X .087 = \$2.09 per month. Add the monthly premium to life coverage monthly premium for the total monthly premium.

## **Optional Children's Insurance Agreement (CIA) Plan (Policy Form 8375)** (Not available on Return of Premium)

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the applicants age 65, at which time their coverage is convertible to a permanent plan of insurance at a rate of up to five times the amount of insurance provided on the CIA.

**Issue Ages:** Primary Insured: 50 - 60

Children: 15 days - 18 years

**Premium:** \$8.50 annually per unit

**Maximum:** 2 units (\$6,000 face amount of coverage)

CIA Calculation Example: 2 units of CIA  
(\$8.50 X 2) multiplied X .087 = \$1.48 per month. Add this to life coverage monthly premium for the total monthly premium.

### **Terminal Illness Accelerated Benefit Rider (Policy Form No. 9473)**

With this benefit you can receive up to 100% of the face amount of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). This rider is added to every policy (where available) at no additional premium. An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration. *Remember to leave disclosure statement (Form 9474) with the applicant.*

### **Accelerated Benefits Rider-Confined Care (Policy Form No. 9760)**

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of up to 5.0% of the face amount per month. This rider is added to policies issued as the Immediate Death Benefit Plan (where available) at no additional premium. Not available on the Graded or Return of Premium Death Benefit plans. *Remember the disclosure statement (Form 9761) must be signed by the applicant and a copy submitted to the Home Office with the application.*

## Golden Solution Immediate Death Benefit

Annual Premiums Per \$1,000 of Insurance  
(Add \$30 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	32.00	26.50	41.86	31.60
51	33.88	28.50	43.72	32.64
52	35.60	29.69	45.72	34.31
53	38.00	31.27	47.98	36.20
54	39.75	32.76	50.11	37.60
55	41.25	34.25	52.25	39.75
56	42.89	35.36	54.42	41.00
57	44.00	36.60	56.59	42.91
58	46.25	37.64	59.30	44.57
59	48.06	39.00	61.50	46.31
60	49.00	39.30	63.90	47.58
61	51.83	41.60	68.00	49.96
62	54.46	43.20	71.00	52.50
63	57.00	45.09	73.80	55.19
64	60.00	47.09	77.32	58.04
65	63.00	49.00	81.00	60.75
66	67.22	52.03	85.93	63.96
67	71.63	54.70	90.50	67.31
68	76.41	57.72	96.00	70.00
69	80.70	60.70	101.50	74.87
70	84.01	63.70	105.55	76.72
71	89.35	67.50	111.80	80.78
72	94.98	71.50	118.38	85.06
73	101.36	76.54	125.83	89.91
74	108.50	81.25	133.50	94.90
75	116.25	87.25	143.25	101.25
76	125.00	93.04	153.00	109.21
77	134.00	98.34	163.20	116.50
78	145.90	105.00	175.60	124.13
79	157.20	113.20	186.00	135.01
80	169.00	122.50	197.60	146.23
81	182.40	131.80	210.00	159.36
82	197.00	142.00	222.87	174.28
83	210.70	153.50	238.91	189.99
84	226.00	166.00	258.87	208.50
85	241.25	180.25	281.25	229.25

Premium Calculation Example: Male Non-Tobacco Age 65, Monthly, \$8,000 ( $\$63.00 \times 8 + \$30.00 \times .087 = \$46.46$  per Month)

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .087 / Quarterly: .259 / Semi-Annual: .512

## Golden Solution Graded Death Benefit

Annual Premiums Per \$1,000 of Insurance

(Add \$30 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	38.93	30.68	58.78	38.27
51	41.12	32.27	61.74	40.49
52	43.31	33.86	64.70	42.71
53	45.79	35.66	68.05	45.22
54	48.27	37.46	71.40	47.73
55	50.75	39.25	74.75	50.25
56	52.92	40.88	77.74	53.03
57	55.20	42.60	80.89	55.95
58	57.60	44.40	84.20	59.02
59	60.11	46.29	87.67	62.24
60	62.05	47.75	90.35	64.73
61	65.36	50.24	94.92	68.97
62	69.01	52.99	99.96	73.65
63	72.78	55.82	105.16	78.48
64	76.78	58.82	110.67	83.60
65	81.00	62.00	116.50	89.00
66	87.22	66.28	123.84	94.44
67	94.00	70.95	131.85	100.38
68	101.21	75.91	140.36	106.69
69	108.98	81.26	149.53	112.00
70	112.65	83.79	153.87	116.71
71	120.28	89.04	162.88	124.00
72	130.00	94.97	173.06	130.93
73	140.00	101.78	184.74	139.59
74	150.50	110.00	198.40	147.75
75	161.25	117.25	211.25	159.25
76	174.30	126.00	230.20	169.21
77	191.00	136.50	248.31	175.52
78	209.00	150.00	266.14	187.86
79	227.50	162.50	287.10	201.18
80	246.80	177.00	304.00	218.00
81	262.00	192.00	306.94	231.89
82	275.60	207.00	311.20	250.54
83	288.00	221.00	316.00	270.17
84	299.00	234.00	326.27	292.61
85	303.25	241.25	349.25	319.25

Premium Calculation Example: Male Non-Tobacco Age 65, Monthly, \$8,000 ( $\$81.00 \times 8 + \$30.00 \times .087 = \$58.99$  per Month)

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .087 / Quarterly: .259 / Semi-Annual: .512

## Golden Solution Return of Premium

Annual Premiums Per \$1,000 of Insurance

(Add \$30 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	44.38	35.75	65.57	40.89
51	46.49	37.69	68.94	43.27
52	48.60	39.63	72.31	45.65
53	50.99	41.83	76.13	48.35
54	53.38	44.03	79.95	51.05
55	55.75	46.25	83.75	53.75
56	58.56	48.58	87.57	57.07
57	61.52	51.03	91.59	60.56
58	64.63	53.61	95.81	64.23
59	67.89	56.31	100.23	68.07
60	70.41	58.39	103.65	71.04
61	74.71	61.95	109.48	76.10
62	79.45	65.87	115.91	81.68
63	84.34	69.92	122.54	87.44
64	89.52	74.21	129.57	93.55
65	95.00	78.75	137.00	100.00
66	100.91	83.59	144.46	106.53
67	107.35	88.87	152.59	113.65
68	114.20	94.48	161.23	121.21
69	121.58	100.53	170.55	129.37
70	125.07	103.39	174.96	133.23
71	132.32	109.33	184.11	141.24
72	140.51	116.04	194.45	150.29
73	149.91	123.74	206.31	160.67
74	158.77	131.00	217.49	170.46
75	171.25	141.25	233.25	184.25
76	183.20	149.96	246.82	198.50
77	199.65	155.48	255.42	207.53
78	216.80	166.28	272.23	225.19
79	234.60	177.94	290.38	244.26
80	253.00	190.46	309.87	264.73
81	268.79	204.82	332.22	288.21
82	286.00	221.14	357.63	314.90
83	304.36	238.32	384.38	343.00
84	331.28	257.95	414.95	375.11
85	363.25	281.25	451.25	413.25

Premium Calculation Example: Male Non-Tobacco Age 65, Monthly, \$8,000 ( $\$95.00 \times 8 + \$30.00 \times .087 = \$68.73$  per Month)

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .087 / Quarterly: .259 / Semi-Annual: .512