Welcome!

The Armed Forces Benefit Association (AFBA) is one of the oldest and largest associations of its kind. Since 1947, we have been a trusted, reliable source of life insurance for military personnel and their families – in peace and war. Over the years, we have expanded to protect first responders, government employees, and DoD contractors. But our core mission has not changed – to serve those who serve this great nation.

This training guide tells our story and provides you with information on our products and processes so marketing, selling, and submitting new business is easy and compliant with regulatory requirements. As a Field Service Representative of AFBA, you are part of a dedicated group of professionals who share a common bond and take pride in helping those who serve this country and their families achieve financial security.

Whether you've been with us for years or you are a recently appointed agent, please accept my personal best wishes for success.

Sincerely,

General Ralph E. "Ed" Eberhart, USAF (Ret.)
Chairman & President, AFBA
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ABOUT US

Founded to Serve Our Great Nation
AFBA Stands By Its Members
Membership Benefits
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Related Enterprises
Founded to Serve Our Great Nation
For nearly 70 years, AFBA has stood by our country’s armed forces. We are a mission-driven enterprise founded in 1947 with the support of General Eisenhower to protect military families. While we have grown considerably from our first offices in the basement of the Pentagon, we will never be too large to forget that we are here to serve with integrity by offering flexible, customized insurance solutions. Today, it is our privilege to serve those who serve our great nation in the armed forces, as well as first responders, federal government and department of defense employees.

What makes AFBA unique is that the insurance coverage offered to its members continues to have no combat or terrorism exclusions. AFBA also offers other financial benefits and services to its members.

AFBA Stands by Its Members
AFBA has paid life insurance claims to the families of members who lost their lives in the Korean, Vietnam and Persian Gulf conflicts, the attack on the Pentagon, and the wars in Iraq and Afghanistan. AFBA continues to keep its rolls open during the “War on Terrorism.” The Association has over 435,000 members insured with nearly $40 billion of insurance in force. Life insurance claims paid since 1947 exceed $1.8 billion.

Membership Benefits
Due to AFBA’s non-profit status, applicants for coverage are limited by membership eligibility and underwriting qualifications. Membership is defined as all members of the uniformed services, including retirees and veterans; government employees and contractors; first responders, including fire departments, law enforcement, and emergency medical services; their spouses and dependents.

Our products are designed with our target market in mind.

- **No exclusions for combat, terrorism, occupation or geography.** Members are covered 24 hours a day, 7 days a week even if deployed.
- Emergency death benefit payment of up to $15,000 within one business day of notification to help your loved ones with immediate costs.

Non-Insurance Membership Benefit
Families of eligible insureds can benefit from the Charles C. Blanton Family Survivor College Scholarship. Surviving spouse and children are eligible for $10,000 per year, per family, up to a total maximum benefit of $40,000 toward a college degree if member is killed in a combat zone as a result of combat action, U.S. government recognized acts of foreign or domestic terrorism, or in operations at the scene of an incident.

Outstanding Leadership
AFBA is under the leadership of a President-Chairman and a Board of Directors of retired senior flag and non-commissioned officers and business leaders from private industry who continue to honor the mission of its founders.

Related Enterprises
5Star Financial, LLC, a financial services holding company owned by the AFBA Investment Trust, offers AFBA members and the general marketplace financial services including individual life insurance and banking services.

5Star Life Insurance Company is the principal underwriter of group life insurance programs offered by AFBA in addition to offering individual life insurance products.
INTRODUCTION

Our Commitment to Independent Agents
Agent Responsibilities
Privacy of Customer Information
Our Commitment to Independent Agents
The question always arises, “What is my future as an independent insurance agent with AFBA?” We believe that the independent insurance agent is alive and well because people will always need experts to advise them through the purchase, underwriting, and claims process.

As agents, you are constantly challenged to overcome trends within our industry that attempt to commoditize insurance. At AFBA, we know you sell much more than price, and we are committed to delivering superior service to you and your clients. We firmly believe in the independent agent system and doing business with agents who share the same values as AFBA, and we look to strengthen our partnership with you in the future.

Our commitment to you continues as strong as ever, and we are excited for the investment in system upgrades and process improvements that make submitting new business easy and efficient. We strive to offer competitive products at consumer-friendly rates, simplified enrollment forms, easy methods of enrollment form submission, and daily commissions.

Agent Responsibilities
As an agent representing AFBA, you are required to conduct sales activities within the following guidelines:

- Ensure customers are presented with an insurance product appropriate for their needs.
- Clearly and completely describe the product as life insurance and explain all of its provisions.
- Ensure that the enrollment form and all required forms are fully and accurately completed and submitted to AFBA in a timely manner.
- Be licensed in the state in which you are taking the enrollment form and identify that location on the enrollment form.

Privacy of Customer Information
AFBA is required by state and federal law to implement privacy policies and procedures to protect the personal information of its customers. Our policy is that personal and medical information is not disclosed to anyone other than its affiliated companies, and then only as required to carry out our business.

As an agent of AFBA, you are responsible for keeping confidential, protecting, securing and not sharing, revealing or disclosing to any party other than AFBA, any personal customer information you receive in enrollment forms, or other forms associated with life insurance benefits or programs offered through AFBA.

Serving those who serve this great nation.
PRODUCT QUICK LOOK

American Samoa
<table>
<thead>
<tr>
<th><strong>Product Description</strong></th>
<th>Term life with level death benefit.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility/Target Market</strong></td>
<td>U.S. citizens who are current or former government employees, government contractors, government groups, non-federal first responders and their families.</td>
</tr>
<tr>
<td><strong>Issue Ages</strong></td>
<td>Ages 18-64</td>
</tr>
<tr>
<td><strong>Coverage Ends</strong></td>
<td>Age 70 – coverage termination will take place on the policy anniversary date following the insured’s 70th birthday.</td>
</tr>
<tr>
<td><strong>Dependent Coverage</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Riders</strong></td>
<td>Child coverage to age 21 (23 if FT student) may only be added to one coverage program.</td>
</tr>
<tr>
<td><strong>Minimum Coverage</strong></td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>Maximum Coverage</strong></td>
<td>$500,000</td>
</tr>
<tr>
<td><strong>Increments</strong></td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>Rate Classes</strong></td>
<td>Tobacco/Non-tobacco</td>
</tr>
<tr>
<td><strong>Pricing</strong></td>
<td>See flyer</td>
</tr>
</tbody>
</table>
| **Paymode** | • Monthly (Checkmatic/CC)  
• Monthly Payroll Deduction - FIRSTNET  
• Bi-weekly Payroll deduction - FIRSTNET  
• Listbill  
• Direct Bill |
| **Premiums / Contributions** | Rates remain the same to age 44 for member and spouse. At ages 45 and 60, rates increase. |
| **Underwriting Requirements** | Based on SOH questions and exam depends on amount of coverage requested. |
| **Portability / Convertible** | Yes |
| **Application** | ESP-GDV App R, G-Term App R | ESP-GDV App R | G-Term App R912 | Child’s LT App |
| **Advantages** | • Competitive rates  
• High non-medical limits  
• Level death benefit  
• Emergency death benefit  
• Survivor Scholarship Benefit |
| **U.S. (except New York), District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands** | First Protect Group Level Term | Better Alternative Group Level Term | Children’s Protect Group Level Term |
# American Samoa

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Fed Term Group Level Term</th>
<th>First Protect Group Level Term</th>
<th>Better Alternative Group Level Term</th>
<th>Children’s Protect Group Level Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term life with level death benefit.</td>
<td></td>
<td></td>
<td></td>
<td>Children of AFBA eligible parents or grandparents. Parents or grandparents do NOT have to have coverage.</td>
</tr>
</tbody>
</table>

| Eligibility/Target Market | U.S. citizens who are current or former government employees, government contractors, government groups, non-federal first responders and their families. | U.S. citizens who are current or former Homeland Security personnel (Emergency First Responders, Law Enforcement, Firefighters, and Emergency Medical Service providers) and their families. | U.S. citizens who are uniformed military personnel that are active duty, retirees, or veterans in the Army, Navy, Air Force, Marine Corps, Coast Guard, NOAA, Public Health and Reserve forces, including the National Guard and their families. |

<table>
<thead>
<tr>
<th>Issue Ages</th>
<th>Ages 18-59</th>
<th>Ages 1-17</th>
</tr>
</thead>
</table>

| Coverage Ends | Age 70 – coverage termination will take place on the policy anniversary date following the insured’s 70th birthday. |

<table>
<thead>
<tr>
<th>Dependent Coverage</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

| Riders | Child coverage to age 21 (23 if FT student) may only be added to one coverage program. | No |

<table>
<thead>
<tr>
<th>Minimum Coverage</th>
<th>$50,000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maximum Coverage</th>
<th>$150,000</th>
<th>$250,000</th>
<th>$50,000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Increments</th>
<th>$50,000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rate Classes</th>
<th>Tobacco/Non-tobacco</th>
<th>N/A</th>
</tr>
</thead>
</table>

| Paymode | • Monthly (Checkmatic/CC) • Monthly Payroll Deduction - FIRSTNET • Bi-weekly Payroll deduction - FIRSTNET • Listbill • Direct Bill | • Monthly (Checkmatic/CC) • Monthly Payroll Deduction - FIRSTNET • Listbill • Direct Bill • Government Allotment | • Monthly (Checkmatic/CC) • Monthly Payroll Deduction - FIRSTNET • Listbill • Direct Bill |

| Premiums / Contributions | Rates remain the same to age 44 for member and spouse. At ages 45 and 60, rates increase. | Rates remain the same to age 49 for member and spouse. At age 50, and age 60, rates increase. | Rates remain the same to age 44. At ages 45 and 60 rates increase. |

| Underwriting Requirements | Based on SOH only.* |

| Portability /Convertible | Yes |


| Advantages | • Competitive rates • High non-medical limits • Level death benefit • Emergency death benefit • Survivor Scholarship Benefit | • • • • Lower rates • Guarantees insurability as child grows • Full membership to the association and accessible to member benefits |

* Due to the inability to perform full paramedical exams in American Samoa, coverage amounts are limited to those which require only a completed enrollment form.
FED TERM GROUP LEVEL TERM

Availability
Issue Ages
Eligibility and Coverage Amounts
Rates
Underwriting Requirements
**Availability**
Fed Term Group Level Term is available in all states except New York. The product is also available in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and American Samoa.

**Issue Ages**
18-64 years

**Eligibility and Coverage Amounts**
Available to U.S. Citizens who are current or former government employees, government contractors, government groups, non-federal first responders and their families.

An individual and their spouse can apply for a maximum of $500,000. For deployed or deployable Department of Defense contractors, maximum coverage is $250,000.

Coverage for children is available through our child rider from birth (15 days) through age 21 (23 if full-time student):

- Birth (15 days) up to 6 months: $1 per unit in $1,000 increments up to a maximum of $5,000
- Age 6 months – 21 years (23 if full-time student): $1 per unit in $5,000 increments up to a maximum of $25,000
- Children between 18-21 years old (23 if full-time student) may also apply for their own coverage

**Rates**

<table>
<thead>
<tr>
<th>Age</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$150,000</th>
<th>$200,000</th>
<th>$250,000</th>
<th>$300,000</th>
<th>$350,000</th>
<th>$400,000</th>
<th>$450,000</th>
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</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>$6.46</td>
<td>$12.92</td>
<td>$19.37</td>
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<td>$51.66</td>
<td>$58.12</td>
<td>$64.58</td>
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<td>45-59</td>
<td>$13.54</td>
<td>$27.08</td>
<td>$40.62</td>
<td>$54.16</td>
<td>$67.71</td>
<td>$81.25</td>
<td>$94.79</td>
<td>$108.33</td>
<td>$121.87</td>
<td>$135.41</td>
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<tr>
<td>60-69</td>
<td>$56.66</td>
<td>$113.33</td>
<td>$169.99</td>
<td>$226.66</td>
<td>$283.32</td>
<td>$339.99</td>
<td>$396.65</td>
<td>$453.32</td>
<td>$509.98</td>
<td>$566.64</td>
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<thead>
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<th>Age</th>
<th>$50,000</th>
<th>$100,000</th>
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<tr>
<td>18-44</td>
<td>$9.37</td>
<td>$18.75</td>
<td>$28.12</td>
<td>$37.50</td>
<td>$46.87</td>
<td>$56.25</td>
<td>$65.62</td>
<td>$75.00</td>
<td>$84.37</td>
<td>$93.75</td>
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</tbody>
</table>

*A tobacco user is one who has used tobacco/nicotine products in the past 12 months.*
Underwriting Requirements
The following information applies to sponsors. Statement of Health (SOH)* questions are required for the following ages and coverage amounts:

- Up to age 49 up to $250,000
- Ages 50-55 up to $100,000
- Ages 56-59 up to $50,000

For Sponsors

<table>
<thead>
<tr>
<th>AGE</th>
<th>$50,000</th>
<th>$51,000 - $100,000</th>
<th>$101,000 - $150,000</th>
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<th>$301,000 - $500,000</th>
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<tbody>
<tr>
<td>18 - 39</td>
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</table>

- The only requirement is the SOH questions on the enrollment form. If a paramedical exam is required, it is arranged by AFBA for no additional cost.

For Spouses and Dependents

<table>
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<tr>
<th>AGE</th>
<th>$50,000</th>
<th>$51,000 - $100,000</th>
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- The only requirement is the SOH questions on the enrollment form. If a paramedical exam is required, it is arranged by AFBA for no additional cost.
FIRST PROTECT GROUP LEVEL TERM

Availability
Issue Ages
Eligibility and Coverage Amounts
Rates
Underwriting Requirements
Availability

First Protect Group Level Term is available in all states except New York. The product is also available in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and American Samoa.

Issue Ages

18-64 years

Eligibility and Coverage Amounts

Available to U.S. Citizens who are current or former First Responder personnel (Law Enforcement, Firefighters, and Emergency Medical Service providers) and their families.

An individual and their spouse can apply for a maximum of $500,000.

Coverage for children is available through our child rider from birth (15 days) through age 21 (23 if full time student):

- Birth (15 days) up to 6 months: $1 per unit in $1,000 increments up to a maximum of $5,000
- Age 6 months – 21 years (23 if full-time student): $1 per unit in $5,000 increments up to a maximum of $25,000
- Children between 18-21 years old (23 if full-time student) may also apply for their own coverage

Rates

Current Monthly Contributions (Male/Female) Non-Tobacco

<table>
<thead>
<tr>
<th>Age</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$150,000</th>
<th>$200,000</th>
<th>$250,000</th>
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<th>$400,000</th>
<th>$450,000</th>
<th>$500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>$8.50</td>
<td>$17.00</td>
<td>$25.50</td>
<td>$34.00</td>
<td>$42.50</td>
<td>$51.00</td>
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<td>$68.00</td>
<td>$76.50</td>
<td>$85.00</td>
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<tr>
<td>45-59</td>
<td>$17.00</td>
<td>$34.00</td>
<td>$51.00</td>
<td>$68.00</td>
<td>$85.00</td>
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<td>$119.00</td>
<td>$136.00</td>
<td>$153.00</td>
<td>$170.00</td>
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<tr>
<td>60-69</td>
<td>$68.00</td>
<td>$136.00</td>
<td>$204.00</td>
<td>$272.00</td>
<td>$340.00</td>
<td>$408.00</td>
<td>$476.00</td>
<td>$544.00</td>
<td>$612.00</td>
<td>$680.00</td>
</tr>
</tbody>
</table>

Current Monthly Contributions (Male/Female) Tobacco*

<table>
<thead>
<tr>
<th>Age</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$150,000</th>
<th>$200,000</th>
<th>$250,000</th>
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<tbody>
<tr>
<td>18-44</td>
<td>$12.50</td>
<td>$25.00</td>
<td>$37.50</td>
<td>$50.00</td>
<td>$62.50</td>
<td>$75.00</td>
<td>$87.50</td>
<td>$100.00</td>
<td>$112.50</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

* A tobacco user is one who has used tobacco/nicotine products in the past 12 months.
**Underwriting Requirements**

The following information applies to sponsors. Statement of Health (SOH)* questions are required for the following ages and coverage amounts:

- Up to age 49 up to $250,000
- Ages 50-55 up to $100,000
- Ages 56-59 up to $50,000

### For Sponsors

<table>
<thead>
<tr>
<th>AGE</th>
<th>$50,000</th>
<th>$51,000 – $100,000</th>
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</tr>
</tbody>
</table>

- Statement of Health (SOH)
- SOH, Paramedical Exam, Blood Profile and Urinalysis
- SOH, Paramedical Exam, Blood Profile, Urinalysis and Resting EKG

The following information applies to spouses and dependents. SOH* questions are required for the following ages and coverage amounts:

- Up to age 39 up to $250,000
- Ages 40-49 up to $150,000
- Ages 50-55 up to $100,000
- Ages 56-59 up to $50,000

### For Spouses and Dependents

<table>
<thead>
<tr>
<th>AGE</th>
<th>$50,000</th>
<th>$51,000 – $100,000</th>
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<th>$251,000 – $300,000</th>
<th>$301,000 – $500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 39</td>
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<tr>
<td>40 – 49</td>
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<td>50 – 55</td>
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<td>56 – 59</td>
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<td>60 – 64</td>
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</tbody>
</table>

- Statement of Health (SOH)
- SOH, Paramedical Exam, Blood Profile and Urinalysis
- SOH, Paramedical Exam, Blood Profile, Urinalysis and Resting EKG

* The only requirement is the SOH questions on the enrollment form. If a paramedical exam is required, it is arranged by AFBA for no additional cost.
BETTER ALTERNATIVE GROUP LEVEL TERM

Availability
Issue Ages
Eligibility and Coverage Amounts
Rates
Underwriting Requirements
Better Alternative Group Level Term is available in all states except New York. The product is also available in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and American Samoa.

Issue Ages
18-59 years

Eligibility and Coverage Amounts
Available to U.S. Citizens who are uniformed military personnel that are active duty, retirees, or veterans in the Army, Navy, Air Force, Marine Corps, Coast Guard, NOAA, Public Health and Reserve Forces, including the National Guard.

An individual and their spouse can apply for a maximum of $400,000.

Spouses and children are also eligible for coverage. Coverage for children is available through our child rider from birth (15 days) through age 21 (23 if full-time student):

- Birth (15 days) up to 6 months: $1 per unit in $1,000 increments up to a maximum of $5,000
- Age 6 months – 21 years (23 if full-time student): $1 per unit in $5,000 increments up to a maximum of $25,000
- Children between 18-21 years old (23 if full-time student) may also apply for their own coverage

Rates
Current Monthly Contributions (Male/Female) Non-Tobacco

<table>
<thead>
<tr>
<th>Age</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$150,000</th>
<th>$200,000</th>
<th>$250,000</th>
<th>$300,000</th>
<th>$350,000</th>
<th>$400,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>$4.00</td>
<td>$8.00</td>
<td>$12.00</td>
<td>$16.00</td>
<td>$20.00</td>
<td>$24.00</td>
<td>$28.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>50-59</td>
<td>$18.00</td>
<td>$36.00</td>
<td>$54.00</td>
<td>$72.00</td>
<td>$90.00</td>
<td>$108.00</td>
<td>$126.00</td>
<td>$144.00</td>
</tr>
<tr>
<td>60-69</td>
<td>$44.00</td>
<td>$88.00</td>
<td>$132.00</td>
<td>$176.00</td>
<td>$220.00</td>
<td>$264.00</td>
<td>$308.00</td>
<td>$352.00</td>
</tr>
</tbody>
</table>

Current Monthly Contributions (Male/Female) Tobacco*

<table>
<thead>
<tr>
<th>Age</th>
<th>$50,000</th>
<th>$100,000</th>
<th>$150,000</th>
<th>$200,000</th>
<th>$250,000</th>
<th>$300,000</th>
<th>$350,000</th>
<th>$400,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>$8.00</td>
<td>$16.00</td>
<td>$24.00</td>
<td>$32.00</td>
<td>$40.00</td>
<td>$48.00</td>
<td>$56.00</td>
<td>$64.00</td>
</tr>
<tr>
<td>50-59</td>
<td>$36.00</td>
<td>$72.00</td>
<td>$108.00</td>
<td>$144.00</td>
<td>$180.00</td>
<td>$216.00</td>
<td>$252.00</td>
<td>$288.00</td>
</tr>
<tr>
<td>60-69</td>
<td>$88.00</td>
<td>$176.00</td>
<td>$264.00</td>
<td>$352.00</td>
<td>$440.00</td>
<td>$528.00</td>
<td>$616.00</td>
<td>$704.00</td>
</tr>
</tbody>
</table>

* A tobacco user is one who has used tobacco/nicotine products in the past 12 months.
Underwriting Requirements
The following information applies to current or former military members only. Statement of Health (SOH)* questions are required for the following ages and coverage amounts:

- Up to age 49 up to $250,000
- Ages 50-59 up to $100,000

For current or former military member

<table>
<thead>
<tr>
<th>AGE</th>
<th>$50,000</th>
<th>$51,000 - $100,000</th>
<th>$101,000 - $150,000</th>
<th>$151,000 - $200,000</th>
<th>$201,000 - $250,000</th>
<th>$251,000 - $300,000</th>
<th>$301,000 - $400,000</th>
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<td>40 – 49</td>
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<tr>
<td>50 – 59</td>
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</tr>
</tbody>
</table>

* The only requirement is the SOH questions on the enrollment form. If a paramedical exam is required, it is arranged by AFBA at no additional cost.

For non-military spouse

<table>
<thead>
<tr>
<th>AGE</th>
<th>$50,000</th>
<th>$51,000 - $100,000</th>
<th>$101,000 - $150,000</th>
<th>$151,000 - $200,000</th>
<th>$201,000 - $250,000</th>
<th>$251,000 - $300,000</th>
<th>$301,000 - $400,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 39</td>
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<td>40 – 49</td>
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<td>50 – 59</td>
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</tbody>
</table>
CHILDREN’S PROTECT GROUP LEVEL TERM

Availability
Issue Ages
Eligibility and Coverage Amounts
Rates
Underwriting Requirements
Availability
Children’s Protect Group Level Term is available in all states except New York. The product is also available in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and American Samoa.

Issue Ages
1-17 years

Eligibility and Coverage Amounts
A child or grandchild of a member between the ages of 1 year and 17 years can receive $50,000 of coverage that will continue up to age 70.

Rates
Current Monthly Contributions

<table>
<thead>
<tr>
<th></th>
<th>1-17</th>
<th>18-44</th>
<th>45-59</th>
<th>60-69</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$8.50</td>
<td>$8.50</td>
<td>$17.00</td>
<td>$68.00</td>
</tr>
</tbody>
</table>

The cost is $8.50 a month until age 44, and increases per age band as shown in the chart. Coverage continues to age 70 and cannot be cancelled as long as insurance contributions are paid. Contributions change on the anniversary of the coverage effective date following entry into a new age group. Contributions are based on current age at enrollment and may increase in the future.

Underwriting Requirements
No medical exam is required to apply for coverage.
SAMPLE ENROLLMENT FORMS

Fed Term/First Protect for Gov/ESP Market
Better Alternative for Military Market
Children’s Protect
For Fed Term, use agent level 88.
For First Protect, use agent level 15.
BETTER ALTERNATIVE FOR MILITARY MARKET

Group Level Term Programs
Enrollment Form

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Offered through Armed Forces Benefit Association (AFBA)
1-800-776-2322 • www.afba.com

Coverage Plan (Select only one—All plans not available in all states.)

☐ Military Better Alternative (BA)
☐ Group Select Term (GS) — Select One
☐ 5Star Group Level Term (LT)
10 Yr 15 Yr 20 Yr
25 Yr with 10 Yr Guarantee
30 Yr with 10 Yr Guarantee

Member Information

Are you a current AFBA member? ☐ Yes ☐ No

If approved for new coverage, cancel my existing AFBA group insurance.
Select all that apply:
☐ BA ☐ LT ☐ GT ☐ Other ☐ All

Applicant’s Information

Eligibility (Choose One):
☐ Army ☐ Marine Corps
☐ Air Force ☐ Coast Guard
☐ Navy ☐ USPHS
☐ NOAA

Duty Status:
☐ Active Duty ☐ Ready Reserve
☐ Retiree* ☐ IRR
☐ Separator* ☐ N/A
☐ National Guard

* Approx retirement/separation date

Rank

Grade

Prefix

First

Last Name

Address Line 1

Address Line 2

City

State

Zip

E-Mail

Daytime Phone Number

Evening Phone Number

SSN

Driver’s License #

Place of Birth: State ☐ Country

Are you a United States citizen? ☐ Yes ☐ No

Are you married?** ☐ Yes ☐ No

Do you have dependent children? ☐ Yes ☐ No

** CT, DE, HI, IL, NJ, NH, RI & VT Residents: Married includes civil unions and civil union partners.

G-Term App R912

2/14

1 of 4
Other Coverage

Answer only if this is an agent or broker initiated sale:
Do you or your children have an existing individual life insurance or annuity contract with another company?  ☐ Yes  ☐ No
If yes, and you live in AK, AL, AR, AZ, CO, IA, KS, KY, LA, MD, ME, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be presented and read to you by your agent at the time he/she takes your application.
If approved, will this coverage replace your existing life insurance or annuity contract?  ☐ Yes  ☐ No  If yes, what is the company name for your existing coverage?  If yes, and you do not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

Statement of Health

Answer each question and initial box to acknowledge you’ve read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any “yes” answers in the section below.

<table>
<thead>
<tr>
<th>Height</th>
<th>Ft</th>
<th>In</th>
<th>Weight</th>
<th>Lbs</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

I. In the last 10 years, has the Applicant or Child:

A. Had a life or health insurance application declined, postponed, modified or rated?  
B. Been diagnosed or treated by a physician for the listed conditions:
   1. Coronary artery disease, cardiac chest pain, heart attack, heart failure, heart murmur, or any heart disorder?
   2. High blood pressure, peripheral vascular disease (plaque in arteries), or any blood vessel disorder?
   3. Stroke, paralysis, seizures, epilepsy, loss of consciousness, multiple sclerosis, any neurological disorder?
   4. Asthma, Chronic Obstructive Pulmonary Disease (COPD), tuberculosis, chronic cough or shortness of breath, or any disorder of the lungs or respiratory system?
   5. Diabetes, thyroid, pituitary, adrenal, or hormone disorder?
   6. Disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system?
   7. Ulcers, hepatitis, colitis, gastritis, disorder of the pancreas, liver, glands, stomach or intestines?
   8. Rheumatoid disease, connective tissue disease, or disorder of the blood or lymph glands?
   9. Schizophrenia, depression, personality disorder, or any mental health problem?

II. In the past 5 years, has the Applicant or Child:

A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?
B. Been convicted of driving under the influence of alcohol, drugs or or while intoxicated?
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics, or any drug except as medication prescribed by physician?

III. Has the Applicant or Child ever had or currently have any cancer, tumors, cysts, masses, polyps, or growths of any type?

IV. Has the Applicant or Child ever been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?

V. List each prescribed medication the Applicant or Child takes regularly or frequently:

VI. In the past 12 months, has any Applicant or Child used any tobacco or nicotine products (including nicotine patch, gum, or spray)?

VII. Did the Applicant’s or Child’s parent(s) or sibling(s) die before age 60 of cardiovascular or cerebrovascular disease or cancer?

VIII. Does the Applicant or Child receive disability benefits from any source?

If “Yes,” provide details. If V.A. disability rating is 30% or more, provide full report, or details if report is not available.

IX. Is the Applicant planning to reside outside of the United States for at least 180 days and establish residence in the next 2 years? If yes, please provide full details below.

Details:

G-Term App R912  3 of 4
Conditions Relating to this Enrollment Form

**Group Eligibility:** I am eligible to apply for this group insurance coverage as a Member as defined in the Master Group Policy and described in the Certificate of insurance coverage.

**Agreement:** I represent that all statements and answers in this enrollment form are complete, true and correctly recorded.

**To the Best of My Knowledge and Belief:** I agree that 1) upon approval of this enrollment form by SStar Life Insurance Company, it and the Certificate of insurance coverage issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by SStar Life Insurance Company and is subject to Applicant’s health being as described in this enrollment form, and upon receipt of the full first contribution, in which case the coverage shall take effect as of the effective date as shown in the Certificate of insurance coverage; 3) if within 60 days of receipt of all required documentation this enrollment form is not approved, it will become void and any contributions paid will be refunded; I will be so notified. **Authorization:** I hereby authorize any licensed physician, medical practitioner, hospital, clinic, insurance company, employer; Medical Information Bureau (MIB); or Motor Vehicle Administration that may have records of my physical or mental health condition to give SStar Life Insurance Company, its authorized representative, and its reinsurers any such information. I authorize SStar Life Insurance Company, or its reinsurers, to make a brief report of health information to MIB. I understand that this information will be used to determine my eligibility for coverage and that I may revoke this authorization and enrollment form at any time by providing written notice. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the date below. I acknowledge that I, or my authorized representative is entitled to receive a copy of this authorization.

**Signatures must be personal.**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Payor</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Owner</th>
<th>Date</th>
</tr>
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</tbody>
</table>

Signed at: City State

For Select Term Applicants Only:
If there is a second applicant living in the same household who is also applying for Select Term coverage, please enter their SSN below.

Best time to contact for medical interview (if applicable): am pm

Best day/time of week for paramedical exam (if applicable): Mon Tues Wed Thurs Fri Sat am pm

**Insurance Producer Certification:** I assisted the Applicant(s) with this enrollment form and to the best of my knowledge the questions are answered truthfully.

To the best of my knowledge, the Applicant is □ is not □ replacing existing individual insurance.

□ Param Ed renew? □ Yes □ No □ Deployed? □ Yes □ No □ If checkmark or credit card, did you attach the appropriate form? □ Yes □ No

**Purpose of Insurance?** □ Supplemental Coverage □ Family Protection □ Individual Protection □ Other

Insurance Producer Name: [ ]

Insurance Producer Signature: [ ]

Date: [ ]

**Special Instructions:**

**Note:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement to prison. DC Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Not available in all states • Admin Office: 909 N. Washington St, Alexandria, VA 22314 • 1-800-776-2322 • www.afba.com

G-Term App R912

4 of 4

2/14
Children's Group Level Term Life Insurance Application

**USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.**

### Insured Child's Information

- **Last Name:**
- **First Name:**
- **M.I.:**
- **D.O.B.:**
- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:**
- **Zip:**
- **SSN:**
- Is the child a United States citizen? **Yes** **No**

### Coverage and Payment Method

- **Monthly Credit Card:**
- **Monthly Checkmatic:**
- **Monthly Allotment:**
- **Quarterly Bill:**
- **Semi-Annual Bill:**
- **Annual Bill:**
- **Payroll:**
- **List Bill:**

**Monthly Contribution:** $8.50

**Amount payable to AFBA:** $...

**Recurring Contribution Value:** $...

### Sponsor/Owner/Payor

- **Name:**
- **Address:**
- **City, State, Zip:**
- **Phone No.:**
- **Email:**

**Relationship to child:**
- **Parent**
- **Step-parent**
- **Grandparent**
- **Legal Guardian**
- **Other**

If Contingent Owner is desired, check here **and** a form will be sent to the Owner. If not, the Contingent Owner will be the Sponsor.

**CHILDREN'S PROTECT**

SAMPLE

**AFBA AGENT TRAINING GUIDE | SAMPLE ENROLLMENT FORMS** 11/2016
SAMPLE

**Beneficiary**

Check here ☐ if you would like an additional beneficiary form sent to you.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>SSN</th>
<th>Relationship to Child</th>
<th>MM/DD/YYYY</th>
</tr>
</thead>
</table>

**Other Insurance**

*Answer only if this an agent or broker initiated sale:*

Does the child have any existing life insurance or annuity contracts with another company? ☐ Yes ☐ No

If yes, and the child lives in AK, AL, AZ, CO, ID, KS, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be presented and read to you by your agent at the time he/she takes your application.

If approved, will this coverage replace any existing life insurance or annuity contracts? Yes No

If yes, what is the company name, address, and policy number of the child’s existing coverage?

If yes, and the child does not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

**Statement of Health**

Answer each question and initial in box to acknowledge you’ve read and, **TO THE BEST OF YOUR KNOWLEDGE AND BELIEF**, understood each question. Circle the specific condition and give full details to any "yes" answers in the section below.

<table>
<thead>
<tr>
<th>Child’s Height Ft In</th>
<th>Child’s Weight Lbs</th>
<th>Sponsor/Owner/Payor’s Initials Here</th>
</tr>
</thead>
</table>

I. Has the child been diagnosed, treated, or prescribed medication by a member of the medical profession for specified symptoms such as: heart trouble, elevated blood pressure, gynecological or genitourinary disorders, ulcers, cancer, diabetes, mental or nervous disorder or psychotherapeutic treatment, epilepsy, respiratory disorder, kidney or liver disorder (including hepatitis), enlarged lymph nodes or immune deficiency disorder, thyroid disorder, blood disorder, albumin, blood or sugar in urine, back trouble/disorder, arthritis, or unexplained weight loss? ☐ Yes ☐ No

II. List each prescribed medication the child takes regularly or frequently:

III. Has the child been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

IV. Has the child proposed for insurance received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs? ☐ Yes ☐ No

Details:

**Conditions Relating to this Application**

*Agreement: I represent that all statements and answers in this application are complete, true and correctly recorded TO THE BEST OF MY KNOWLEDGE AND BELIEF.* I agree that: 1) upon approval of this application by 5Star Life Insurance Company, it, and the certificate will constitute the entire insurance contract; 2) except as provided, insurance applied for will not become effective until approved by 5Star Life Insurance Company and is subject to the child’s health being as described in this application, and upon receipt of the full contribution in which case the coverage shall take effect as of the effective date as shown in the certificate; 3) if within 60 days of receipt of all required documentation this application is not approved, it will become void and all contributions paid will be refunded; I will be so notified.

**Signatures must be personal:**

<table>
<thead>
<tr>
<th>Sponsor/Owner/Payor</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Parent, step-parent, grandparent, legal guardian, other)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sign Here</th>
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<tbody>
<tr>
<td>(City)</td>
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<table>
<thead>
<tr>
<th>Insurance Producer Name</th>
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<table>
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<tr>
<th>Insurance Producer Signature</th>
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<th>Date MM/DD/YYYY</th>
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<tr>
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**Note:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement to prison.

Not available in all states • Administrative Office: 909 N. Washington St, Alexandria, VA 22314 • 1-800-776-2322 • www.afba.com

Rev850 8/16

Child’s LT App R314
UNDERWRITING

Rate Classes
Completeness and Accuracy
Conditions Normally Approved
Conditions Normally Declined
Adult Build and BMI
Juvenile Build and BMI
Lab Guidelines
Blood Pressure Tables
Acronyms and Abbreviations
Group life insurance products are underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana company) with an administrative office at 909 North Washington Street, Alexandria, VA 22314.

**Rate Classes**
Certificates are issued on a unisex basis at either a non-tobacco or tobacco rate. To qualify for the non-tobacco rate, the applicant cannot currently be using tobacco products or have used them in the twelve months prior to the enrollment form being submitted.

**Completeness and Accuracy**
Complete and accurate information about a proposed applicant must be provided on the enrollment form. Providing detailed information will minimize requests for additional underwriting requirements (Attending Physician Statement, special medical questionnaire, etc.) which can delay issuing the certificate.

Every effort is made to make an underwriting decision within two weeks of receipt of the enrollment form. Cases with outstanding requirements will be closed on day 60 unless the Home Office specifically requests a case be held open longer.

If additional space is needed to provide details to answers, an 8 ½ x 11 sheet of paper should be attached to the enrollment form with full details to all answers. If you need this additional room for answers, be sure the paper is signed and dated by the applicant and agent. It should also contain a reference to the enrollment form such as, “Details to answers on enrollment form of John Doe, dated April 23, 2008.”

**Conditions Normally Approved**
- Anal Fissure
- Basal Cell Carcinoma (if surgically removed with no complications)
- Benign Prostatic Hypertrophy
- Birth Control Pills
- Bone Spur
- Bronchitis (acute)
- Caesarian Section
- Carpal Tunnel Syndrome
- Cholecystectomy
- Dermatitis
- Discectomy
- Eczema
- Epicondylitis
- Ganglion Cyst
- Gout
- Hepatitis A
- Herpes
- Hysterectomy
- Hypothyroidism
- Irritable Bowel Syndrome
- Kidney Stones
- Lipoma
- Morton’s Neuroma
- Pilonidal Cyst
- Rhinoplasty
- Sebaceous cyst
- Septoplasty
- Spermatoceles
- Tinea Pedis
- Tinea Versicolor
- Tinnitus
### Conditions Normally Declined (This list is not inclusive)

**A**  
- Aortic Insufficiency – moderate or severe (AI)  
- Acquired Immune Deficiency Syndrome/ AIDS Related Complex (AIDS/ARC)  
- Amyotrophic Lateral Sclerosis (ALS) known as Lou Gehrig’s Disease  
- Alzheimer’s Disease  
- Angina Pectoris  
- Angioplasty  
- Arteriosclerosis  
- Aortic Stenosis (AS) – moderate or severe  
- Atherosclerotic Carotid Artery Disease  
- Atherosclerotic Heart Disease  
- Atherosclerotic Peripheral Vascular Disease  
- Autism  

**B**  
- Bariatric Surgery (stapling/bypass of stomach/intestine) within one year of surgery  
- Barrett’s Esophagitis  
- Bicuspid aortic valve, with moderate or worse aortic insufficiency or aortic stenosis  

**C**  
- Coronary Artery Bypass Graft  
- Coronary Artery Disease  
- Cancer* – current/ TX within 5 years (exception, Basal & Squamous Cell Carcinomas [BCC & SCC])  
- Cardiac pacemaker – if inserted within last 3 months  
- Cardiomyopathy  
- Congestive Heart Failure (CHF)  
- Chronic pyelonephritis  

**D**  
- Dementia  
- Diabetes Mellitus (all Type I, Type II if onset under age 40)  
- Down’s syndrome  
- Dialysis  

**G**  
- Glomerulonephritis – chronic  

**H**  
- Heart Attack (MI, Myocardial Infarction)  
- Heart valve replacement  
- Hepatitis B (active case, chronic active disease, carrier state)  
- Hepatitis C (all, active, quiescent, seropositive, + blood test)  
- Human Immune Virus (HIV)  
- Huntington’s chorea  
- Hydrocephalus

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Cancer - Most cancers are not acceptable risks until after complete recovery for a period of five years after the end of treatment. However, some types of skin tumors and cancers can be considered for coverage on a standard rate. Benign skin tumors such as Solar keratosis, Keratoacanthoma and histocytomas can be rated standard. Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC), Bowen’s disease, subject to a maximum of four excisions, with complete resolution after treatment and regular skin checks can be rated standard. Pigmented lesions, Melanocytic nevus (Junctional, Dermal, Compound, Blue, Spita Spindle Cell) can be rated standard.

Atypical dysplastic nevus with no more than 10 present or removed and non-malignant or observed with no change for more than a year can be rated standard. Familial dysplastic nevus syndrome, well managed (skin checked by specialist every six months, photographic monitoring, no history of melanoma may be rated from +50 to +100 debits).

Malignant Melanoma is a single lesion of minimal thickness and completely removed may be accepted. An APS with pathology report will be required. Most malignant melanomas are heavily rated or declined for the first five years after removal.
Adult Build and BMI
AFBA/SStar Life follows build guidelines, including BMI, from Swiss Re.

Adult Build Table-Unisex
This table is for reference. The proposed insured’s overall health, medical history and total debits are reviewed for underwriting purposes. (Chart weight in pounds.)

<table>
<thead>
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Juvenile Build and BMI
This table is for reference. For juveniles younger than age 2, the overall health of the child is considered more strongly than build alone. (Chart height in inches, weight in pounds.)

Juvenile Build Table for Females

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Juvenile Build Table for Males

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<th>Max. Height</th>
<th>Min. Weight</th>
<th>Max. Weight</th>
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<tr>
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</tbody>
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BMI Classification for Juveniles
For children, BMI is used differently than with adults to account for body fat changes with age and gender as boys and girls mature. BMI age and gender specific growth charts, used for children and teens 2-20 years are available through the Center for Disease Control’s National Center for Health Statistics: www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm

CDC BMI Classification for Children
BMI based on CDC growth charts

- **< 5th percentile**
  - Underweight
- **5th percentile to < 85th percentile**
  - Normal weight
- **85th percentile to < 95th percentile**
  - At risk of overweight
- **> 95th percentile**
  - Overweight
**Lab Guidelines**

Total cholesterol is used only when HDL is not available. Determination for rating is Chol/HDL ratio. Your client may have cholesterol within the acceptable range but can be declined if the total cholesterol/HDL ratio exceeds the maximum level for acceptance.

**Cholesterol/HDL Ratio**

**Ages 18 - 65**

- **<8.0**
  - Standard

**Ages 18 - 44**

- **<8.0**
  - Standard to +25
  - +50 to +75
  - +150 to RMD

<table>
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<tr>
<th>Age Group</th>
<th>Cholesterol/HDL Ratio</th>
<th>Rating</th>
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</thead>
<tbody>
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<td>Ages 18 - 65</td>
<td>&lt;8.0</td>
<td>Standard</td>
</tr>
<tr>
<td>Ages 18 - 44</td>
<td>&lt;8.0</td>
<td>Standard to +25</td>
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<tr>
<td></td>
<td></td>
<td>+50 to +75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+150 to RMD</td>
</tr>
</tbody>
</table>

**Total Cholesterol**

**Under Age 45**

- **<120**
  - RMD
- **120 to 240**
  - Standard
- **241 to 299**
  - Standard to +25
- **300 to 350**
  - +50 to +75
- **>350**
  - RMD

**Ages 45-65**

- **<120**
  - RMD
- **120 to 240**
  - Standard
- **241 to 299**
  - Standard to +25
- **300 to 350**
  - +50 to +75
- **>350**
  - RMD

**Test Results**

- **Excellent Control** ≤ 7.0
- **Average Control** 7.1 - 8.5
- **Below Average Control** 8.6 - 10
- **Uncontrolled Decline** ≥ 10.0

Prostate Specific Antigen (PSA)

All males ages 45 and above are screened for prostate cancer using the PSA. Normal range is < 2.5 ng/ml.

Average Blood Sugar Level (HgA1c)

This is a test of the average blood sugar level over a period of approximately three months. A newly diagnosed diabetic with an HgA1c reading >7.0 will be postponed. An established diabetic will be considered on the basis of age and level of control.

HgA1c

- **Excellent Control** ≤ 7.0
- **Average Control** 7.1 - 8.5
- **Below Average Control** 8.6 - 10
- **Uncontrolled Decline** ≥ 10.0

If associated with smoking, mild to moderate cardiovascular disease, mild to moderate cerebrovascular disease, mild to moderate peripheral vascular disease then ratings are added and a co-morbid rate of approximately 50 debits is added.
## Blood Pressure Tables

### Blood Pressure Ages 18-44

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<tr>
<td>&lt; 88</td>
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<td>STD</td>
<td>+5</td>
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### Blood Pressure Ages 45-64

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<td>+40</td>
<td>+60</td>
<td>+85</td>
<td></td>
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</tr>
<tr>
<td>&lt; 88</td>
<td>STD</td>
<td>STD</td>
<td>STD</td>
<td>STD</td>
<td>+5</td>
<td>+10</td>
<td>+20</td>
<td>+30</td>
<td>+50</td>
<td>+75</td>
<td>+95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88–92</td>
<td>STD</td>
<td>+5</td>
<td>+10</td>
<td>+20</td>
<td>+35</td>
<td>+50</td>
<td>+70</td>
<td>+90</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93–97</td>
<td>+5</td>
<td>+25</td>
<td>+35</td>
<td>+50</td>
<td>+70</td>
<td>+85</td>
<td>+100</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>98–102</td>
<td>RMD</td>
<td>+75</td>
<td>+90</td>
<td>+100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>103–107</td>
<td>RMD</td>
<td>+75</td>
<td>+90</td>
<td>+100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Acronyms and Abbreviations
The following acronyms and abbreviations are commonly used in the life insurance industry and by AFBA underwriters.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>Additional Information</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>OSA</td>
<td>Obstructive Sleep Apnea</td>
</tr>
<tr>
<td>ASCAD</td>
<td>Atherosclerotic Carotid Artery Disease</td>
</tr>
<tr>
<td>ASHD</td>
<td>Atherosclerotic Coronary Artery Disease</td>
</tr>
<tr>
<td>APS</td>
<td>Attending Physician Statement (applicant’s medical records)</td>
</tr>
<tr>
<td>AUTH</td>
<td>Authorization</td>
</tr>
<tr>
<td>AW</td>
<td>Await (medical, inspection, lab, etc.)</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>CA</td>
<td>Cancer</td>
</tr>
<tr>
<td>CABG</td>
<td>Coronary artery bypass graft</td>
</tr>
<tr>
<td>CAD</td>
<td>Coronary Artery Disease</td>
</tr>
<tr>
<td>Chol</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>Chol/HDL</td>
<td>Cholesterol HDL ratio</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease (asthma, chronic bronchitis, emphysema)</td>
</tr>
<tr>
<td>CVA</td>
<td>Cerebrovascular Accident (stroke)</td>
</tr>
<tr>
<td>Decl.</td>
<td>Decline</td>
</tr>
<tr>
<td>DM</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>DUI</td>
<td>Driving under the influence (can apply to alcohol or drugs)</td>
</tr>
<tr>
<td>DWI</td>
<td>Driving while intoxicated</td>
</tr>
<tr>
<td>EKG (ECG)</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>EMSI*</td>
<td>Examination Management Services, Inc.</td>
</tr>
<tr>
<td>ER</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>FU</td>
<td>Follow Up</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>GU</td>
<td>Genitourinary</td>
</tr>
<tr>
<td>HDL</td>
<td>High Density Lipoprotein</td>
</tr>
<tr>
<td>HIPAA**</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
</tbody>
</table>

* EMSI – Examination Management Services, Inc.
  Contracted paramedical company - [www.emsinet.com/Home.aspx](http://www.emsinet.com/Home.aspx)

** HIPAA - Health Insurance Portability and Accountability Act
In 1996, the Health Insurance Portability and Accountability Act or the HIPAA was endorsed by the U.S. Congress. The HIPAA Privacy Rule, also called the Standards for Privacy of Individually Identifiable Health Information, provided the first nationally-recognizable regulations for the use/disclosure of an individual’s health information. Essentially, the Privacy Rule defines how covered entities use individually-identifiable health information or the PHI (Personal Health Information). ‘Covered entities’ is a term often used in HIPAA-compliant guidelines. The definition of a covered entity is specified by [45 CFR § 160.102] the Privacy Rule. A covered entity can be a:
- Health plan
- Healthcare clearinghouse
- Healthcare provider

Overview of the Privacy Rule
- Gives patients control over the use of their health information
- Defines boundaries for the use/disclosure of health records by covered entities
- Establishes national-level standards that healthcare providers must comply with
- Helps to limit the use of PHI and minimizes chances of its inappropriate disclosure
- Strictly investigates compliance-related issues and holds violators accountable with civil or criminal penalties for violating the privacy of an individual’s PHI
- Supports the cause of disclosing PHI without individual consent for individual healthcare needs, public benefit and national interests
MIB Group, Inc. (MIB)
MIB was established in 1902 to prevent fraud and anti-selection by life insurance applicants. It provides the exchange of confidential, coded medical and non-medical information between insurance companies. Using the applicant’s name, date of birth, place of birth, and occupation a data base search is conducted. Information is reported to MIB only when a person applies for insurance and only if it meets the strict reporting criteria of MIB. Significant health conditions, abnormal laboratory tests or special studies such as an ECG or Echocardiogram are coded to identify the condition and the source of the information.

An insurer receiving a positive response to its search request must conduct its own investigation to verify the coded information in the MIB report. If a condition previously reported has been treated or a new test shows a favorable result the insurer must report that information to MIB. Underwriters are not allowed to make a decision based on the coded information in an MIB report. The final underwriting action, whether it is issue standard, issue rated or declined, is never reported to MIB and is not available on a MIB search.
PAYMENT METHODS

Bank Draft “Checkmatic”
Credit Card
Sample Checkmatic Authorization Form
Sample Credit Card Authorization Form
Federal/Military Allotment
Payroll Deduct
List Bill
Direct Bill
We offer a number of methods that make it easy for the payor to submit contributions. However, not all methods are accepted for all products. Please confirm before submitting (see chart on page 27).

A recurring payment method is preferred such as Checkmatic, credit card, or federal/military allotment. Recurring payments can be processed out of a checking/savings account or charged to a debit/credit card. There is no additional fee for this process and no initial contribution is required at the time of application.

**Bank Draft “Checkmatic”**
An initial contribution is not required for the monthly Checkmatic pay method, however the AFBA/5Star Checkmatic Authorization Form (see page 40) must be completed and submitted with the enrollment form. The payor’s bank account will be charged for the initial contribution payment.

When filling in the bank information, the bank ABA/routing number is located on the lower left hand side of the check. The account number is located in the middle section at the bottom of the check.

**Credit Card**
An initial contribution is not required for the monthly credit card pay method; however the AFBA/5Star Credit Card Authorization Form (see page 41) must be completed and submitted with the enrollment form. The payor’s credit card will be charged for the initial contribution. The credit card statement will show the charge as AFBA.

The AFBA/5Star Credit Card and the Checkmatic Authorization Forms are very similar except for the financial information. They contain many of the same sections and both need to be filled out completely. **Only Visa or MasterCard is accepted.**

**Choosing the Draft Date**
The initial draft date, or certificate effective date, can be selected using the Requested Eff/1st Draft Date box at the top right corner of the forms. Use the 2 digit month, 2 digit day and 4 digit year format. This date is required if you want to future date the certificate.

- Checkmatic bank draft can be debited from your account on any day of the month except the 29th, 30th, or 31st.
- The “Day of Deduction” field on the form must be in 2 digit day format. If this field is left blank, the certificate will draft immediately upon issue.
- If the certificate is issued after the Day of Deduction requested on the form, it will default to the selected date the following month. For example, if the applicant selects “15” as the draft day and we issue the certificate on July 17, 2015, the first draft date will be August 15, 2015.
- If the first contribution is submitted with the enrollment form, the certificate will become effective upon the certificate issue date and future drafts will be on the day of the month selected in the Day of Deduction area.

[TRAINING CLIP](https://www.afba5starlife.com/Presentations/AFBAT02CheckmaticCCForms/)
AFBA/5Star Life Checkmatic Authorization Form
Electronic Funds Transfer

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Checkmatic:

1. Applicant/Insured's SSN:

2. Applicant/Insured's SSN:

3. Applicant/Insured's SSN:

4. Applicant/Insured's SSN:

5. Applicant/Insured's SSN:

6. Applicant/Insured's SSN:

7. Applicant/Insured's SSN:

8. Applicant/Insured's SSN:

Payor's name as it appears on bank account. (Must be completed):

Last Name

First Name

Middle Name

Payor's SSN:

Address of Payor

Address Line 1

Address Line 2

City

State

Zip

Bank ABA No.* (First 9 digits on bottom left of check):

Checking Savings

Account Number**:

Bank's Name and Address:

I authorize AFBA/5Star Life to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction specified is greater than 28, AFBA/5Star will automatically default initial and subsequent debit entries to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand that processing at my financial institution may result in the debit entry transaction being completed on a date different than specified above. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is less than or equal to the amount due for my monthly payment. I also understand that the amount will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium charged due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5Star Life to debit my account equal to the amount in arrears. I understand that I or my authorized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBA/5Star Life in writing with at least 10 days advance notice before the next deduction is taken.

Payor's Signature

Date

*IMPORTANT: This service is available to members with checking accounts in most U.S. banks, credit unions and savings banks. The account must be in U.S. dollars. To start Checkmatic we must have your bank routing number and account number. These are printed on your checks. 6/14

Please detach and keep this portion for your records.

I authorize AFBA/5Star Life to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction specified is greater than 28, AFBA/5Star will automatically default initial and subsequent debit entries to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand that processing at my financial institution may result in the debit entry transaction being completed on a date different than specified above. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is less than or equal to the amount due for my monthly payment. I also understand that the amount will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium charged due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5Star Life to debit my account equal to the amount in arrears. I understand that I or my authorized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBA/5Star Life in writing with at least 10 days advance notice before the next deduction is taken.

Checkmatic Form R2014

Admin Office: 903 North Washington Street, Alexandria, Virginia 22314 • 1-800-776-2322 • www.afba.com

6/14 (8/14)
AFBA/5Star Life Credit Card Authorization Form

Requested Eff/1st Draft Date (MMDDYYYY) (Must be less than 30 days from sign date.)
(For Final Expense use only)

List all Applicant/Insured’s SSNs whose insurance coverage will be paid with this Credit Card:
1. Applicant/Insured’s SSN: __________________________
2. Applicant/Insured’s SSN: __________________________
3. Applicant/Insured’s SSN: __________________________
4. Applicant/Insured’s SSN: __________________________
5. Applicant/Insured’s SSN: __________________________
6. Applicant/Insured’s SSN: __________________________
7. Applicant/Insured’s SSN: __________________________
8. Applicant/Insured’s SSN: __________________________

Payor’s name as it appears on credit card. (Must be completed):
Last Name: __________________________
First Name: __________________________ Initial: ____________________

Billing Address:
Address Line 1: __________________________
Address Line 2: __________________________
City: __________________________ State: __________ Zip: __________

Only Visa/MasterCard Accepted

Credit Card Account Number: __________________________ Exp Date: __________________________

Authorization Code (3 digit number found on the back of your card after your account number): __________________________
Day of Deduction (01-28)
200, 3W, 4W - Final Expense Only

I authorize AFBA/5Star Life to charge my credit card as indicated above. I understand that AFBA/5Star Life will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. The life insurance coverage applied for will not become effective until approved and upon receipt of all monies due. If the Day of Deduction specified above is greater than 28, AFBA/5Star Life will automatically default initial and subsequent charges to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5Star Life to charge my credit card equal to the amount in arrears. This agreement will remain in effect until AFBA/5Star Life cancels it upon notice to me, or I notify AFBA/5Star Life in writing at least 10 days in advance to cancel it.

Cardholder’s Signature: __________________________ Date: __________________________

Please detach and keep this portion for your records.

I authorize AFBA/5Star Life to charge my credit card as indicated above. I understand that AFBA/5Star Life will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. The life insurance coverage applied for will not become effective until approved and upon receipt of all monies due. If the Day of Deduction specified above is greater than 28, AFBA/5Star Life will automatically default initial and subsequent charges to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5Star Life to charge my credit card equal to the amount in arrears. This agreement will remain in effect until AFBA/5Star Life cancels it upon notice to me, or I notify AFBA/5Star Life in writing at least 10 days in advance to cancel it.

Federal/Military Allotment
Federal employees and members of the military can make contributions for their life insurance directly from their government payroll or military allotment process.

Payroll Deduct
If an employer allows, contributions can be made through payroll deduction. This process is done through FirstNet and a $2.00 monthly per payor fee will apply. FirstNet sign-up forms and agent instructions can be downloaded from Salesforce.

List Bill
If the employer or group administrator is willing to manage contributions, the group can be invoiced via list bill and paid by one check on a monthly basis. The account and group id number must be set up prior to any sales and enrollment forms being submitted. The list bill enrollment form can be downloaded from SalesForce.

Direct Bill
Quarterly, semi-annual, or annual contributions can be made via direct bill. The contribution submitted with the enrollment form must match the payment mode selected. For example, an applicant who selects quarterly bill contribution mode must send a check for the quarterly contribution amount along with the enrollment form.

Payment methods accepted by product

<table>
<thead>
<tr>
<th>Product</th>
<th>Checkmatic/Creditcard</th>
<th>Federal/Military Allotment</th>
<th>Payroll Deduction</th>
<th>List Bill</th>
<th>Direct Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fed Term Group Level Term</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>First Protect Group Level Term</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Better Alternative Group Level Term</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Children’s Protect Group Level Term</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
EASE OF DOING BUSINESS

Business Made Easy
Submitting Enrollment Forms
Business Made Easy
With the member and agent in mind, the features and processes of our programs make doing business with us easy.

- Commissions paid daily via EFT. Annualized commission advances available for certain products.
- In most instances, a simplified enrollment form is used. Enrollment forms can be mailed, faxed, or uploaded.
- For most ages and coverage amounts, simplified underwriting is used needing only a Statement of Health.
- Coverage auto-issues if all information is complete and no additional information or underwriting is needed.
- An agent support customer service team is available to answer phone inquiries.
- A full range of marketing collateral and training material on product and processes is accessible online.

Manage your business 24/7 with full access to placed and pending business, automated email notifications, communications, commission statements, and many additional reports.

Submitting Enrollment Forms
Scanning and Uploading Enrollment Forms
A quick and easy way to submit new business to AFBA is through scanning and uploading enrollment forms via the Salesforce agent portal.

If you submit an enrollment form prior to noon central standard time, your business will be transferred from our vendor to AFBA within 24-48 hours. However, there will be a delay for incomplete forms; they will be routed to an exception queue and you will be contacted by our Agent Support Team for the missing information.

Scan Process:
1. Create a folder on your hard drive that will always be used to store scanned and submitted enrollment forms.
2. Scan the batch of enrollment forms (no limit when scanning) in page order for each client and same orientation. Be sure to scan any attachments directly after the referenced enrollment form, followed by the payment form, if applicable.
3. Save each file of enrollment forms as a PDF or TIF using this naming convention: AGENT NUMBER - MMDD-HHMM (i.e. AVA01-0701-1215).

Each enrollment form must be uploaded as one document. Do not save and upload each page as a separate document.

Upload Process:
1. Log into Salesforce and select the Application Upload tab.
2. Enter your e-mail address and your agent ID and then select Choose Files.
3. Locate and select the file on your computer, then click Open to position the file for upload. You can only select one file at a time. Please repeat these steps to upload additional files.
4. When ready to submit the enrollment form(s) to AFBA for processing, click the Upload button.
5. A green message box stating: “Enrollment forms uploaded successfully” will appear on the screen.
Faxing Enrollment Forms
1. Set your fax machine to the correct settings:
   User ID: Your Fax Number
2. Place enrollment form(s) in the correct order:
   1. Enrollment form
   2. Replacement Form (if applicable)
   3. Any additional documentation
   4. Authorization Form
3. Fax your enrollment form(s) without a cover sheet to 1-888-919-4227. This number is reserved for enrollment form submissions only – do not submit duplicates or changes to this number. Any additional new business requirements or general correspondence should be faxed to 703-549-0593.

Mailing Enrollment Forms
Send enrollment forms along with other required forms to the AFBA Home Office.
AFBA
909 N. Washington Street
Alexandria, VA 22314

If submitting contributions (in the form of a personal check) with the enrollment form, you must send the enrollment form via mail.
CERTIFICATE PROVISIONS

Delinquency and Lapse
Re-writes
Increases/Decreases
Exclusions (Suicide)
CERTIFICATE PROVISIONS

Delinquency and Lapse
Certificates will lapse due to non-receipt of payment. If a certificate is set up to automatically draft contributions from the payor’s bank account or credit card and the initial or recurring draft fails, you will receive an email notification. The certificate owner will be notified by letter of the failed attempt and reason for failure. The certificate will be placed on monthly direct billing and a bill mailed to the certificate owner’s address of record. Certificate holders may contact Customer Service to be placed back on automated bank draft or credit card or submit a new payment form.

Certificate holders can also make a one-time credit card (Visa or Mastercard) payment over the phone via our self-service menu. This feature is currently limited to customers with only one certificate in force and is not intended to replace systematic payments via Checkmatic or automatic credit card draft. The certificate owner must submit delinquent contributions or the certificate will lapse at the end of the grace period.

Re-writes
Agents are not allowed to re-write a client with a lapsed certificate within 12 months of certificate termination. Clients may reinstate their lapsed certificate without evidence of insurability within 6 months of certificate lapse provided they request reinstatement by phone to Customer Service or in writing and pay the certificate current.

Increases/Decreases
To Increase
- An existing certificate can be increased if a written request from the certificate owner is received within the first 30 days from date the certificate was issued by AFBA. The difference in back contributions from the original draft is due at the time of the increase.
- Increases beyond the first 30 days require a new enrollment form. Certificate increases are then handled with an additional certificate.

To Decrease
- A certificate decrease can be made at any time with a signed written request from the certificate owner or email from the certificate owner to include the insured’s date of birth and last 4 digits of SSN.

Exclusions (Suicide)
If the insured commits suicide, while sane or insane, within 2 years from Effective Date of Issue, AFBA will pay in place of all other benefits an amount equal to the contributions paid. State specific requirements apply. Consult your state department of insurance for specifics related to suicide exclusions.
COMPLIANCE

Replacements
Replacements*
It is company policy, and important agent practice, to never replace existing life insurance unless the new coverage is clearly in the applicant’s best interest.

From a state law standpoint, a “replacement” occurs when a new certificate or contract is purchased and, in connection with the sale, the individual discontinues making contributions on the existing certificate or contract, or an existing certificate or contract is surrendered, forfeited, assigned to the replacing insurer, or insurance coverage otherwise terminated to facilitate acquiring new insurance coverage. What constitutes a replacement varies by state, making it essential that you know the definition of a replacement where you do business.

When a replacement is warranted, you must follow the replacement procedures required in your state. If you have any questions, please contact the Agent Support department.

The following procedures must be followed when a replacement is initiated:

<table>
<thead>
<tr>
<th>If the applicant has...</th>
<th>and he/she...</th>
<th>in this state or territory...</th>
<th>replacement requirement is...</th>
<th>application step is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>No existing policies</td>
<td></td>
<td></td>
<td></td>
<td>Move ahead with taking application</td>
</tr>
<tr>
<td>KY, KS</td>
<td></td>
<td>No replacements accepted</td>
<td>Move ahead with taking application only if applicant intends to keep as an additional policy</td>
<td></td>
</tr>
<tr>
<td>AK, AL, AR, AZ, CO, IA, LA, MD, ME, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WI, WV</td>
<td>Replacement form required even if applicant does not intend to replace existing policy</td>
<td>Move ahead with taking application and complete the following steps: 1. Present and read to the applicant at the time of taking the application, the applicable Notice of Replacement. 2. Form must be signed by agent and applicant. 3. Collect name, policy, and address of insurer. 4. Instruct the applicant not to terminate other coverage until new policy is received. 5. Leave copy of the Notice with the applicant. 6. Submit copy of Notice along with application package. Application will be pended until form is received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not intend to replace</td>
<td>All other states</td>
<td>No replacements accepted</td>
<td>Move ahead with taking application</td>
<td></td>
</tr>
<tr>
<td>KY, KS</td>
<td></td>
<td>No replacement requirements</td>
<td>Move ahead with taking application</td>
<td></td>
</tr>
<tr>
<td>CT, DC, ND, American Samoa, Guam, Northern Mariana Islands, and the U.S. Virgin Islands.</td>
<td>All other states</td>
<td>Use state specific</td>
<td>Move ahead with taking application and complete the following steps: 1. Present and read to the applicant at the time of taking the application, the applicable Notice of Replacement. 2. Form must be signed by agent and applicant. 3. Collect name, policy, and address of insurer. 4. Instruct the applicant not to terminate other coverage until new policy is received. 5. Leave copy of the Notice with the applicant. 6. Submit copy of Notice along with application package. Application will be pended until form is received.</td>
<td></td>
</tr>
<tr>
<td>Does intend to replace</td>
<td>CA, DE, FL, GA, HI, ID, IL, IN, MA, MI, MN, MO, NV, OK, PA, TN, SD, WA, WY</td>
<td>Use standard replacement</td>
<td>All other states</td>
<td></td>
</tr>
</tbody>
</table>

*Procedure and definition based on NAIC Model Laws, Regulations and Guidelines.

Rule XLII of the Regulations of the Insurance Commissioner of Puerto Rico requires a “Notice to the Insured” be provided to the applicant no later than at point of sale.
The following have not, as of this date, adopted the Replacement requirements: American Samoa, CT, District of Columbia, Guam, ND, PR (requires a notice be provided to the applicant at point of sale), Northern Mariana Islands, and the U.S. Virgin Islands.

Always consult your state Department of Insurance for details regarding your specific replacement requirements.

To complete the replacement process, please use the following forms:

<table>
<thead>
<tr>
<th>State</th>
<th>Replacement Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>REPLMNT Form R1210-CA</td>
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<tr>
<td>DE</td>
<td>REPLMNT Form R1210(A)-DE</td>
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<tr>
<td>FL</td>
<td>REPLMNT Form R1210-FL</td>
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<tr>
<td>GA</td>
<td>REPLMNT Form R1210-GA</td>
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<tr>
<td>ID</td>
<td>REPLMNT Form R1210-ID</td>
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<tr>
<td>IL</td>
<td>REPLMNT Form R1210(A)-IL</td>
</tr>
<tr>
<td>IN</td>
<td>REPLMNT Form R1210(A)-IN</td>
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<tr>
<td>MA</td>
<td>REPLMNT Form R1210-MA</td>
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<tr>
<td>MI</td>
<td>REPLMNT Form R1210(A)-MI</td>
</tr>
<tr>
<td>MN</td>
<td>REPLMNT Form R1210(A)-MN</td>
</tr>
<tr>
<td>MO</td>
<td>REPLMNT Form R1210(A)-MO</td>
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<tr>
<td>NV</td>
<td>REPLMNT Form R1210-NV</td>
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<tr>
<td>OK</td>
<td>REPLMNT Form R1210-OK</td>
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<tr>
<td>PA</td>
<td>REPLMNT Form R1210-PA</td>
</tr>
<tr>
<td>SD</td>
<td>REPLMNT Form R1210(A)-SD</td>
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<tr>
<td>TN</td>
<td>REPLMNT Form R1213-TN</td>
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<tr>
<td>WA</td>
<td>REPLMNT Form R1210-WA</td>
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<tr>
<td>WY</td>
<td>REPLMNT Form R1210-WY</td>
</tr>
</tbody>
</table>

TRAINING CLIP
Top 6 Compliance Issues
www.afba5starlife.com/Presentations/AFBAT10Top6ComplianceIssues/
SALES PRACTICES

Best Practices
Prohibited Practices
Licensing and Contracting
Insurable Interest
Advertising/Sales Literature
Sample Approval of Advertising Request Form
Best Practices
As an insurance agent for AFBA, you agree to:

- Comply with our Ethical Code of Market Conduct in all aspects of sales and service with clients.
- Present the appropriate insurance product, the adequate level of coverage, and quote contributions that will satisfy the needs of your client.
- Clearly explain ALL product provisions at the point of sale. If an omission of fact is discovered, you lose credibility, or may even lose the sale, or create problems you will need to address after the sale.
- Ensure your client understands the product. Work with the applicant until you are confident they are making an informed decision.
- Review the enrollment form and all required forms for accuracy.

Some Tips
- No one other than the applicant may answer the Statement of Health questions.
- No one other than the applicant may sign the enrollment form.
- If an error is made on the enrollment form, cross it out (do not use white-out) and both you and the applicant must initial it.
- Accurately reflect the date and state where the enrollment form is signed. If the state of residence does not match the state where the enrollment form is signed, the certificate may not issue.
- Verify the status of your license. You must be an appointed agent with AFBA before submitting business.
- Bottom line: if you are honest with your clients you will earn their respect and probably obtain referrals to friends and relatives. What better way to get additional business.

Customer Value and Agent Integrity
In a recent LIMRA study, 75 percent* of middle market consumers said they want an advisor who can educate, listen and develop trust. This is a message to all agents – being honest and professional is the only way to win the trust and confidence of your clients. In the long run it is a win/win situation.

Professionalism
In your sales and solicitation activities, a professional manner should be maintained and care should be taken in the manner in which you address your prospects and clients. Always make a positive impression.

Prohibited Practices
Violations could lead to disciplinary action and may include termination of contract with cause and require reporting these actions to the corresponding department of insurance.

- Paying a client for his or her business.
- Convincing a prospect to let a certificate lapse or to surrender a certificate to sell a new certificate that is not in the best interest of the prospect.
- Convincing a prospect to replace a certificate with a new certificate from the same company, which is not in the best interest of the prospect.
- Making statements or presenting misleading or false information to the prospect.
- Entering false information on an enrollment form.
- Altering an enrollment form after it's been signed without the applicant authorizing the change by initialing it (e.g. cross-out, do not white-out).
- Holding contributions for an unreasonable length of time. Contributions should be submitted to AFBA at the earliest opportunity.

Licensing and Contracting
You must be licensed in the state and appointed by 5Star Life Insurance Company prior to taking an enrollment form, and you must identify that location on the enrollment form.

Insurable Interest
The owner and beneficiary of a certificate must have an insurable interest in the certificate because of either their family relationship to the insured or the potential for economic loss upon the death of the insured. Insurable interest falls within two categories: 1) “love and affection” which generally requires a familial relationship; or 2) “economic loss” where the death of the insured results in an economic loss to the interested person, such as the death of an employee resulting in a loss to an employer or death of a borrower resulting in a loss to the lender.

If the person taking out the insurance is outside the above mentioned categories, the Insurable Interest Information form must be filled out and returned to AFBA’s Compliance Department for review and approval. 5Star accepts individuals and common trusts as beneficiaries, but not corporations, partnerships, investment trusts, or similar entities. The form is available on Salesforce and should be submitted to mhunt@afba.com.

Advertising/Sales Literature
You are required to obtain prior approval on all advertising and sales material that mentions or promotes any AFBA or 5Star Life products or services.

This includes, but is not limited to: brochures, letters, flyers, newspaper ads, circulars, faxes, business cards, recruiting pieces, radio, television, or any other medium used to communicate with the public.

Please use the Approval of Advertising Request Form in Salesforce to submit material.
APPROVAL OF ADVERTISING REQUEST FORM

To: Regional Operations & Compliance Department
From: Date:

1. Describe the material for which you are requesting approval:

2. Which product(s) are being advertised? (Check all that apply)  □ Better Alternative (Military)  □ 5Star Level Term

3. What markets will the materials be used for? (Check all that apply)
   □ Military  □ Federal Government Employee  □ First Responders  □ Local/State or Municipal
   □ Other/Explain

4. How will the material be circulated? (Check all that apply)
   □ Magazine  □ Newspaper (describe)  □ Meeting/Seminar  □ Flyer/Stuffer/Postcard
   □ Direct Mail  □ Brochure  □ Other
   Describe Circulation:

5. In which state(s) will the material be distributed?

6. Approximate number of pieces to be printed/distributed/mailed?

7. Initial distribution date:

8. Are you offering an incentive to respond?  □ Yes  □ No  □ If yes, what?

9. Do you have a scripted sales presentation?  □ Yes  □ No  □ If yes, please attach a copy.

10. Are you willing to allow AFBA and 5Star Life to share your approved ads with other RSDs & FSRe?  □ Yes  □ No

FOR HOME OFFICE USE:  Ad Compliance #  Date Received:

Reviewed by: Regional Operations V.P. Compliance
Comments:

Comments Returned to: Date:

Final Copy: □ Approved  □ Approved w/ Revisions  □ Disapproved

Life insurance products underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company) with an administrative office at 600 North Washington Street, Alexandria, VA 22314 • 1-800-776-2322

Approval of Advertising Request Form R714
TOP TIPS TO REMEMBER
1. Ensure that customers are presented with the insurance product appropriate for their needs.

2. You must be licensed in the state and appointed by 5Star Life prior to taking the enrollment form, and you must identify that location on the enrollment form.

3. Use the correct enrollment form. The enrollment form must be the current version approved for use in the state where solicitation is to occur and it must be signed by the applicant.

4. Do not use white out (liquid paper/correction fluid) on any part of the enrollment form.

5. Fill out the enrollment form and all forms completely and accurately to ensure faster processing.

6. Do not say “see attached” or “see company files”. Do not refer to any other source because the “other source” doesn’t become part of the contract. You can attach a cover letter to explain unusual situations or provide more details regarding occupation or duties. Do not leave any questions blank, nor answered with N/A, or use abbreviations such as Y for yes and N for no.

7. At least one beneficiary for each applicant is required to process the enrollment form. Print all information, name, address, beneficiary and relationship to the insured. Use complete first and last name, for example, Mary Smith, not Mrs. Smith or Mrs. John Smith. If additional beneficiaries are desired, applicant can complete a separate sheet to be attached to the enrollment form.

8. It is not advisable to name a minor child as a beneficiary, unless a trustee or guardian has been established. In those situations, the child can be named beneficiary with the proceeds paid to the named trustee or guardian. Naming a person as an irrevocable beneficiary gives that person rights to the policy and if the insured wishes to change the named beneficiary, the person named as the irrevocable beneficiary must agree to the change.

9. Certain states require a replacement form to be presented, signed and submitted with the enrollment form even if the applicant is not replacing coverage with another company. Consult your state department of insurance for details regarding your specific replacement requirements.

10. The agent, the applicant and the owner, if other than the applicant must initial ALL changes.

11. Applicants age 18 or older must sign their own enrollment form even if they are applying for dependent coverage.

12. Enrollment forms submitted with contributions in the form of a personal check cannot be faxed for processing and must be mailed to the home office.

13. Check amount must match the contribution mode selected. For example, if applicant chooses quarterly pay mode, then initial check must be submitted for quarterly contribution amount.

14. Money orders or cashier checks are not accepted for monthly bill pay mode.

15. You are required to obtain prior approval on all advertising and sales material you create that mention or promote any AFBA products or services.

16. Don’t forget to write “88” for Agent Level on all Group Level Term enrollment forms and “15” for Agent Level on all First Protect Group Level Term enrollment forms.

17. Complete the Agent Certification portion of the enrollment form.
TRAINING
As part of our continued training support, we offer a series of training video clips to help you understand our products and processes so marketing, selling, and submitting new business is fast and efficient. All training materials can be accessed through the SalesForce agent portal by selecting the tab labeled Training.

Currently available:

- Completing Checkmatic and Credit Card Forms  
  www.afba5starlife.com/Presentations/AFBAT02CheckmaticCCForms/

- Completing Emergency Service Personnel & Government Enrollment Forms  
  www.afba5starlife.com/Presentations/AFBAT04CompletingESP_GovtForms/

- Completing Group Level Term Enrollment Forms  
  www.afba5starlife.com/Presentations/AFBAT06CompletingGTermEnrollmentForm/

- Contract Submission and Processing for MGAs, IMOS, and NMOs  
  www.afba5starlife.com/Presentations/T04NewAgentContractSubmission/

- Faxing an Application  
  www.afba5starlife.com/Presentations/AFBAT01FaxAnApp/

- How to Navigate the Salesforce Agent Portal  
  www.afba5starlife.com/Presentations/AFBAT08SalesforceAgentPortal/

- How to Read the Commission Statement  
  www.afba5starlife.com/Presentations/AFBAT09AgentCommissionStatements/

- Insurable Interest  
  www.afba5starlife.com/Presentations/AFBAT16InsurableInterest/

- Life Insurance Facts - What Consumer Studies Tell Us  
  www.afba5starlife.com/Presentations/AFBAT22LifeInsuranceFacts/

- SalesForce Agent Portal New Reports  
  www.afba5starlife.com/Presentations/AFBAT19SalesforceAgentPortalReports/

- Scanning and Uploading Your Enrollment Forms  
  www.afba5starlife.com/Presentations/AFBAT07Scan_UploadEnrollmentForm/

- Top 6 Compliance Tips  
  www.afba5starlife.com/Presentations/AFBAT10Top6ComplianceIssues/

Not all training modules apply to your individual contract. Check your Schedule of Commissions to confirm what products you are contracted to market.
CONTACTING US
If you have any questions, we are here to help. Our Agent Support representatives can be reached Monday through Friday from 8:30 a.m. to 5:30 p.m. eastern time at **1-800-776-2322** or email **fsrinfo@afba.com**. If all team members are busy, you may leave a message and someone will return your call.

**New Business Enrollment Forms Fax**
1-888-919-4227

**General Correspondence Fax**
For general inquiries regarding pending or active certificates, outstanding requirements or supply requests, we have a fax line dedicated to these requests: **703-549-0593** or email **fsrinfo@afba.com**.