



Income Continuation Term Fact Sheet

Policy Form #ICC16ICTPUECS16

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PRODUCT DESCRIPTION	Term insurance with the death benefit payable monthly for a predetermined benefit payment period.	
PREMIUM GUARANTEE (Base Policy Only)	For the 2, 3, and 5 year benefit payout options, premiums are level for the first 10 years, then increase in 5 year increments to age 65, and then increase annually to age 70. For the to-age-70 payout option, premiums are expected to remain level to age 65 (and are guaranteed to remain level for the first 10 years), then increase annually to age 70.	
ISSUE AGES	18 - 55 age last birthday.	
MONTHLY BENEFIT AMOUNTS	\$500 - \$30,000 per month payable to the beneficiary. Available in \$500 increments. A portion of the monthly benefit payments may be taxable.	
BENEFIT PAYMENT PERIODS	Owner elects a payment period of 2, 3 or 5 years or to the insured's age 70 or a single lump sum.	
BILLING OPTIONS & PREMIUM MODES	<ul style="list-style-type: none"> Direct Bill: Annual; Semi-Annual; Quarterly EFT: Annual; Semi-Annual; Quarterly; Monthly Credit Card: Annual; Semi-Annual; Quarterly; Monthly Initial premium payment can be made by credit card. Initial premium must be made before the policy will be issued. Annual \$100 policy fee 	
UNDERWRITING	<p><u>Simplified Issue*</u> Monthly Benefit Amounts: \$500 - \$10,000</p> <p>Total Benefit (sum of monthly payments + Lump Sum Benefit Rider) must be less than \$250,000**</p> <p>Issue Ages: 18 - 55</p> <p>All "No" Answers to application medical questions</p> <p>Classifications:</p> <ul style="list-style-type: none"> Simplified Issue Non-Tobacco (no tobacco or nicotine products within last 12 months) Simplified Issue Tobacco Sub-Standard (tables A to P) 	<p><u>Fully Underwritten</u> Monthly Benefit Amounts: \$500 - \$30,000</p> <p>Total Benefit (sum of monthly payments + Lump Sum Benefit Rider) is \$250,000 or greater</p> <p>Issue Ages: 18 - 55</p> <p>Classifications:</p> <ul style="list-style-type: none"> Preferred Non-Tobacco (\$250,000 minimum) Standard Non-Tobacco (no tobacco or nicotine products within last 12 months) Standard Tobacco Sub-Standard (tables A to P)

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<p>CONVERTIBILITY</p>	<p>The product is convertible prior to the 10th anniversary of the policy. Simplified Issue policies will be converted to a Simplified Issue permanent product, and fully underwritten will be converted to a fully underwritten permanent product.</p>
<p>OPTIONS (additional cost)</p>	<ul style="list-style-type: none"> • Inflation Protection Feature: the monthly benefit increases by 3% on every policy anniversary. • Additional Lump Sum Benefit Rider: provides a lump sum payment upon insured's death, issue ages 18-55, available in amounts from \$10,000 - \$500,000 (If the base policy is rated the same rating will apply to this rider). Premiums are guaranteed for the first 10 years, and increase in 5 year increments thereafter. This Rider is convertible to Whole Life. • Waiver of Premium Benefit Rider: waives premiums on the base policy and riders if the insured becomes totally disabled. Insured must be disabled for a continuous period of 180 days. Provides coverage through age 65; if insured is totally disabled at age 65, coverage extends to age 70.
<p>APPLICATION PACKET</p>	<p>Application- ICC16-U-APPICTECS16 Aviation Questionnaire- ICC16-U-QUEAVIECS16 Avocation Questionnaire- ICC16-U-QUEAVOEC16 Replacement Notices and other state-specific disclosure forms may be required depending on the state. Please see the attached Forms Chart. The state-specific application kits on the agent portal include required forms for that state. Please also consult the Replacement Guidelines posted on the portal.</p>

* Simplified Issue will be evaluated based on height/weight, answers to the medical questions, MIB & prescription history. If a decision cannot be made based off those requirements, the case will be withdrawn. If the case is withdrawn and the proposed insured wants further reconsideration, they can provide the needed medical requirements at no expense to the company. If additional underwriting is required on a Simplified Issue application, the applicant will still receive Simplified Issue premium rates, as applied and if approved sub-standard, Tables A - P may be applied.

**When simplified underwriting is used, the maximum combined coverage is \$350K: Income Continuation Term, Final Expense, Simple Issue Term, Simple Issue Whole Life, Senior Life, and 10 Year Term Rider.

Refer to the policy for applicable exclusions and limitations. You must disclose all limitations and exclusions to the client. Not available in all states.

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Build Chart Simplified Issue

Simplified Issue Unisex Build Chart		
Height	Minimum Weight (lbs)	Maximum Weight (lbs)
4'8"	72	174
4'9"	75	181
4'10"	78	187
4'11"	81	193
5'0"	84	201
5'1"	86	207
5'2"	90	215
5'3"	93	223
5'4"	96	229
5'5"	98	236
5'6"	101	243
5'7"	104	250
5'8"	107	257
5'9"	110	265
5'10"	113	271
5'11"	116	279
6'0"	120	287
6'1"	124	295
6'2"	127	302
6'3"	131	312
6'4"	134	317
6'5"	137	325
6'6"	141	334
6'7"	145	341
6'8"	148	349
6'9"	152	358
6'10"	N/A	N/A
6'11"	N/A	N/A

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Build Chart Fully Underwritten

Fully Underwritten Unisex Build Chart		
Height	Preferred (max weight)	Standard (max weight)
4'8"	140	149
4'9"	145	154
4'10"	150	160
4'11"	155	165
5'0"	158	172
5'1"	163	178
5'2"	168	183
5'3"	174	190
5'4"	179	195
5'5"	185	202
5'6"	191	208
5'7"	197	215
5'8"	203	221
5'9"	209	228
5'10"	215	234
5'11"	221	241
6'0"	228	249
6'1"	234	255
6'2"	241	263
6'3"	247	269
6'4"	253	276
6'5"	260	283
6'6"	267	291
6'7"	274	299
6'8"	281	306
6'9"	288	314
6'10"	295	322
6'11"	303	330

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FORMS CHART – INCOME CONTINUATION TERM

Form Description	Form Number	States	Business Rule	Leave copy with Client
HIPAA Authorization	HIPAA GES 14	All	All Applications	N
Customer ID	CIP-GES	All	All Applications	N
NAIC Life Buyers Guide	U-LBG16-Base	GA, IL, and WI	All Applications (GA, IL, WI)	Y
ME Life Buyers Guide	U-LBG16-ME	ME	All Applications (ME)	Y
ME Preliminary Statement of Policy Cost	DS ME	ME		Y
PA Disclosure Statement	DS PA	PA	All Applications (PA)	Y
VT Secondary Addressee Form	U-SANEVT17	VT	If client wants to designate secondary addressee (VT)	Y

See next pages for state-specific HIV Consent Forms and Replacement Notices.

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HIV Consent Forms (Fully Underwritten Applications Only)

Form Description	Form Number	States	Business Rule	Leave copy with Client
HIV Consent	HIV-01 AR	AR	Full Underwriting (AR)	Y
HIV Consent	HIV-01 CO	CO	Full Underwriting (CO)	Y
HIV Consent	SB-IC4 GA	GA	Full Underwriting (GA)	Y
HIV Consent	HIV-01 IN	IN	Full Underwriting (IN)	Y
HIV Consent	HIV-01 KS	KS	Full Underwriting (KS)	Y
HIV Consent	HIV-01 KY	KY	Full Underwriting (KY)	Y
HIV Consent	HIV-01 ME	ME	Full Underwriting (ME)	Y
HIV Consent	HIV MA	MA	Full Underwriting (MA)	Y
HIV Consent / Information Booklet	HIV MI and HIV-01 MI BRC	MI	Full Underwriting (MI)	Y
HIV Consent	HIV-01 MO	MO	Full Underwriting (MO)	Y
HIV Consent	HIV-01 NE	NE	Full Underwriting (NE)	Y
HIV Consent	HIV-01 NV	NV	Full Underwriting (NV)	Y
HIV Consent	SB-IC4 NJ-SUSA	NJ	Full Underwriting (NJ)	Y
HIV Consent	HIV-01 OH	OH	Full Underwriting (OH)	Y
HIV Consent	HIV-01 OR	OR	Full Underwriting (OR)	Y
HIV Consent	SB-IC4-PA SUSA	PA	Full Underwriting (PA)	Y
HIV Consent	HIV-01 RI	RI	Full Underwriting (RI)	Y
HIV Consent	HIV-01 TX	TX	Full Underwriting (TX)	Y
HIV Consent	HIV UT	UT	Full Underwriting (UT)	Y

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Replacement Notices

Form Description	Form Number	States	Business Rule	Leave with Client
Model Replacement Notice	RN-GEN	AK, AL, AZ, CO, LA, MD, ME, MO, MS, NC, NE, NJ, NM, OH, RI, SC, TX, VA, VT, WI, WV	Required if there is existing insurance (Application question 4.1 is answered "yes").	Y
Model Replacement Notice	RN-GEN	AR, OR, UT	Required in AR if a replacement is involved.	Y
AR Replacement Memo	RM AR	AR	Required in AR if a replacement is involved.	Y
GA Replacement Notice	RN-GA	GA	If replacement involved.	Y
ID Replacement Notice	RN- ID	ID	If replacement involved.	Y
IL Replacement Notices	RN-IL and RNB IL	IL	If replacement involved.	Y
IN Replacement Notice	RN-IN	IN	If replacement involved.	Y
KS and KY - Replacements are not allowed in KS or KY				
MA Replacement Notice	RN MA	MA	If replacement involved.	Y
MI Replacement Notice and Information Statement	RN-MI and RNIS MI	MI	If replacement involved.	Y
MN Replacement Notice	RN MN	MN	If replacement involved.	Y
NV Replacement Notice	RN-NV	NV	If replacement involved.	Y
OK Replacement Notice	RNLA-OK	OK	If replacement involved.	Y
PA Replacement Notice	RN PA	PA	If replacement involved.	Y
TN Replacement Notice	RN- TN	TN	If replacement involved.	Y
WA Replacement Notice	RN-A WA	WA	If replacement involved.	Y
WY Replacement Notice	RN-WY	WY	If replacement involved.	Y

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