

# SENIOR LIFE

INSURANCE COMPANY

## AGENT MANUAL





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# DIRECTORY

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## **HOME OFFICE**

Phone: (229)228-6936 ▪ Toll Free (877)777-8808 ▪ Español (877)868-1808

Fax: (229)228-5266 ▪ Accounting

(229)228-5148 ▪ Policy Services

(229)228-7074 ▪ Claims, Leads, Licensing, Market Compliance, Marketing

E-mail: [info@srlife.net](mailto:info@srlife.net)

Website: [www.SeniorLifeInsuranceCompany.com](http://www.SeniorLifeInsuranceCompany.com)

## **HOURS**

Monday – Friday: 8:00 a.m. – 5:00 p.m.

## **REGULAR MAILING ADDRESS**

Post Office Box 2447

Thomasville, Georgia 31799

## **PHYSICAL ADDRESS FOR OVERNIGHT PACKAGES\***

1327 West Jackson Street

Thomasville, Georgia 31792

## **AGENT SERVICING CENTER**

**Underwriting:** If you have questions about underwriting, please call the Policy Services Department.

**Commissions:** For any questions with commissions, please call the Accounting Department.

**Claims:** To notify us regarding a claim or to inquire about the paperwork needed to file a claim, please call the Claims Department.

**Agent Contract and Licensing:** To inquire on the licensing regulations in a particular state, please contact our Licensing Department.

**Website Registration:** Agents will need to be registered with the Senior Life website in order to view applications and necessary forms. To obtain a list of the steps needed to complete the website registration process or for troubleshooting, please email [info@srlife.net](mailto:info@srlife.net).

**Online Agent Portal:** Visit the Agent Portal through the website to access to information and resources to help manage your compensation and client's policies.

**Supplies and Supply Order Information:** A starter supply kit, which includes applications for the appropriate state(s) and the necessary forms in order to start selling, is mailed when the agent is legally authorized to represent Senior Life. An order form for supplies will be included for your convenience or forms are available to download from our website.

**Emergency Closing:** For information concerning a possible Emergency Closing, please call (877)777-8808, Ext. 160.

*\*Construction of our new Home Office is under way. While we have not moved yet, please note our new address will be 1 Senior Life Lane, Thomasville, Georgia 31792. Until notified otherwise, please continue using our current physical address of 1327 West Jackson Street, Thomasville, Georgia 31792 for overnight packages.*

## OUR COMMITMENT TO AGENTS

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At Senior Life, we understand that the agent is where it all begins, and the agent is the ultimate key to positive growth. We have designed Senior Life to provide the best service to you and to be the Company that can fulfill all of your dreams and goals. We constantly work to enhance and develop our products, agent support, and service to ensure that we are unmatched. We recognize that making ethical, professional sales practices a top priority will strengthen the Company and increase sales and policyowner loyalty. Our dedication to our agents and policyowners guarantees exceptional service before, during, and after the sale. Together, we can make a great team!

## OUR COMMITMENT TO POLICYOWNERS

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Nothing brings peace of mind like knowing you are protecting yourself and your loved ones through the purchase of life insurance. With that in mind, Senior Life is committed to providing our agents and policyowners with quality products and first-rate service. As an agent for Senior Life, your ethics and conduct are key to establishing trust and building long-term relationships with our policyowners. In your position as agent, you are called upon to assess the needs and goals of the policyowner and must hold all information gathered during this process in the strictest confidence. At all times, you must give the applicant full and adequate disclosure of all facts necessary to enable the applicant to make informed decisions. In all instances, the applicant's interests must always be placed above your own in deciding which product is most beneficial for the applicant. Careful consideration of each applicant's circumstances and needs must be evaluated when making product recommendations.

The most successful agents base their business on people—not products or commissions. The most effective way to sell insurance is to serve people first. Serving people's interests results in repeat business, encourages referrals, and builds your reputation as well as the reputation of Senior Life.

## PRIVACY NOTICE

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Senior Life is committed to maintaining the confidentiality, integrity, and security of personal information that is gathered from all parties to the application as part of the sales process. This information may include financial information as well as health information. This confidentiality extends to policy coverage, premiums, payment history, and beneficiaries. Agents are bound by the privacy laws of the states in which they do business and shall not disclose, or allow anyone else to disclose, any confidential information except where necessary to provide a Senior Life product or service, or where required by law. This confidential client information should be administered appropriately by the agent through the use of physical, electronic, and procedural safeguards. Senior Life is also committed to protecting agent privacy. As with policy information, Senior Life restricts access to protected information only to those individuals who must use it in the performance of their job-related duties.

## COMPANY PROCEDURES

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This Agent Manual has been specifically designed with the needs of you in mind. Within these pages, you will find an overview of Senior Life's insurance products, helpful tips for completing the application, product rates, compensation information, and underwriting classifications. By following these guidelines, we will increase policyowner trust and loyalty, protect our reputation in the marketplace, and build a sustainable competitive advantage. While this Agent Manual does not replace your responsibility to be informed of all state insurance laws, it provides a valuable resource to ensure you have the tools you need to be successful. For all questions, information, or assistance, our Home Office staff is always here to assist you.

From time to time, Senior Life may change or update procedures to more efficiently achieve our service philosophy, reflect new legislation, or to further clarify operations. All procedures are to be followed as if they were contained in this Agent Manual.

Senior Life is constantly developing and testing new products. However, the primary focus of our business is in whole life plans. The essence of whole life is that it provides for the payment of the benefit amount upon the insured's death regardless of when death occurs. These whole life plans build cash value, the benefits can never be decreased or premiums increased, and the policy cannot be cancelled except for nonpayment of premiums. Depending on the plan selected, the policy is either immediate benefit or limited benefit. We understand that issuing business is the key to your success. Except on rare occasions, we do not conduct MIBs, script checks, point of sale telephone interviews, or APSs. We do our best to issue the business you submit and offer the best service possible. Plan availability and features vary by state.

## **IMMEDIATE BENEFIT**

### **SUPER PREFERRED WHOLE LIFE**

This product is offered to people ages 40 – 80 who have no health issues and who have not used tobacco or nicotine products in the past five years. We offer this whole life coverage at very reasonable premiums that have a face amount range of \$5,000 to \$30,000. The ease of accepting only a *checking account* bank service plan ensures consistency with this product. NOW AVAILABLE FOR SALE. *Please call the Policy Services Department for additional underwriting requirements.*

### **PREFERRED WHOLE LIFE**

This product is offered to people ages 0 – 80 with minor health issues and who have not used tobacco or nicotine products in the past twelve months. The face amount range of \$1,000 to \$20,000 is sure to fit everyone's needs. The bank service plan is the available method of payment.

### **STANDARD WHOLE LIFE**

This is the most popular product we offer because so many people qualify for this plan. We offer this to people ages 0 – 85 with face amounts of \$1,000 to \$20,000. The maximum face amount is \$20,000 for ages 0-80 and \$10,000 for ages 81-85. Several payment choices are available for this product.

### **10 PAY PREFERRED 5% GROWTH WHOLE LIFE**

This product is offered to people ages 40 – 85 who have minor health issues and who have not used tobacco or nicotine products in the past twelve months. We offer this whole life product with a face amount range of \$1,000 to \$5,000. The benefit of this product is that it increases by 5% of the face amount each year after the first year. One of the advantages of owning this plan is that you pay premiums for 10 years, and afterwards, you never have to pay another premium, even as the policy remains in force. The bank service plan is the available method of payment. The Accidental Death Benefit Rider is not available for this plan.

### **20 PAY STANDARD WHOLE LIFE**

This product is popular with younger people ages 0 – 60. This product offers coverage of \$1,000 to \$20,000. At the end of year 20, the policy is paid-up and you never have to pay another premium, even as the policy remains in force.

### **JOINT FIRST TO DIE STANDARD WHOLE LIFE**

This product is ideal for people between ages 40 – 85 who live in the same household and desire an immediate benefit plan, for the first insured to die. Insuring two people at one affordable price is an attractive feature. The insurable interest section of the application must be filled out if the proposed insureds are not husband and wife. If proposed insureds are not husband and wife, they must be related by blood. The Company only accepts female/male or male/female combinations. Upon the death of the first insured and before the survivor insured's 86<sup>th</sup> birthday, the survivor insured has 60 days to exercise the optional purchase of a Standard plan at the survivor insured's attained age and no health questions are asked. The face amount range is \$1,000 to \$20,000. The maximum face amount is \$20,000 for ages 40-80 and \$10,000 for ages 81-85.

**LIMITED BENEFIT PLANS****MODIFIED WHOLE LIFE**

We sell this product to people who have moderate health conditions. This limited benefit plan features a return of premiums plus 10% during the first two years of coverage and then the full face amount the third year and thereafter. We offer this product to people ages 40 – 80 with a maximum face amount of \$15,000, and for ages 81 – 85 with a maximum face amount of \$10,000.

- Not available in Arkansas or North Carolina.
- In Missouri: available for ages 40-75; the death benefit in the first two years is the face amount if death by accident as defined by the Policy/ADB Rider.
- In New Jersey, available for males 40-73 and females 40-78.

**EASY ISSUE WHOLE LIFE**

This product is offered to people ages 0 – 85. Only a couple of questions are asked to ensure greater eligibility for those with significant health conditions. The face amounts are \$1,000 to \$10,000. This limited benefit plan features a return of premium plus 10% during the first three years of coverage and then the full face amount the fourth year and thereafter.

- Not available in Arkansas, New Jersey, or North Carolina.
- In Missouri: available for ages 0-65; the death benefit in the first three years is the face amount if death by accident as defined by the Policy/ADB Rider.

**GRADED WHOLE LIFE**

This product is offered to people in Arkansas (ages 40 – 85) and Missouri (ages 76 – 85) with moderate health conditions. Face amounts currently range from \$1,000 to \$10,000. This product's benefit is 50% of the face amount for first year claims, 75% of the face amount for second year claims, and then the full face amount in year three and thereafter.

**GUARANTEED ISSUE WHOLE LIFE**

This plan is currently only available in North Carolina and features no health questions. This policy is guaranteed to anyone, without regard to health conditions, ages 0 – 85. The face amounts range from \$1,000 to \$10,000, and benefits are a return of premiums plus 10% for the first three years and then the full face amount the fourth year and thereafter.

## **O** OTHER OPTIONS AND PLANS AVAILABLE

**ACCIDENTAL DEATH BENEFIT RIDER**

This Rider provides an accidental death benefit equal to the policy's face amount. The insured's death must meet guidelines of "Accidental Death" as defined within the Rider. It is available for all whole life policies **except** the 10 PAY PREFERRED 5% GROWTH WHOLE LIFE POLICY.

- *The ADB Rider for California is pending approval with the Department of Insurance; therefore, it is not currently available for sale in California. We will let you know as soon as it becomes available.*

**AUTOMATIC PREMIUM LOAN PROVISION**

At no cost, this provision is available for all policies and allows the cash value to pay for the policy in case the payor is unable to make the payments for a certain period of time. The APL option can be chosen at the time of application or added at any time by writing to us prior to the end of the Grace Period. When the APL is used, it creates a loan against the face value of the policy. If the loan is not paid back at the time of claim, the outstanding loan amount is deducted from the death benefit.

**PRESCRIPTION DISCOUNT CARD**

This free prescription drug card program may help consumers cut their prescription drug costs. A person may be able to receive savings of up to 75% at more than 58,000 national, regional, and local pharmacies. There are no deductibles, no waiting periods, no pre-existing condition exclusions, and no membership fees. With this card, everyone is qualified. With the use of this card, other health services and products can also be purchased at a discounted rate to help fill in the gaps of a person's existing coverage. The card has been pre-activated for immediate use.

**Senior Life is continually expanding, researching, and offering products to market to the different needs of individuals. As we continue in our efforts, we strive to stay on top of the insurance market by providing the newest, most affordable, and most attractive products for our customers. Not all our plans are offered in every state. Refer to the most recent Required Forms By State handout for more detailed information on state availability.**

## **A**PPPLICATION GUIDELINES

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Senior Life has designed the application and underwriting process to be easy and streamlined for both the agent and applicant. For any questions on the following application guidelines, contact the Policy Services Department.

### **LICENSING AND APPOINTMENT**

Senior Life requires that all agents be properly licensed and appointed with Senior Life before soliciting business, as required by state licensing requirements. Be sure you are properly licensed and appointed through the state Insurance Department for the state in which you are writing an application. Your license to sell insurance requires that you abide by all of the laws, rules, and regulations of any state in which you are licensed to conduct business. Forms and requirements may vary by state; always double-check that the application and forms you are using for each state are correct.

### **COMPLETING THE APPLICATION**

The application is part of the insurance contract. If the answers on the application are incorrect, incomplete, or false, Senior Life may have the right to deny benefits or rescind coverage. Therefore, it is very important that the application be filled out completely and accurately. Be sure the proposed insured/owner understands that by signing the completed application, s/he is representing that the information is accurate and complete. Never ask the proposed insured/owner to sign a blank application or other document. Never answer any of the questions or encourage a desired answer for the proposed insured/owner.

Also, please pay special attention to obtaining accurate information on the application. For example, misspelled names or incorrect addresses, bank information, Social Security Numbers, birthdays, or medications can impact and delay issuing the policy or processing the claim.

Read the health questions to the applicant word for word, making sure the applicant understands. For recorded applications, it is vital the CD is clear and all parties thereto can be heard and understood. Any submitted CD in which the application is not captured in a clear, audible manner may result in untimely processing. The recording shall not be stopped during a sale.

In an effort to better communicate with our policyowners, a field for the policyowner's email address has been added to our newer applications. When available, please obtain an email address.

### **UNDERWRITING PLAN QUALIFICATION**

Our applications use the Simplified Underwriting method of Yes/No questions. The proposed insured may only qualify for the plan if s/he answers "No" to all questions on that plan's application.

### **EFFECTIVE DATE**

The Policy does not go into effect until the 1<sup>st</sup> premium has cleared **and** the policy is issued. You must explain this at the point of sale.

### **POLICY FEE**

This fee applies to each policy.



**AGE OF LAST BIRTHDAY**

Use the proposed insured's age as of his/her last birthday. Newborns can be insured 30 days from the date of birth provided the answers to all health questions are "No."

**APPLICATION DATE**

The application must be dated the date the application is **signed** by the involved parties. Applications dated 30 or more days prior to the receipt of premium payment date will require a new application to be written with a current date.

**SOCIAL SECURITY NUMBERS**

As required by the Patriot Act, Social Security Numbers (SSN) should be provided on **all** applicants. As a general rule, the Company will not accept a risk for an applicant who does not provide at least the last 4 digits of his/her SSN or who does not have a SSN. Specific situations should be reviewed with the Policy Services Department.

**CONTESTABILITY AND LIMITED DEATH BENEFITS**

For all plans, the agent must explain that the policy contains a two year contestability provision during which time the Company can rescind coverage or deny a claim based on material misrepresentation in the application. For Modified, Easy Issue, Graded, and Guaranteed plans, you must also explain the limited death benefits.

**BANK INFORMATION AND BILLING**

All checks and money orders are to be made payable to *Senior Life Insurance Company* only. The available premium due dates are the 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or 25<sup>th</sup> of the month. If paying by bank draft, complete the Bank Service Plan Authorization. Initial withdrawal payment cannot exceed 30 days from the date of application and should be received by the Home Office as soon as possible, but no later than 12:00 p.m. ET on the business day *before* the draft transaction, in order to set up the payment with the payor's financial institution. The Bank Service Plan option is required for the Super Preferred (checking only), and Preferred and 10 Pay Preferred plans (checking or savings). When payment is made using a debit card, the 3-digit security code located on the back of the debit card must be collected from the payor and included on the application.

**ERRORS/CHANGES**

Use of liquid paper or correcting tape is not acceptable. If an error/change is made, use a single line to cross through the error and add the new information along with the initials of the proposed owner and agent. The agent will be contacted for an incorrect application to be corrected, which may result in untimely processing of the application.

**MINIMUM AMOUNTS**

The minimum household premium is \$15.00. A minimum face amount of \$1,000 is required per application.

**HEALTH AND ATTENDING PHYSICIAN STATEMENT (APS)**

Doctor's name/address and medications/usage must be listed on the application. Impairments on the application are in general terms and may be known to the applicant by another name. The Company will order an APS as needed, or if the agent disagrees with the underwriting classification, the agent may request an APS at the agent's expense.

**HIPAA AND ADDITIONAL DOCUMENTATION**

The Medical Release of Information (HIPAA) form must be completed and submitted for all field applications. Various states require the completion of further documentation in addition to the application. Refer to the most recent *Required Forms By State* handout for more detailed information on these state specific forms. Failure to submit all required documents may result in untimely processing.

## **MILITARY SALES**

Designed to protect the interests of military servicemembers, many states have rules to help prevent deceptive and misleading practices in the sale of life insurance to servicemembers. Field agents who solicit life insurance to known military servicemembers are required to follow specific rules and provide additional information as set forth by these federal and state laws. Before soliciting to known military servicemembers, careful attention must be given to these limitations, rules, and procedures. Penalties for noncompliance are severe. Therefore, no agent shall proceed with marketing to known servicemembers unless they have researched these regulations and contacted the Director of Policy Services in advance. Should an agent become aware that he or she is soliciting life insurance to a member of the military, the *Military Personnel Financial Services Disclosure Regarding Insurance Products Form* must be given to the applicant at the time of sale. This disclosure form is available on the website and from NLS. Solicitation on military installations is not allowed.

## **US RESIDENCY**

We only issue policies to permanent residents of the United States.

## **SUBMISSION GUIDELINES**

- Applications must be received at the Home Office by 12:00 p.m. ET the business day *before* the scheduled draft transaction.
- Applications should be submitted no more than five (5) days after completion.
- Clip every application, Voice Recording Checklist, and related documentation to the applicable disk. The original disk and application should not be submitted separately of each other. Applications waiting on additional information such as money, form(s), etc. should be held by the agent until all information has been gathered.
- Clearly label any correction or re-written application.
- If drafting the initial premium by one payment method or account and the payor desires a different payment method or account set for future payments, please indicate clearly on paperwork.

## **TELE-SALES SECURITY PROCEDURES**

Security procedures are employed for the purpose of verifying that the identity and electronic signature is that of the identified person and also for the purpose of detecting changes, deletions, or errors in the Electronic Record. At the beginning of all recordings, the mother's maiden name and the last four digits of the Social Security Number **must** be obtained for security purposes. For Tele-sales applications, it is very important that the recording is not stopped during the application process.

## **BENEFICIARIES**

The importance of exercising care in the beneficiary designation cannot be overstated. If the policyowner's intentions are to be carried out effectively, the language must be precise and unambiguous. An improperly named beneficiary can have drastic effects on how the insurance proceeds are distributed.

One of the advantages of life insurance is that proceeds payable to a named beneficiary pass outside of probate. Naming the "estate" as beneficiary should be avoided, as this subjects the insurance proceeds to the probate process, which can be both lengthy and costly.

Always name a specific primary and secondary beneficiary to avoid any confusion. Avoid vague designations such as "all my children." It is recommended the policyowner always designate a secondary beneficiary who will receive the policy proceeds if the primary beneficiary should die before the insured. The secondary beneficiary can receive the policy proceeds only if all primary beneficiaries have predeceased the insured.

If more than one party is named as primary beneficiary, the policyowner may indicate how the proceeds are to be divided among the parties. It is recommended you designate a percentage of the life insurance proceeds to each individual rather than a specific amount. If the policyowner does not make such an indication, then the Company will divide the proceeds evenly among the primary beneficiaries who survived the insured.

In the absence of an irrevocable beneficiary designation, the policyowner may change the designation at will. Beneficiary changes cannot be accepted over the phone and must be submitted in writing to the Policy Services Department.

Generally, if the insured and owner is the same person, the policy can benefit anyone. For all third-party applications, all beneficiaries (primary and secondary) must be a person who has an insurable interest in the insured at the time when the application is signed.

When naming a funeral home as a beneficiary, it is best to add the phrase “as its interest may appear” and name a family member as secondary beneficiary. However, a funeral home may not be named as beneficiary in all states. For example, even if the insured and owner is the same person, **Michigan (MI), New Jersey (NJ), Texas (TX), Virginia (VA), and West Virginia (WV)** do not allow a funeral home to be named as a beneficiary.

The designation of a minor as beneficiary presents unique situations, and careful consideration by the policyowner is necessary. Please remember when a minor is named a beneficiary, payment of the death benefit cannot be made until we receive legal guardianship/conservatorship paperwork or the minor attains majority age.

#### **REPLACEMENT**

Great care and attention should always be given to any decision to replace an existing policy. Agents should refrain from making any replacement sale that is contrary to the applicant’s best interests and that could be considered “churning or twisting” for a commission only. An agent should discuss the advantages and disadvantages of any potential replacement with the applicant. You have a responsibility to make sure the applicant has all of the necessary facts to weigh if replacement is in his/her best interest. When a replacement is appropriate, remind the applicant not to take action to terminate the existing policy until the new policy has been issued, and the applicant has reviewed it and found it acceptable.

Should the level of replacement activity for an agent present a concern, Senior Life will investigate further and discuss the issue with the agent and/or agency. Senior Life may also report unethical replacement activity to the appropriate state Department of Insurance.

Senior Life does not accept applications that replace *any* existing life insurance on **Kansas (KS), Kentucky (KY), and West Virginia (WV)** residents.

An application to replace an *existing* Senior Life policy with a *new* Senior Life policy is not allowed in **Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Hawaii (HI), Louisiana (LA), Maryland (MD), Mississippi (MS), Nebraska (NE), New Jersey (NJ), New Mexico (NM), North Carolina (NC), Oregon (OR), Rhode Island (RI), Texas (TX), Utah (UT), and Virginia (VA)**.

It is our practice to not accept replacements from Lincoln Heritage Life Insurance Company.

Be sure to answer **all** questions concerning replacement on the application. One set of replacement questions is directed to the applicant and one to you as the writing agent.

- For the following states: **Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Hawaii (HI), Kentucky (KY), Louisiana (LA), Maryland (MD), Mississippi (MS), Nebraska (NE), New Jersey (NJ), New Mexico (NM), North Carolina (NC), Oregon (OR), Rhode Island (RI), South Carolina (SC), Texas (TX), Utah (UT), Virginia (VA), and West Virginia (WV)**
  - If the applicant answers “Yes” to the question regarding “*do you have any existing life insurance,*” the agent shall:
    - Tele-sale Application: on the recording, present and read to the applicant, at the time of taking the application, the two questions contained on the state-appropriate replacement notice form and ask applicant if s/he desires the entire notice to be presented. The replacement notice must be signed by both the agent and applicant. The agent shall mail a copy of the replacement notice form with the application to the applicant and submit the original to the Policy Services Department.

- If the applicant answers “Yes” to the either one of the replacement notice questions or asks that the replacement notice be read, the agent shall read and present the entire replacement notice to the applicant on the recording.
  - Field Application: complete, at the time of application, the state-appropriate replacement notice and also leave a copy of the replacement notice with the applicant. The replacement notice must be signed by both the agent and applicant. The original form must accompany the application to the Policy Services Department.
- **For all states:**
  - If the applicant answers “Yes” to the question regarding “do you have any existing life insurance,” but answers “No” to “will this cause any other insurance or annuity to be replaced or changed,” the agent shall identify the name of the existing insurer and policy number in the replacement section of the application.
  - If the applicant answers “Yes” to the question regarding “*will this cause any other insurance or annuity to be replaced or changed,*” the agent shall:
    - Tele-sale Application: on the recording, present and read to the applicant, at the time of taking the application, the entire state-appropriate replacement notice. The replacement notice must be signed by both the agent and the applicant. The agent shall mail a copy of the replacement notice form with the application to the applicant and submit the originals to the Policy Services Department.
    - Field Application: present and read, at the time of application, the state-appropriate replacement notice and also leave a copy of the replacement notice with the applicant. The replacement notice must be signed by both the agent and the applicant. The original form must accompany the application to the Policy Services Department.
- Specific to **Arkansas (AR)**, if at the time of application the applicant indicates s/he has existing coverage *and* replacement is involved, the agent must *also* complete a replacement memorandum (RM10) to be signed by both the applicant and the agent. The agent shall leave a copy (or mail in the case of a tele-sale application) with the applicant and return the originals to the Policy Services Department.
- Specific to **Michigan (MI)**, if at the time of application the applicant indicates replacement is involved, agent must *also* complete an information statement (REP-IS10) to be signed by both the applicant and the agent. The agent shall leave a copy (or mail in the case of a tele-sale application) with the applicant and return the originals to the Policy Services Department.
- Specific to **Pennsylvania (PA)**, if at the time of application the applicant indicates replacement is involved, the agent shall (1) complete the application; (2) present, read, and sign the Replacement Notice [REPN03x17.09] on recording; (3) mail the Replacement Notice along with a copy of the application and Disclosure Form (see the State-Specific Rules section beginning on page 12 for more information) to the applicant; (4) call back the applicant and obtain a second electronic signature of acceptance after the Replacement Notice, application, and Disclosure Statement have been received and reviewed by the applicant; (5) forward the application, Disclosure Statement, Replacement Notice, and all recordings to the Policy Services Department for processing.

# INSURABLE INTEREST AND OWNERSHIP

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

Generally, anyone under 18 is considered a minor and cannot own a policy or sign an application. In some jurisdictions noted below, the age of majority has been modified; however, the beneficiary of the policy must be a member of the minor's immediate family. Subject to the below State-Specific Rules, the proposed policyowner can answer health questions and be the only application signor for our immediate benefit life insurance for himself/herself, his/her spouse, or his/her minor child, *except* for the Super Preferred, Preferred, and 10 Pay Preferred products that require both signatures, as applicable. Immediate Benefits products, other than the Super Preferred, Preferred, or 10 Pay Preferred, can be offered to Grandparents insuring all minor Grandchildren if the Grandparent and Parent sign, and in cases of other blood relation, these products can be offered with both signatures. In cases where the Grandparents are guardians of minor children, guardianship papers will be required prior to issue.

Subject to the below State-Specific Rules, the following relationships may be offered our Easy Issue product up to a \$10,000 maximum with only the proposed policyowner answering the health questions, signing the application, and completing the Insurable Interest section (must be blood-related or have a Power of Attorney):

- Adult child – Parent
- Adult grandchild – Grandparent
- Sibling
- The Home Office will interview the proposed insured for **Alabama (AL), Oklahoma (OK), Texas (TX), and Utah (UT)** applications.

## **State-Specific Rules**

*The following rules apply regardless of product:*

- In **Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Delaware (DE), Georgia (GA), Hawaii (HI), Idaho (ID), Kentucky (KY), Louisiana (LA), Maryland (MD), Missouri (MO), Nebraska (NE), Nevada (NV), New Mexico (NM), Oregon (OR), Virginia (VA), and West Virginia (WV)**, all proposed adult insureds other than spouse must answer health questions and sign for any product.
- In **Florida (FL), Illinois (IL), Michigan (MI), Mississippi (MS), North Carolina (NC), Pennsylvania (PA), and South Carolina (SC)**, all proposed adult insureds including spouse must answer health questions and sign for any product.
  - In **Michigan (MI)**, all adult insureds must sign the application for policies \$10,000 or more.
  - In **Pennsylvania (PA)**: the Disclosure Form [DISSTM03] is required on every application. The agent shall (1) complete the Disclosure Form; (2) sign the Certification of Disclosure Statement Delivery; (3) mail the Disclosure Form along with a copy of the application to the applicant; (4) call back the applicant and obtain a second electronic signature of acceptance after the application and Disclosure Statement have been received and reviewed by the applicant; and (5) forward the application, Disclosure Statement, and all recordings to the Policy Services Department for processing.
- In **Alabama (AL), Arizona (AZ), Florida (FL), Georgia (GA), Hawaii (HI), Illinois (IL), New Jersey (NJ), New Mexico (NM), North Carolina (NC), Oklahoma (OK), and Virginia (VA)**, a minor who has attained age 15 can be the owner of a policy.
  - In **Alabama (AL), Florida (FL), Georgia (GA), New Jersey (NJ), and New Mexico (NM)**, any life insurance obtained by or for a minor shall name as the beneficiary the minor's estate, or someone having an insurable interest in the life of the minor.
  - In **Arizona (AZ), Hawaii (HI) and West Virginia (WV)**, a minor who has attained age 15 can be the owner of a policy on his/her life for the benefit of the minor's father, mother, spouse, child, sibling, or grandparent.

- In **Illinois (IL) and Oklahoma (OK)**, a minor who has attained age 15 can be the owner of a policy on his/her life or any person who s/he has an insurable interest for the benefit of his/her father, mother, spouse, child, sibling (or grandparent in OK, only).
- In **Michigan (MI), Nevada (NV), and Utah (UT)**, a minor who has attained age 16 can be the owner of a policy. In **Michigan (MI)**, the policy must be on the minor's life or any person in whom minor has an insurable interest for his/her own benefit or for the benefit of his/her father, mother, spouse, child, or sibling. In **Nevada (NV)**, the policy must be for the benefit of the minor's estate or for a person having an insurable interest in the minor.
- In **Nebraska (NE)**, a minor who has attained age 10 can be the owner of a policy on his/her life for the minor's benefit or for the benefit of the minor's estate, or for the benefit of his/her father, mother, spouse, or sibling. Surrender of the policy or discharge of any benefit must be approved in writing by the minor's parent or guardian.
- In **Virginia (VA)**, if the minor resides with at least one of his/her parents, the application shall be approved in writing by the parent with whom he resides. The policy must be on the minor's life or for the benefit of his/her father, mother, spouse, child, or sibling.

## **S**IGNATURES THAT REQUIRE ADDITIONAL PAPERWORK

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### **MINOR PROPOSED INSURED**

A parent or legal guardian of a minor insured must sign the application as noted below. In the case of a legal guardian, guardianship paperwork shall also be submitted.

***John Doe, Sr. "parent/guardian for" Jane Doe (minor proposed insured)***

### **"X" PROPOSED INSURED**

An "X" signature by the proposed insured requires an explanation of why the application is signed with an "X" along with an adult witness signature. The following is an example of this signature:

***"X" "witnessed by" adult witness signature and printed name of adult witness***

### **POWER OF ATTORNEY FOR PROPOSED INSURED**

A Power of Attorney (POA) signature on the application must be submitted with a copy of the POA documentation and a memo stating the reason for the use of the POA. The Company reserves the right not to accept or rely on any POA. A POA application must be signed as follows:

***John Doe, "attorney in fact for" Nancy Doe (proposed insured)***

# AGENT COMPENSATION

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## ADVANCE COMMISSIONS

We pay advances **daily** on the submission of qualified applications. All processable business must be received by 12:00 p.m. ET the business day *before* the scheduled draft date. Direct deposit is encouraged for all agents.

### Example Calculation

	One Sale	
Annual Premiums		\$1,000
Commission %		x 70%
First Year Commission		\$700
Advance %		<u>x 65%</u>
<b>Check Amount</b>		<b>\$455</b>

*\*Advance of 75% available with immediate chargebacks.*

## MONTHLY PAY-THRU AND RENEWAL COMMISSION

The amount of your first year commission that is not advanced is paid to you after the advance has been earned on a monthly basis. Depending on your advance percentage, the remaining first year commission (pay-thru) will be earned during the seventh through the twelfth months of the policy's duration. This pay-thru and any as earned commission will be paid to those with current new business by the tenth day of each month after any chargebacks or expenses are deducted. Monthly renewal commissions may begin to pay out to you beginning the thirteenth month of the policy's duration when qualification for the highest advance is maintained. Renewals and pay-thru can become a major part of your income, and as you write quality business, your month end will grow, grow, grow!

# ADVANCE COMMISSIONS

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Advances are loans made against future earned commissions. We advance on a per policy basis, and we expect to get the advance(s) back on any policies that lapse or are canceled with an advance debt. It stands to reason that when such loans are made there needs to be a reasonable chance that the loans will be repaid. To provide such assurance, we have developed some common sense guidelines regarding advances:

## INSTANCES WHEN COMMISSION WILL BE PAID AS EARNED

- Initial premium NSF 2 or more times
- Previous lapsed or canceled policy, or multiple NSF applications on insured, owner, payor or household
- Initial premium paid by money order or agency check on checking account
- New accounts
- Debit cards (credit cards are not accepted)
- Non-preprinted checks
- Disconnected/ no phone service
- Monthly and quarterly direct bill
- Controlled business (family, friends, previous clients, associates or other instances where the agent has influence)
- Limited Benefit risks that were originally written as immediate benefit; agent advanced when the signed endorsement is received
- Any necessary forms not received with application as necessary; agents advanced when forms are received
- Business we believe will not stay on the books
- Payor not a party to the application nor named beneficiary, except if husband and wife

**CASH WITH APPLICATIONS (CWA)**

- All initial premiums will be verified and must clear the bank in order to process
- All banking information shall be verified and provided by the agent
- Checks dated no more than 30 days from the application date will be accepted, but coverage will not be effective nor advance made until the check is processed and the policy is issued

**INITIAL WITHDRAWAL APPLICATIONS**

We can also take the first premium out of a checking or savings account. Initial withdrawal payment cannot exceed 30 days from date of application, and such application should be received in the Home Office at least one (1) business day prior to the date of the transaction to allow time to set up the transaction with the payor's bank. Applications cannot be processed and advanced, if applicable, until 3 days after initial withdrawal date and policy is issued.

**CONTEST PRODUCTION**

The annualized premium utilized for contest qualification purposes is bank draft business that has been paid an advanced commission.

**TELEPHONE INTERVIEWS**

The Company may interview any applicant on any submitted business. In situations where the Home Office determines an interview is needed, the interview will be attempted at various business and off-business hours for ten (10) business days. If contact is still unsuccessful after an additional five (5) days with the manager or agent's help, the application will be returned or coverage rescinded and commission immediately recovered. If it is discovered the application was not completed in accordance with the instructions within this manual or current operating procedures, there will be an immediate chargeback.

**LIMITS**

Advance amount is limited to **\$700** for application(s) of any one payor, insured, owner, or household. An insured will not be issued coverage in excess of the maximum allowed for the selected plan.



# Senior Life Insurance Company

P.O. Box 2447 • Thomasville, GA 31799-2447

## ADVANCE REQUEST

Name: \_\_\_\_\_

Overnight Address: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Agent#: \_\_\_\_\_

Pay Commission By:

- Electronic Funds Transfer
- Overnight Express
- Mail

Applicant's Name (Use 1 line per app.)	Premium Mode	Amount Collected	Annualized Premium	x	Commission %	=	Annualized Commission	x	Advance %	=	Amount of Advance
John Doe	Monthly	\$48.59	\$583.08		70%		\$408.16		65%		\$265.30

**No advance on:**

- family member or associate of the agent
- applications rejected according to our underwriting guidelines
- CWA checks not preprinted with name and account #
- unrelated third party is paying the premium
- CWA paid by money order or agency check

Total Advance \$ \_\_\_\_\_  
 Less Leads \$ \_\_\_\_\_  
 Less Express Fee \$ \_\_\_\_\_  
 Net Advance \$ \_\_\_\_\_

# DEBT AND ADVANCE GUIDELINES

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Increased levels of production earn Agents and Managers higher commissions and corresponding titles. Those commissions and title classifications have been grouped into tiers. Each tier establishes the debt\* amounts by which advance percentage is determined as follows:

## TIER 1

Advanced Commission	Minimum Debt	Maximum Debt	
65%	\$0	\$8,000	Agent
60%	\$8,001	\$9,500	Career Agent
55%	\$9,501	\$11,000	General Agent
50%	\$11,001		Managing General Agent

## TIER 2

Advanced Commission	Minimum Debt	Maximum Debt	
65%	\$0	\$14,000	Regional Director
60%	\$14,001	\$16,000	Vice President of Sales
55%	\$16,001	\$18,000	
50%	\$18,001		

\*Debt, for adjustment purposes, is considered your personal Agents' Balance (charge back), inactive LOA, and any respective terminated, non-vested sub-agents accounts, which includes their unpaid leads, advertising, health insurance, and miscellaneous balances. It does not include advance outstanding on active policies. Debt level will be assessed monthly, and advance adjustments will be made by the 15th of each month.

# ADVERTISING

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## **ALL ADVERTISING MATERIALS MUST HAVE WRITTEN APPROVAL FROM THE MARKET COMPLIANCE DEPARTMENT BEFORE BEING USED.**

Advertising is broadly defined in state insurance regulations and impacts virtually all consumer contacts by agents. All advertisements not created by Senior Life require approval by the Market Compliance Department prior to being distributed or published. This will ensure all regulatory requirements are met for the state where the advertisement is being presented.

Examples of advertisements include, but are not limited to, newspaper ads/articles/newsletters, sales presentations, point-of-sale illustrations, prospect letters/lead cards, audio visual materials, seminar materials, training materials, radio and TV ads, telemarketing scripts, internet web sites, and direct mail/fax mail/email. Also, any correspondence that utilizes the name or logo of Senior Life or identifies a Senior Life product must be submitted for our approval.

Senior Life recognizes that more and more agents are interested in advertising on the internet. Keep in mind that advertising on the internet must meet all of the same criteria as pre-printed advertising. Web pages that mention Senior Life or include information about a Senior Life product must be submitted for prior approval before use. In addition, make sure the web page identifies jurisdictions in which the agent is licensed to write business and include your agent license number(s).

Please request an "Advertising/Marketing Materials Approval Form" from our Market Compliance Department or obtain one from our website to submit with your advertising request. We recommend submitting the advertising piece to your manager for his or her review prior to submission to the Market Compliance Department. After submission, we will do our best to accommodate you with a quick turnaround. It is advisable to allow sufficient

time to research and review each request. All advertising pieces requiring revision(s) will be returned. *Please Note:* Some states require that advertisements be approved by the Department of Insurance before they may be used. This may take an additional 30 to 60 days depending on the state.

Such advertising material is not to be designed by the Senior Life Marketing Department. Copy must be typed for submission to the Market Compliance Department. To submit for approval by email, please call the Market Compliance Department for instructions. You may also submit for approval by faxing the proposed advertising to (229)228-7074, or mailing to:

Senior Life Insurance Company  
Attn: Market Compliance Department  
Post Office Box 2447  
Thomasville, Georgia 31799-2447

## **T**HE PATRIOT ACT

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### **Anti-Money Laundering**

The USA Patriot Act of 2001 requires that insurance companies establish anti-money laundering programs and adopt minimum standards regarding the identity of customers that apply for insurance to determine if a transaction has a legitimate business purpose. The agent is in the critical position of often having superior knowledge and plays an important role in preventing, detecting, and deterring individuals from attempting to utilize insurance products to launder money and/or finance terrorist activities. Some “red flags” to watch include, but are not limited to the following:

- The purchase of an insurance product that appears to be inconsistent with a customer’s needs;
- Any unusual method of payment, particularly by cash or cash equivalents (when such method is, in fact, unusual);
- The purchase of an insurance product with monetary instruments in structured amounts;
- The early termination of an insurance contract, especially at a cost to the customer, or where cash was tendered and/or the refund check is directed to an apparently unrelated third party;
- The transfer of the benefit of insurance product to an apparently unrelated third party;
- Little or no concern by a customer for any investment performance, if applicable, of an insurance product but much concern about the early termination features of the product;
- The reluctance by a customer to provide identifying information when purchasing an insurance product or the provision of minimal or seemingly fictitious information; or
- The borrowing of the maximum amount available soon after purchasing the product.

## **C**OMPLAINTS

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A complaint is any communication that primarily expresses a grievance with an expectation of resolution. Senior Life recognizes that, on occasion, a consumer may confront you with a complaint involving you, another agent, or the Company. All complaints are to be dealt with in a manner similar to any other request – in a fair, honest, and prompt manner. Submit your complaints within five days of receipt.

If you receive any correspondence that may be a complaint, immediately forward it to the Market Compliance Department. Also, if you receive a complaint verbally, document the conversation and immediately forward it to the Market Compliance Department. As part of this process, we may contact you for additional information.

Complaints made to a state Insurance Department are handled by Senior Life. Some states require an Agent’s Statement relating to a complaint. Therefore, all requests for a written statement from the agent must be responded to promptly within the time requested.

The Company will track all complaints and analyze this information routinely to detect, correct, and monitor problem areas or trends.

## MALE AND FEMALE WEIGHT CHART

### Super Preferred, Preferred and 10 Pay

Height	Maximum Weight*
4' 6"	173
4' 7"	177
4' 8"	181
4' 9"	185
4' 10"	189
4' 11"	194
5' 0"	198
5' 1"	202
5' 2"	207
5' 3"	212
5' 4"	217
5' 5"	222
5' 6"	230
5' 7"	232
5' 8"	237
5' 9"	243
5' 10"	248
5' 11"	254
6' 0"	259
6' 1"	264
6' 2"	270
6' 3"	275
6' 4"	281
6' 5"	287
6' 6"	293
6' 7"	300
6' 8"	306

### Standard, 20 Pay Standard and Joint

Height	Maximum Weight**
4' 8"	190
4' 9"	198
4' 10"	205
4' 11"	211
5' 0"	219
5' 1"	226
5' 2"	233
5' 3"	240
5' 4"	247
5' 5"	252
5' 6"	258
5' 7"	264
5' 8"	272
5' 9"	280
5' 10"	289
5' 11"	300
6' 0"	311
6' 1"	319
6' 2"	326
6' 3"	333
6' 4"	340
6' 5"	349
6' 6"	358
6' 7"	367
6' 8"	376
5' 9"	388
6' 10"	395
6' 11"	405

\*Weight in excess of the above may be written Standard, Modified, Guaranteed Issue, Graded, or Easy Issue depending on health qualifications.

\*\*Weight in excess of the above may be written Modified, Guaranteed Issue, Graded, or Easy Issue depending on health qualifications.

## RATES AND MANUAL PREMIUM CALCULATION EXAMPLES

The following calculations are based on a 65 year old Male  
applying for a \$5,000 Standard Whole Life with ADB:

### Annual

$$\begin{aligned}
 & \$5,000 / 1,000 = 5 \\
 & 103.00 + 2.50 \text{ (ADB)} = \$105.50 \\
 & 5 \times \$105.50 \text{ (annual rate per \$1,000 including ADB)} = \$527.50 \\
 & \$527.50 + \$36.00 \text{ (annual policy fee)} = \mathbf{\$563.50}
 \end{aligned}$$

### Semi-Annual

$$\begin{aligned}
 & \$5,000 / 1,000 = 5 \\
 & 103.00 + 2.50 \text{ (ADB)} = \$105.50 \\
 & 5 \times \$105.50 \text{ (annual rate per \$1,000 including ADB)} = \$527.50 \\
 & \$527.50 \times .52 \text{ (semi-annual mode factor)} = \$274.30 \\
 & \$274.30 + \$18.72 \text{ (semi-annual policy fee)} = \mathbf{\$293.02}
 \end{aligned}$$

### Monthly

$$\begin{aligned}
 & \$5,000 / 1,000 = 5 \\
 & 103.00 + 2.50 \text{ (ADB)} = \$105.50 \\
 & 5 \times \$105.50 \text{ (annual rate per \$1,000 including ADB)} = \$527.50 \\
 & \$527.50 \times .085 \text{ (monthly mode factor)} = \$44.84 \\
 & \$44.84 + \$3.06 \text{ (monthly policy fee)} = \mathbf{\$47.90}
 \end{aligned}$$

<u>Mode Factors</u>	<u>Policy Fee Per Policy</u>	<u>ADB Rider</u>	
		Age	Annual Rate
Semi-Annual, multiply Annual x .52	Annual \$36.00	0-55	\$1.50
Quarterly, multiply Annual x .265	Semi-Annual \$18.72	56-60	\$2.00
Monthly, multiply Annual x .085	Quarterly \$9.54	61-65	\$2.50
	Monthly \$3.06	66-70	\$3.25
		71-75	\$4.50
		76-80	\$6.50
		81-85	\$9.00
		<b>Joint First to Die</b>	
		40-69	\$3.33
		70-80	\$6.66
		81-85	\$16.66

## SUPER PREFERRED WHOLE LIFE

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
<b>40</b>	16.18	13.50	<b>61</b>	42.42	33.20
<b>41</b>	16.70	14.10	<b>62</b>	45.12	35.50
<b>42</b>	17.25	14.60	<b>63</b>	48.00	37.50
<b>43</b>	17.85	15.20	<b>64</b>	51.10	39.81
<b>44</b>	18.50	15.70	<b>65</b>	54.25	41.25
<b>45</b>	19.25	16.20	<b>66</b>	58.95	43.70
<b>46</b>	20.00	17.25	<b>67</b>	62.95	46.00
<b>47</b>	20.80	17.75	<b>68</b>	66.95	48.47
<b>48</b>	21.70	18.25	<b>69</b>	70.95	51.16
<b>49</b>	22.65	18.50	<b>70</b>	74.00	54.00
<b>50</b>	23.65	19.00	<b>71</b>	80.95	56.90
<b>51</b>	24.80	20.00	<b>72</b>	86.95	59.91
<b>52</b>	26.05	21.00	<b>73</b>	92.85	63.13
<b>53</b>	27.40	22.00	<b>74</b>	98.21	66.53
<b>54</b>	28.80	23.00	<b>75</b>	103.94	70.12
<b>55</b>	30.30	24.25	<b>76</b>	111.87	82.00
<b>56</b>	32.00	25.40	<b>77</b>	118.48	89.00
<b>57</b>	33.75	26.75	<b>78</b>	126.19	97.00
<b>58</b>	35.68	28.00	<b>79</b>	133.90	105.00
<b>59</b>	37.72	29.65	<b>80</b>	142.00	114.00
<b>60</b>	39.90	31.00			

The Super Preferred is now available for sale.

## SENIOR DIRECT SUPER PREFERRED WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
 Street Apt. # City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
*(If different than Insured)* Street Apt. # City State Zip

Primary Beneficiary Name \_\_\_\_\_  
 First Middle Last Relationship

Secondary Beneficiary Name \_\_\_\_\_  
 First Middle Last Relationship

YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

## PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):

- YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past five years or expect to be admitted to a hospital or nursing facility?
- YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?
- YES  NO In the past six months, have you experienced any unexplained weight loss or weight gain?
- YES  NO In the past five years, have you used any form of tobacco or nicotine product or had a blood pressure reading over 135/85?
- YES  NO In the past ten years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?
- YES  NO In the past ten years have you had, been treated, received medical advice or prescribed medication for, or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ, or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?
- YES  NO Have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS &amp; USAGE: \_\_\_\_\_

- YES  NO Do you want the Automatic Premium Loan Provision?
- YES  NO Do you have any existing life insurance or annuity contracts?
- YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_  
 Company Policy #

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

**PREFERRED**

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
0	7.99	7.74	41	29.33	23.74
1	8.18	7.88	42	30.22	24.54
2	8.47	8.12	43	31.12	25.34
3	8.80	8.39	44	32.02	26.13
4	9.16	8.67	45	32.92	26.93
5	9.53	8.97	46	34.21	27.93
6	9.92	9.29	47	35.51	28.93
7	10.33	9.63	48	36.81	29.93
8	10.77	9.98	49	38.10	30.92
9	11.24	10.35	50	39.40	31.92
10	11.74	10.74	51	41.30	33.32
11	12.26	11.15	52	43.19	34.71
12	12.80	11.58	53	45.09	36.11
13	13.37	12.02	54	46.98	37.51
14	13.96	12.47	55	48.88	38.90
15	14.56	12.86	56	50.97	40.50
16	15.14	13.28	57	53.07	42.09
17	15.72	13.70	58	55.16	43.69
18	16.30	14.12	59	57.26	45.29
19	16.88	14.54	60	59.35	46.88
20	17.46	14.96	61	62.04	49.68
21	17.86	15.26	62	64.74	52.47
22	18.25	15.56	63	67.43	55.26
23	18.65	15.86	64	70.12	58.05
24	19.05	16.16	65	72.82	60.85
25	19.45	16.46	66	76.91	64.84
26	19.85	16.76	67	81.00	68.83
27	20.25	17.06	68	85.09	72.82
28	20.65	17.36	69	89.18	76.81
29	21.05	17.66	70	93.27	80.80
30	21.45	17.96	71	101.55	86.58
31	21.95	18.45	72	109.82	92.37
32	22.44	18.95	73	118.10	98.15
33	22.94	19.45	74	126.38	103.94
34	23.44	19.95	75	134.66	109.73
35	23.94	20.45	76	150.02	121.10
36	24.84	20.95	77	165.39	132.47
37	25.74	21.45	78	180.75	143.84
38	26.63	21.95	79	196.11	155.21
39	27.53	22.44	80	211.47	166.58
40	28.43	22.94			



## SENIOR DIRECT PREFERRED WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State ZipDate of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
*(If different than Insured)* Street Apt. # City State ZipPrimary Beneficiary Name \_\_\_\_\_  
First Middle Last RelationshipSecondary Beneficiary Name \_\_\_\_\_  
First Middle Last Relationship YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

- YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past three years or expect to be admitted to a hospital or nursing facility?
- YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?
- YES  NO In the past six months, have you experienced any unexplained weight loss or weight gain?
- YES  NO In the past year, have you used any form of tobacco or nicotine product or had a blood pressure reading over 135/85?
- YES  NO In the past five years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?
- YES  NO In the past five years have you had, been treated, received medical advice or prescribed medication for, or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ, or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?
- YES  NO In the past ten years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS &amp; USAGE: \_\_\_\_\_

- YES  NO Do you want the Automatic Premium Loan Provision?
- YES  NO Do you have any existing life insurance or annuity contracts?
- YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

## STANDARD WHOLE LIFE

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
0	8.01	7.76	43	37.00	30.70
1	8.20	7.90	44	38.00	31.60
2	8.49	8.14	45	39.00	32.50
3	8.82	8.41	46	40.60	33.60
4	9.18	8.69	47	42.20	34.70
5	9.55	8.99	48	43.80	35.80
6	9.94	9.31	49	45.40	36.90
7	10.36	9.65	50	47.00	38.00
8	10.80	10.00	51	49.20	39.40
9	11.27	10.38	52	51.40	40.80
10	11.77	10.77	53	53.60	42.20
11	12.69	11.49	54	55.80	43.70
12	13.62	12.22	55	58.00	45.50
13	14.54	12.94	56	60.40	47.50
14	15.46	13.66	57	62.80	49.49
15	16.39	14.39	58	67.00	51.49
16	17.31	15.11	59	69.00	53.48
17	18.23	15.83	60	74.00	55.48
18	19.15	16.55	61	79.00	59.17
19	20.08	17.28	62	85.00	62.86
20	21.00	18.00	63	91.00	66.56
21	21.40	18.30	64	97.00	71.00
22	21.80	18.60	65	103.00	76.00
23	22.20	18.90	66	109.00	82.00
24	22.60	19.20	67	116.00	89.00
25	23.00	19.50	68	123.00	96.00
26	23.50	19.90	69	130.00	104.00
27	24.00	20.30	70	138.00	113.00
28	24.50	20.70	71	147.00	122.00
29	25.00	21.10	72	157.00	131.00
30	25.50	21.50	73	167.00	140.00
31	26.20	22.10	74	178.00	150.00
32	26.90	22.70	75	190.00	161.00
33	27.60	23.30	76	203.00	173.00
34	28.30	23.90	77	217.00	186.00
35	29.00	24.50	78	233.00	200.00
36	30.00	25.20	79	251.00	215.00
37	31.00	25.90	80	271.00	232.00
38	32.00	26.60	81	277.85	251.00
39	33.00	27.30	82	285.86	260.17
40	34.00	28.00	83	293.88	269.35
41	35.00	28.90	84	301.89	278.52
42	36.00	29.80	85	309.91	287.69

## SENIOR DIRECT STANDARD WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
*(If different than Insured)* Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_Primary Beneficiary Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_Secondary Beneficiary Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_ YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

- YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, or do you expect to be admitted to a hospital or nursing facility?
- YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?
- YES  NO In the past six months, have you experienced any unexplained weight loss or weight gain?
- YES  NO In the past two years, have you had, been treated, received medical advice or prescribed medication for or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?
- YES  NO In the past two years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?
- YES  NO In the past five years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS &amp; USAGE: \_\_\_\_\_

- YES  NO Do you want the Automatic Premium Loan Provision?
- YES  NO Do you have any existing life insurance or annuity contracts?
- YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

## MODIFIED WHOLE LIFE

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
<b>40</b>	81.02	76.45	<b>63</b>	130.79	100.43
<b>41</b>	82.37	77.38	<b>64</b>	133.46	102.64
<b>42</b>	84.94	77.61	<b>65</b>	136.13	104.82
<b>43</b>	87.52	78.76	<b>66</b>	138.96	108.68
<b>44</b>	90.09	79.92	<b>67</b>	147.96	115.57
<b>45</b>	92.66	81.08	<b>68</b>	156.95	123.27
<b>46</b>	94.28	83.75	<b>69</b>	165.95	130.98
<b>47</b>	95.79	86.32	<b>70</b>	174.94	138.69
<b>48</b>	97.22	88.75	<b>71</b>	183.89	148.83
<b>49</b>	98.55	91.06	<b>72</b>	192.84	158.98
<b>50</b>	99.79	93.26	<b>73</b>	201.80	169.12
<b>51</b>	100.37	93.37	<b>74</b>	210.75	179.27
<b>52</b>	100.93	93.49	<b>75</b>	219.70	189.41
<b>53</b>	104.09	93.60	<b>76</b>	229.73	199.89
<b>54</b>	106.76	93.72	<b>77</b>	239.75	210.38
<b>55</b>	109.43	93.84	<b>78</b>	249.78	220.86
<b>56</b>	112.10	93.96	<b>79</b>	259.80	231.35
<b>57</b>	114.77	94.08	<b>80</b>	271.00	241.83
<b>58</b>	117.44	94.20	<b>81</b>	277.85	251.00
<b>59</b>	120.11	94.32	<b>82</b>	285.86	260.17
<b>60</b>	122.78	94.44	<b>83</b>	293.88	269.35
<b>61</b>	125.45	95.93	<b>84</b>	299.89	278.52
<b>62</b>	128.12	98.59	<b>85</b>	303.03	287.69

SENIOR DIRECT MODIFIED WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
 Street Apt. # City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
 (If different than Insured) Street Apt. # City State Zip

Primary Beneficiary Name \_\_\_\_\_  
 First Middle Last Relationship

Secondary Beneficiary Name \_\_\_\_\_  
 First Middle Last Relationship

YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, or do you expect to be admitted to a hospital or nursing facility?

YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?

YES  NO Are you legally blind, wheelchair bound, bedridden, on oxygen, or receiving home health care?

YES  NO In the past two years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, or noted to excessively consume alcohol?

YES  NO In the past two years, have you had, been treated for, received medical advice by a licensed medical practitioner, been prescribed medication for, or been diagnosed by a licensed medical provider with any heart **and** any lung disease/condition/disorder, any blood, kidney or liver disease/condition/disorder, Alzheimer's disease, cancer, cerebral palsy, cystic fibrosis, dementia, Huntington's disease, Lou Gehrig's disease, multiple sclerosis, muscular dystrophy, paralysis, stroke or transplant, uncontrolled high blood pressure (or with complications), uncontrolled diabetes (or with complications)?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS & USAGE: \_\_\_\_\_

YES  NO Do you want the Automatic Premium Loan Provision?

YES  NO Do you have any existing life insurance or annuity contracts?

YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

FIRST YEAR 110% of premiums paid	SECOND YEAR 110% of premiums paid	THIRD YEAR Amount of Insurance
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## EASY ISSUE WHOLE LIFE

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
0	34.65	27.72	43	87.52	78.76
1	35.00	27.93	44	90.09	79.92
2	35.34	28.14	45	92.66	81.08
3	35.69	28.34	46	94.28	83.75
4	36.04	28.55	47	95.79	86.32
5	36.38	28.76	48	97.22	88.75
6	36.73	28.97	49	98.55	91.06
7	37.08	29.18	50	99.79	93.26
8	37.42	29.38	51	100.37	93.37
9	37.77	29.59	52	100.93	93.49
10	38.12	29.80	53	104.09	93.60
11	38.46	30.01	54	106.76	93.72
12	38.81	30.21	55	109.43	93.84
13	39.15	30.42	56	112.10	93.96
14	39.50	30.63	57	114.77	94.08
15	39.85	30.84	58	117.44	94.20
16	40.19	31.05	59	120.11	94.32
17	40.54	31.25	60	122.78	94.44
18	40.89	31.46	61	125.45	95.93
19	41.23	31.67	62	128.12	98.59
20	41.58	31.88	63	130.79	100.43
21	42.08	32.79	64	133.46	102.64
22	43.16	34.16	65	136.13	104.82
23	44.26	35.52	66	138.96	108.68
24	45.35	36.89	67	147.96	115.57
25	46.45	38.25	68	156.95	123.27
26	47.12	39.31	69	165.95	130.98
27	48.47	40.93	70	174.94	138.69
28	49.82	42.54	71	183.89	148.83
29	51.16	44.15	72	192.84	158.98
30	52.51	45.78	73	201.80	169.12
31	53.86	47.22	74	210.75	179.27
32	55.97	48.35	75	219.70	189.41
33	58.10	51.47	76	229.73	199.89
34	60.22	53.59	77	239.75	210.38
35	62.35	55.72	78	249.78	220.86
36	65.34	59.19	79	259.80	231.35
37	69.26	63.51	80	271.00	241.83
38	73.18	67.82	81	277.85	251.00
39	77.10	72.13	82	285.86	260.17
40	81.02	76.45	83	293.88	269.35
41	82.37	77.38	84	299.89	278.52
42	84.94	77.61	85	303.03	287.69

**SENIOR DIRECT** EASY ISSUE WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
(If different than Insured) Street Apt. # City State Zip

Primary Beneficiary Name \_\_\_\_\_  
First Middle Last Relationship

Secondary Beneficiary Name \_\_\_\_\_  
First Middle Last Relationship

YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or expect to be admitted to a hospital or nursing facility?

YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?

YES  NO Do you want the Automatic Premium Loan Provision?

YES  NO Do you have any existing life insurance or annuity contracts?

YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_  
Company Policy #

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

<b>FIRST YEAR</b>	<b>110% of premiums paid</b>	<b>THIRD YEAR</b>	<b>110% of premiums paid</b>
<b>SECOND YEAR</b>	<b>110% of premiums paid</b>	<b>FOURTH YEAR</b>	<b>Amount of Insurance</b>

## GRADED ISSUE WHOLE LIFE

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
0	38.12	30.49	43	96.27	86.64
1	38.50	30.72	44	99.10	87.91
2	38.88	30.95	45	101.93	89.19
3	39.26	31.18	46	103.71	92.13
4	39.64	31.41	47	105.37	94.95
5	40.02	31.64	48	106.94	97.63
6	40.40	31.86	49	108.41	100.17
7	40.78	32.09	50	109.77	102.58
8	41.16	32.32	51	110.40	102.70
9	41.55	32.55	52	111.02	102.83
10	41.93	32.78	53	114.50	102.96
11	42.31	33.01	54	117.44	103.10
12	42.69	33.24	55	120.37	103.23
13	43.07	33.46	56	123.31	103.36
14	43.45	33.69	57	126.25	103.49
15	43.83	33.92	58	129.18	103.62
16	44.21	34.15	59	132.12	103.75
17	44.59	34.38	60	135.06	103.88
18	44.98	34.61	61	138.00	105.52
19	45.36	34.84	62	140.93	108.45
20	45.74	35.07	63	143.87	110.47
21	46.28	36.07	64	146.81	112.91
22	47.48	37.57	65	149.74	115.30
23	48.69	39.07	66	152.86	119.55
24	49.89	40.58	67	162.76	127.13
25	51.10	42.08	68	172.65	135.60
26	51.84	43.24	69	182.55	144.08
27	53.32	45.02	70	192.43	152.56
28	54.80	46.79	71	202.28	163.71
29	56.28	48.57	72	212.12	174.88
30	57.76	50.36	73	221.98	186.03
31	59.24	51.95	74	231.83	197.20
32	61.57	53.19	75	241.67	208.35
33	63.91	56.62	76	252.70	219.88
34	66.24	58.95	77	263.73	231.42
35	68.59	61.29	78	274.76	242.95
36	71.87	65.11	79	285.78	254.49
37	76.19	69.86	80	294.04	266.01
38	80.50	74.60	81	297.30	276.10
39	84.81	79.34	82	300.15	282.28
40	89.12	84.09	83	301.23	284.70
41	90.60	85.12	84	302.20	286.60
42	93.44	85.37	85	303.03	287.69



**SENIOR DIRECT GRADED** WHOLE LIFE INSURANCE APPLICATION

**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State ZipDate of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
*(If different than Insured)* Street Apt. # City State ZipPrimary Beneficiary Name \_\_\_\_\_  
First Middle Last RelationshipSecondary Beneficiary Name \_\_\_\_\_  
First Middle Last Relationship YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):** YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, or do you expect to be admitted to a hospital or nursing facility? YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection? YES  NO Are you legally blind, wheelchair bound, bedridden, on oxygen, or receiving home health care? YES  NO In the past two years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, or noted to excessively consume alcohol? YES  NO In the past two years, have you had, been treated for, received medical advice by a licensed medical practitioner, been prescribed medication for, or been diagnosed by a licensed medical provider with any heart **and** any lung disease/condition/disorder, any blood, kidney or liver disease/condition/disorder, Alzheimer's disease, cancer, cerebral palsy, cystic fibrosis, dementia, Huntington's disease, Lou Gehrig's disease, multiple sclerosis, muscular dystrophy, paralysis, stroke or transplant, uncontrolled high blood pressure (or with complications), uncontrolled diabetes (or with complications)?**PHYSICIAN NAME AND ADDRESS:** \_\_\_\_\_**MEDICATIONS & USAGE:** \_\_\_\_\_ YES  NO Do you want the Automatic Premium Loan Provision? YES  NO Do you have any existing life insurance or annuity contracts? YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_  
Company Policy #

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

FIRST YEAR 50% of face amount	SECOND YEAR 75% of face amount	THIRD YEAR 100% of face amount
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## GUARANTEED ISSUE WHOLE LIFE

<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>	<b>Age Last Birthday</b>	<b>Male Annual Rate Per \$1,000</b>	<b>Female Annual Rate Per \$1,000</b>
0	38.12	30.49	43	96.27	86.64
1	38.50	30.72	44	99.10	87.91
2	38.88	30.95	45	101.93	89.19
3	39.26	31.18	46	103.71	92.13
4	39.64	31.41	47	105.37	94.95
5	40.02	31.64	48	106.94	97.63
6	40.40	31.86	49	108.41	100.17
7	40.78	32.09	50	109.77	102.58
8	41.16	32.32	51	110.40	102.70
9	41.55	32.55	52	111.02	102.83
10	41.93	32.78	53	114.50	102.96
11	42.31	33.01	54	117.44	103.10
12	42.69	33.24	55	120.37	103.23
13	43.07	33.46	56	123.31	103.36
14	43.45	33.69	57	126.25	103.49
15	43.83	33.92	58	129.18	103.62
16	44.21	34.15	59	132.12	103.75
17	44.59	34.38	60	135.06	103.88
18	44.98	34.61	61	138.00	105.52
19	45.36	34.84	62	140.93	108.45
20	45.74	35.07	63	143.87	110.47
21	46.28	36.07	64	146.81	112.91
22	47.48	37.57	65	149.74	115.30
23	48.69	39.07	66	152.86	119.55
24	49.89	40.58	67	162.76	127.13
25	51.10	42.08	68	172.65	135.60
26	51.84	43.24	69	182.55	144.08
27	53.32	45.02	70	192.43	152.56
28	54.80	46.79	71	202.28	163.71
29	56.28	48.57	72	212.12	174.88
30	57.76	50.36	73	221.98	186.03
31	59.24	51.95	74	231.83	197.20
32	61.57	53.19	75	241.67	208.35
33	63.91	56.62	76	252.70	219.88
34	66.24	58.95	77	263.73	231.42
35	68.59	61.29	78	274.76	242.95
36	71.87	65.11	79	285.78	254.49
37	76.19	69.86	80	294.04	266.01
38	80.50	74.60	81	297.30	276.10
39	84.81	79.34	82	300.15	282.28
40	89.12	84.09	83	301.23	284.70
41	90.60	85.12	84	302.20	286.60
42	93.44	85.37	85	303.03	287.69

**SENIOR DIRECT** GUARANTEED ISSUE WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
 PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
(If different than Insured) Street Apt. # City State Zip

Primary Beneficiary Name \_\_\_\_\_  
First Middle Last Relationship

Secondary Beneficiary Name \_\_\_\_\_  
First Middle Last Relationship

YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**GUARANTEED ISSUE - NO HEALTH INFORMATION REQUIRED**

- YES  NO Do you want the Automatic Premium Loan Provision?
- YES  NO Do you have any existing life insurance or annuity contracts?
- YES  NO Will this cause any other insurance or annuity to be replaced, discontinued or changed? \_\_\_\_\_  
Company Policy #

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect the first premium must be honored by the bank and the policy issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 Class H felony.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

FIRST YEAR 110% of premiums paid	SECOND YEAR 110% of premiums paid
THIRD YEAR 110% of premiums paid	FOURTH YEAR Amount of Insurance

## 10 PAY PREFERRED 5% GROWTH WHOLE LIFE

Age Last Birthday	Male Annual Rate Per \$1,000	Female Annual Rate Per \$1,000	Age Last Birthday	Male Annual Rate Per \$1,000	Female Annual Rate Per \$1,000
40	138.00	132.00	63	170.00	160.00
41	139.00	133.00	64	174.00	163.00
42	139.00	133.00	65	177.00	167.00
43	140.00	134.00	66	181.00	171.00
44	140.00	134.00	67	185.00	174.00
45	141.00	135.00	68	190.00	178.00
46	142.00	136.00	69	194.00	182.00
47	142.00	136.00	70	198.00	186.00
48	143.00	137.00	71	206.00	193.00
49	143.00	137.00	72	213.00	200.00
50	144.00	138.00	73	222.00	208.00
51	145.00	139.00	74	230.00	216.00
52	147.00	140.00	75	239.00	224.00
53	148.00	141.00	76	248.00	233.00
54	150.00	143.00	77	257.00	241.00
55	151.00	144.00	78	267.00	251.00
56	153.00	145.00	79	277.00	260.00
57	154.00	146.00	80	288.00	270.00
58	156.00	148.00	81	299.00	280.00
59	157.00	149.00	82	312.00	292.00
60	159.00	150.00	83	326.00	305.00
61	163.00	153.00	84	342.00	320.00
62	166.00	157.00	85	359.00	336.00

Accidental Death Benefit Rider is not available.  
Face amount limited to \$5,000.

## SENIOR DIRECT 10 PAY PREFERRED WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
 Street Apt. # City State ZipDate of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_  
*(If different than Insured)* Street Apt. # City State ZipPrimary Beneficiary Name \_\_\_\_\_  
 First Middle Last RelationshipSecondary Beneficiary Name \_\_\_\_\_  
 First Middle Last Relationship YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

- YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past three years or expect to be admitted to a hospital or nursing facility?
- YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?
- YES  NO In the past six months, have you experienced any unexplained weight loss or weight gain?
- YES  NO In the past year, have you used any form of tobacco or nicotine product or had a blood pressure reading over 135/85?
- YES  NO In the past five years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?
- YES  NO In the past five years have you had, been treated, received medical advice or prescribed medication for, or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ, or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?
- YES  NO In the past ten years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS &amp; USAGE: \_\_\_\_\_

- YES  NO Do you want the Automatic Premium Loan Provision?
- YES  NO Do you have any existing life insurance or annuity contracts?
- YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

## 20 PAY STANDARD WHOLE LIFE

Age Last Birthday	Male Annual Rate Per \$1,000	Female Annual Rate Per \$1,000	Age Last Birthday	Male Annual Rate Per \$1,000	Female Annual Rate Per \$1,000
0	13.00	11.47	31	38.01	33.43
1	13.21	11.66	32	38.71	34.03
2	13.44	11.86	33	39.40	34.63
3	13.68	12.08	34	40.10	35.22
4	13.95	12.31	35	40.80	35.82
5	14.23	12.56	36	41.79	36.52
6	14.53	12.83	37	42.79	37.21
7	14.86	13.11	38	43.78	37.91
8	15.21	13.42	39	44.78	38.61
9	15.58	13.75	40	45.77	39.30
10	15.98	14.10	41	46.57	40.20
11	17.66	14.49	42	47.36	41.09
12	19.35	16.86	43	48.16	41.99
13	21.03	18.23	44	48.95	42.88
14	22.73	19.60	45	49.75	43.78
15	24.41	20.98	46	51.14	44.78
16	26.09	22.36	47	52.54	45.77
17	27.78	23.73	48	53.93	46.77
18	29.46	25.10	49	55.32	47.76
19	31.15	26.49	50	56.72	48.76
20	32.84	27.86	51	58.61	50.25
21	33.23	28.36	52	60.50	51.74
22	33.63	28.86	53	62.39	53.23
23	34.03	29.35	54	64.28	54.73
24	34.43	29.85	55	66.17	56.22
25	34.83	30.35	56	68.16	57.61
26	35.32	30.85	57	70.15	59.00
27	35.82	31.34	58	72.14	60.40
28	36.32	31.84	59	74.13	61.79
29	36.82	32.34	60	76.12	63.18
30	37.31	32.84			

## SENIOR DIRECT 20 PAY STANDARD WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

Street Apt. # City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Address \_\_\_\_\_

(If different than Insured) Street Apt. # City State Zip

Primary Beneficiary Name \_\_\_\_\_

First Middle Last Relationship

Secondary Beneficiary Name \_\_\_\_\_

First Middle Last Relationship

 YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

- YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, or do you expect to be admitted to a hospital or nursing facility?
- YES  NO Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection?
- YES  NO In the past six months, have you experienced any unexplained weight loss or weight gain?
- YES  NO In the past two years, have you had, been treated, received medical advice or prescribed medication for or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness?
- YES  NO In the past two years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?
- YES  NO In the past five years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS &amp; USAGE: \_\_\_\_\_

- YES  NO Do you want the Automatic Premium Loan Provision?
- YES  NO Do you have any existing life insurance or annuity contracts?
- YES  NO Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_ Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

## JOINT FIRST TO DIE STANDARD WHOLE LIFE

Age Last Birthday	Annual Rate Per \$1,000	Age Last Birthday	Annual Rate Per \$1,000
40	32.00	63	111.00
41	33.00	64	121.00
42	34.00	65	132.00
43	36.00	66	143.00
44	38.00	67	156.00
45	41.00	68	161.00
46	43.00	69	167.00
47	46.00	70	173.00
48	48.00	71	179.00
49	50.00	72	185.00
50	52.00	73	200.00
51	53.00	74	218.00
52	56.00	75	235.00
53	61.00	76	257.00
54	64.00	77	278.00
55	68.00	78	302.00
56	73.00	79	327.00
57	79.00	80	354.00
58	83.00	81	385.00
59	87.00	82	418.00
60	92.00	83	458.00
61	97.00	84	500.00
62	102.00	85	550.00

To obtain the Joint Equal Issue Age, refer to the  
*Joint First to Die Issue Age Calculation Formula*



## SENIOR DIRECT JOINT FIRST-TO-DIE WHOLE LIFE INSURANCE APPLICATION



**SENIOR LIFE INSURANCE COMPANY**  
**PO Box 2447 • Thomasville, GA 31799 • 1-877-777-8808**

Proposed Insured 1 \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Proposed Insured 2 \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Policy Owner Name \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_Primary Beneficiary Name 1 \_\_\_\_\_ 2 \_\_\_\_\_  
First Middle Last First Middle LastSecondary Beneficiary Name 1 \_\_\_\_\_ 2 \_\_\_\_\_  
First Middle Last First Middle Last YES  NO ADB Rider \$ \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_**PLEASE ANSWER THESE HEALTH QUESTIONS (Must answer "NO" to qualify):**

Indicate 1 or 2

 YES  NO\_\_ Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated or have you been hospitalized two or more times in the past six months, or do you expect to be admitted to a hospital or nursing facility? YES  NO\_\_ Have you tested positive for exposure to the HIV Infection or been diagnosed as having ARC or AIDS caused by the HIV Infection or other sickness or condition derived from such infection? YES  NO\_\_ In the past six months, have you experienced any unexplained weight loss or weight gain? YES  NO\_\_ In the past two years, have you had, been treated, received medical advice or prescribed medication for or been diagnosed with uncontrolled diabetes including any complications from such, uncontrolled high blood pressure, stroke, paralysis, cancer, any heart, organ or lung disease (including COPD/Emphysema), mental disorder/retardation, disorder of the brain or nervous system, any impairment, disorder, disease, transplant or chronic illness? YES  NO\_\_ In the past two years, have you been advised or recommended to have any tests, surgery or hospitalization which has not been received or completed, or advised to take medications and have not been compliant? YES  NO\_\_ In the past five years, have you used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, noted to excessively consume alcohol or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS &amp; USAGE: \_\_\_\_\_

 YES  NO\_\_ Do you want the Automatic Premium Loan Provision? YES  NO\_\_ Do you have any existing life insurance or annuity contracts? YES  NO\_\_ Will this cause any other insurance or annuity to be replaced or changed? \_\_\_\_\_  
Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have been read all questions and answers and I affirm that they are true to the best of my knowledge and belief. I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder, and the agent does not have the authority to waive or modify any question or answer. I further acknowledge that 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 felony of the third degree.

Signed In \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

# COMMONLY PRESCRIBED MEDICATIONS

The following is a list of commonly prescribed medications, which pertain to the conditions covered herein. Use this list as a tool to assist you when qualifying a client for a certain plan. Please note that if the condition or medication is **bold** offer the client a Limited Benefit plan. Often a person will be taking multiple medications and some medications are taken for more than one condition. Therefore, we want this list to be as helpful to you as possible. If ever you have any questions or need further assistance, please call the Underwriting Department Representatives in the Policy Services Department.

**Bold text indicates serious conditions; should be written limited benefit based on health question qualifications.**

△Water Retention Medications: Please indicate location of water retention in the applicant's body.  
This will determine what plan the applicant qualifies for.

† Can write Standard if no occurrence within 2 years.

## MEDICATIONS

Abilify *aripiprazole*  
*acarbose* *Precose*  
*Accuneb* *albuterol*  
*Accupril* *quinapril*

*acebutolol* *Sectral*  
*acetaminophen* and  
*propoxyphene* *Balacet, Darvocet*  
*Aciphex* *rabeprazole*  
*Actemra* *tocilizumab*  
*Actos* *pioglitazone*  
*acyclovir* *Zovirax*  
*Adalat* *nifedipine*  
*Adderall* *amphetamine* and  
*dextroamphetamine* †  
*Advair* *Diskus* *salmeterol* and  
*fluticasone*  
***Adriamycin* *doxorubicin***  
***Aggrenox* *aspirin* and**  
***dipyridamole***  
*Ala-Tet* *tetracycline*  
*albuterol* *Ventolin, Proventil,*

*Accuneb*  
*albuterol* and *ipratropium* *Combivent,*  
*DuoNeb*

*Aldactazide* *spironolactone* and  
*HCTZ*  
*Aldactone* *spironolactone*

*Aldara* *imiquimod* cream  
*Aldomet* *methyldopa*  
*Aldoril* *HCTZ* and *methyldopa*  
*alendronate* *Fosamax*  
*Aleve* *naproxen*  
*aliskiren* and *amlodipine* *Tekamlo*  
***Alkeran, melphalan***  
*Allegra* *fexofenadine*  
*Allegra-D* *fexofenadine* and  
*pseudoephedrine*  
*allopurinol*/*lopurin* *Zyloprim*  
*alprazolam* *Xanax*  
*Altace* *ramipril*

*Altacor* *lovastatin*  
*Altoprev* *lovastatin*  
*Amaryl* *glimepiride*  
*Ambien* *zolpidem*

## CONDITIONS

Depression/**Antipsychotic Medication**  
 Diabetes  
 Asthma/**COPD/Lung Disease/Emphysema**  
 High Blood Pressure/**Congestive Heart Failure/**  
**Prevention of Kidney Failure**  
 Hypertension/**Ventricular Arrhythmias**  
 Narcotic Pain Reliever

Heartburn/Reflux/Ulcers/Stomach Problems  
 Rheumatoid Arthritis  
 Diabetes  
 Antiviral/Hives  
 High Blood Pressure/**Angina/Heart**  
 Narcolepsy/Attention Deficit Disorder

Asthma/**COPD/Lung Disease/Emphysema/**  
**Chronic Bronchitis**  
**Cancer**  
**Circulatory Problems**

Antibiotic  
 Asthma/**COPD/Lung Disease/Emphysema/**  
**Chronic Bronchitis**

**COPD/Asthma**

High Blood Pressure/**Congestive Heart**  
**Failure/Water Retention**△  
 High Blood Pressure/**Congestive Heart**  
**Failure/Water Retention**△  
 Actinic Keratosis, Superficial Basal Cell Carcinoma  
 High Blood Pressure  
 Hypertension  
 Osteoporosis  
 Pain, Arthritis, Gout  
 Hypertension  
**Cancer**  
 Hay Fever  
 Allergy/Hay Fever

Gout Treatment/Lower Uric Acid Levels  
 Antidepressant  
 High Blood Pressure/**Congestive Heart**  
**Failure/Prevention of Kidney Failure**  
 Cholesterol/Triglyceride Treatment  
 Cholesterol  
 Diabetes  
 Sleeping Medication

<i>amiloride</i> Midamor	High Blood Pressure/ <b>Congestive Heart Failure/</b> Water Retention△
<b>amiodarone</b> Cordarone, <i>amitriptyline</i> Elavil, Endep amlodipine, HCTZ and olmesartan Tribenzor	<b>Ventricular Arrhythmias</b> Antidepressant Hypertension
<i>amlodipine</i> and <i>benazepril</i> Lotrel	High Blood Pressure
<i>amlodipine</i> Norvasc	High Blood Pressure/ <b>Angina</b>
<i>amlodipine/benazepril</i> Lotrel	High Blood Pressure
Amoxil <i>amoxicillin</i>	Antibiotic
<i>amoxicillin</i> Amoxil, Trimox	Antibiotic
<i>amoxicillin/clavulanate</i> Augmentin	Antibiotic
<i>amphetamine</i> and <i>dextroamphetamine</i> Adderall †	Narcolepsy/Attention Deficit Disorder
<b>Ampyra dalfampridine</b>	<b>Multiple Sclerosis</b>
Anaprox <i>naproxen</i>	Pain, Arthritis, Gout
Antivert <i>meclizine</i>	Nausea
<b>Apresoline hydralazine</b>	<b>Hypertension (Severe)</b>
Aquazide-H <i>hydrochlorothiazide</i> (HCTZ)	High Blood Pressure/ <b>Congestive Heart</b> <b>Failure/Kidney Failure/Water Retention</b> △
<b>Aricept donepezil</b>	<b>Alzheimer's Disease/Dementia</b>
aripiprazole Abilify	Depression/ <b>Antipsychotic Medication</b>
Arthrotec <i>diclofenac</i> and <i>misoprostol</i>	Anti-inflammatory
<i>aspirin/acetylsalicylic acid</i> Ascriptin	<b>Anticoagulation/Pain/Anti-Inflammation</b>
<b><i>aspirin and dipyridamole</i> Aggrenox</b>	<b>Circulatory Problems</b>
Atacand <i>candesartan cilexetil</i>	High Blood Pressure/ <b>Heart Failure</b>
Atarax <i>hydroxyzine HCL</i>	Anxiety/Sedative/Allergies
<i>Atelvia risedronate sodium</i>	Osteoporosis
<i>atenolol</i> Tenormin	High Blood Pressure/Migraines/Tremors/ <b>Angina/COPD</b>
<i>atenolol</i> and <i>chlorthalidone</i> Tenoretic	High Blood Pressure
Ativan <i>lorazepam</i>	Antidepressant/Anxiety
<i>atorvastatin</i> Lipitor	Cholesterol/Triglyceride Treatment
Atrovent <i>ipratropium bromide</i>	Asthma/ <b>COPD/Lung Disease</b> <b>Emphysema/Chronic Bronchitis</b>
Augmentin <i>amoxicillin</i> and <i>clavulanate potassium</i>	Antibiotic
Avalide <i>irbesartan</i> and HCTZ	High Blood Pressure
Avandia <i>rosiglitazone</i>	Diabetes
Avapro <i>irbesartan</i>	High Blood Pressure
Aventyl <i>nortriptyline</i>	Antidepressant/Insomnia
Avinza morphine	Severe Pain
<b>Avonex interferon</b>	<b>Relapsing Multiple Sclerosis</b>
<i>azithromycin</i> Zithromax	Antibiotic
Azmacort <i>triamcinolone inhalation</i>	<b>Emphysema/Asthma</b>
<b>AZT/zidovudine</b> Retrovir	<b>AIDS/HIV</b>
Bactrim <i>trimethoprim</i> and <i>sulfamethoxazole</i>	Antibiotic
Bactroban <i>mupirocin topical</i>	Antibiotic
Balacet <i>acetaminophen</i> and <i>propoxyphene</i>	Pain
<i>benazepril</i> and <i>amlodipine</i> Lotrel	High Blood Pressure
<i>benazepril HCL</i> Lotensin	High Blood Pressure/ <b>Congestive Heart</b> <b>Failure</b>
Benicar <i>olmesartan</i>	High Blood Pressure
<b>benztropine</b> Cogentin	<b>Parkinson's Disease</b>
<b>Betapace</b> sotalol	<b>Heart</b>
<b>Betaseron</b> interferon	<b>AIDS/Relapsing Multiple Sclerosis/</b> <b>Hepatitis C/Leukemia</b>
Biaxin <i>clarithromycin</i>	Antibiotic
<b>bicalutamide</b> Casodex	<b>Cancer</b>
<b>Bidil</b>	<b>Heart Failure</b>
Bonine <i>meclizine</i>	Nausea
Brethine <i>terbutaline</i>	<b>Emphysema/Asthma/Preterm Labor</b>
<b>bretylum tosylate</b> Bretylol	<b>Ventricular Arrhythmias</b>
<b>Bretylol</b> <i>bretylum tosylate</i>	<b>Ventricular Arrhythmias</b>

**bumetanide Bumex**

**Bumex bumetanide**

*buprenorphine* Butrans patch  
*bupropion* Wellbutrin SR  
BuSpar *bupirone*  
**busulfan Myleran, Busulfex**  
**Busulfex busulfan**  
Butrans buprenorphine patch  
**cabazitaxel Jevtana**  
*Calan verapamil*  
*calcitonin salmon* Miacalcin  
*candesartan celexetil* Atacand  
**capecitabine Xeloda**  
Capoten captopril  
Capozide *captopril* and *HCTZ*  
*captopril* Capoten  
*captopril* and *HCTZ* Capozide  
*carbamazepine* Tegretol,  
Equetro, Carbatrol †  
Carbatrol *carbamazepine* †  
**carbidopa** and **levodopa Sinemet**  
**carboplatin Paraplatin**  
**Cardilate nifedipine**  
**Cardioquin quinidine**  
*Cardizem diltiazem*  
*Cardura doxazosin*  
*carisoprodol* Soma  
*Cartia XT diltiazem*  
*carvedilol* Coreg  
**Casodex bicalutamide**  
Catapres clonidine HCL

**CeeNu lomustine**

*cefprozil* Cefzil  
*Ceftin cefuroxime*  
*cefuroxime* Ceftin  
*Cefzil cefprozil*  
*Celebrex celecoxib*  
*celecoxib* Celebrex  
*Celexa citalopram*  
**CellCept mycophenolate mofetil**  
*cephalexin* Keflex  
*Cephulac lactulose*  
*cetirizine* Zyrtec  
**chlorambucil Leukeran**  
*chlorothiazide* Diuril  
*chlorpropamide* Diabinese  
*chlorthalidone* Thalitone  
*chlorthalidone* and *reserpine*  
Regroton  
**cilostazol Pletal**  
*cimetidine* Tagamet  
*Cipralax escitalopram*  
*Cipro ciprofloxacin*  
*ciprofloxacin* Cipro  
**cisplatin Platinol**  
*citalopram* Celexa  
*clarithromycin* Biaxin, Biaxin XL  
*Claritin loratadine*  
*Claritin D loratadine* and  
*pseudoephedrine*  
Cleocin HCl *clindamycin*

**Congestive Heart Failure/Renal Disease/High Blood Pressure (Severe)**  
**Congestive Heart Failure/Renal Disease/High Blood Pressure (Severe)**

Chronic Pain  
Antidepressant  
Anxiety  
**Cancer**  
**Cancer**  
Chronic Pain  
**Prostate Cancer**  
High Blood Pressure/**Angina**  
Osteoporosis  
High Blood Pressure/**Heart Failure**  
**Cancer**  
High Blood Pressure  
High Blood Pressure  
High Blood Pressure/**Heart**  
High Blood Pressure/**Heart**  
Seizures, Restless Leg Syndrome  
**Trigeminal Neuralgia/Bipolar Disorder**  
Seizures/Restless Leg Syndrome  
**Parkinson's Disease**  
**Cancer**  
**Angina Pectoris (frequent or recurrent)**  
**Heart Arrhythmias**  
High Blood Pressure/**Angina/Heart**  
High Blood Pressure/Prostate Enlargement  
Muscle Relaxant/Sleep Aid  
High Blood Pressure/**Angina/Heart**  
High Blood Pressure/**Heart**  
**Cancer**  
High Blood Pressure/Restless Leg Syndrome/**Narcotic** & Nicotine Withdrawal/  
Menopause/**Cancer Related Pain/Diabetic Neuropathy**  
**Cancer**  
Antibiotic  
Antibiotic  
Antibiotic  
Antibiotic  
Arthritis  
Arthritis  
Antidepressant  
**Transplant Rejection Medicine/Systemic Lupus**  
Antibiotic  
Constipation/**Liver Disease**  
Hay Fever  
**Cancer**  
Edema  
Diabetes  
Hypertension/**Congestive Heart Failure**  
Hypertension  
**Circulatory Problems**  
Heartburn/Reflux/Ulcers  
Depression/Anxiety  
Antibiotic  
Antibiotic  
**Cancer**  
Antidepressant  
Antibiotic  
Hay Fever  
Allergy/Hay Fever  
Antibiotic

<i>clindamycin</i> Cleocin HCl	Antibiotic
Clinoril <i>sulindac</i>	Pain/Anti-Inflammatory
<i>clonazepam</i> Klonopin †	Seizure Disorder/Restless Leg Syndrome
<i>clonidine</i> Catapres	High Blood Pressure/Restless Leg Syndrome/ <b>Narcotic</b> & Nicotine Withdrawal/ Menopause/ <b>Cancer Related Pain/ Diabetic Neuropathy</b>
<i>clonidine and chlorthalidone/ combipres</i> Clorpres	High Blood Pressure
<b>clopidogrel</b> Plavix	<b>Platelet Inhibitor/Stroke/Heart Attack</b>
<i>clorazepate</i> Tranxene †	Adjunctive for Partial Seizures/ Anxiety Disorders/ <b>Symptomatic Relief of Acute Alcohol Withdrawal</b>
Clorpres <i>clonidine</i> and <i>chlorthalidone/combipres</i>	High Blood Pressure
<b>Cogentin benzotropine</b>	<b>Parkinson's Disease</b>
<b>Cognex tacrine</b>	<b>Dementia/Alzheimer's</b>
<i>colchicine</i> Colcrys	Gout
Colcrys <i>colchicine</i>	Gout
<i>combipres/clonidine</i> and <i>chlorthalidone</i> Clorpres	High Blood Pressure
Combivent <i>ipratropium</i> and <i>albuterol</i>	<b>COPD/Asthma</b>
<b>Combivir lamivudine and zidovudine</b>	<b>HIV</b>
Concerta methylphenidate †	Narcolepsy/Attention Deficit Disorder
conjugated estrogens Premarin	Estrogen Supplement
<b>Cordarone amiodarone</b>	<b>Ventricular Arrhythmias/Heart</b>
Coreg <i>carvedilol</i>	High Blood Pressure/ <b>Heart</b>
Corgard <i>nadolol</i>	High Blood Pressure/ <b>Angina/Migraines/ Tremors</b>
Corzide <i>nadolol</i> and <i>bendroflumethiazide</i>	Hypertension
<b>Cosmegen dactinomycin</b>	<b>Cancer</b>
Cotrim <i>sulfamethoxazole</i> and <i>trimethoprim</i>	Antibiotic
<b>Coumadin warfarin</b>	<b>Anticoagulation/-strokes/Heart Surgery/ Circulatory Problems</b>
Covera <i>verapamil</i>	<b>Angina/Irregular Heartbeat/High Blood Pressure/Heart Palpitations</b>
Cozaar <i>losartan</i>	High Blood Pressure
<b>Crixivan indinavir</b>	<b>HIV</b>
<i>cyclobenzaprine</i> Flexeril	Muscle relaxant
<b>cyclophosphamide</b> Cytoxan, Neosar	<b>Cancer</b>
Cymbalta <i>duloxetine</i>	<b>Major Depressive Disorder/Diabetic Neuropathy/Depression/Fibromyalgia</b>
<b>cytarabine</b> Cytosar	<b>Cancer</b>
<b>cytarabine liposomal</b> DepoCyt	<b>Cancer</b>
<b>Cytosar cytarabine</b>	<b>Cancer</b>
<b>Cytosan cyclophosphamide</b>	<b>Cancer</b>
<b>dabigatran etexilate</b> Pradaxa	<b>Thromboembolism in Atrial Fibrillation</b>
<b>dactinomycin</b> Cosmegen	<b>Cancer</b>
<b>dalfampridine</b> Ampyra	<b>Multiple Sclerosis</b>
Darvocet <i>acetaminophen</i> and <i>propoxyphene</i>	Pain
Demadex <i>toremide</i>	High Blood Pressure/Water Retention△/ <b>Congestive Heart Failure/Heart</b>
<i>denosumab</i> Prolia	Osteoporosis
Depakene <i>valproic acid</i> †	Seizures/ <b>Bipolar Disorder</b>
Depakote <i>divalproex sodium</i> †	Seizures/ <b>Bipolar Disorder</b>
<b>DepoCyt cytarabine liposomal</b>	<b>Cancer</b>
Depo-provera <i>injectable medroxyprogesterone</i>	Hormone
Desyrel <i>trazodone</i>	Antidepressant/Sedative/ <b>Cocaine Withdrawal</b>
Detrol <i>tolterodine</i>	Bladder Spasms

DiaBeta <i>glyburide</i>	Diabetes
Diabinese <i>chlorpropamide</i>	Diabetes
<i>diazepam</i> Valium †	Anxiety/Sedative/Seizures
<i>diclofenac</i> Voltaren	Pain/Anti-inflammatory
<i>diclofenac</i> and <i>misoprostol</i> Arthrotec	Anti-inflammatory
<b>diethylstilbestrol (DES)</b>	<b>Cancer</b>
<b>Stilphostrol</b>	
Diflucan <i>fluconazole</i>	Fungus Infections
<b>Digitek digoxin</b>	<b>Heart Failure/Atrial Fibrillation/Heart</b>
<b>digoxin</b> Lanoxin, Digitek,	<b>Heart Failure/Atrial Fibrillation/Heart</b>
<b>Lanoxicaps</b>	
Dilacor <i>diltiazem</i>	High Blood Pressure/ <b>Heart</b>
Dilantin <i>phenytoin</i> †	Seizure Disorder
<b>Dilatrate SR isosorbide dinitrate</b>	<b>Angina/Heart Disease/Circulatory Problems</b>
Diltia <i>diltiazem</i>	High Blood Pressure/ <b>Angina/Heart</b>
<i>diltiazem</i> Cartia XT, Taztia XT,	High Blood Pressure/ <b>Angina/Heart</b>
Dilacor XR, Diltia XT, Tiazac,	
Cardizem	
Diovan <i>valsartan</i>	High Blood Pressure
Diovan HCT HCTZ and <i>valsartan</i>	High Blood Pressure
<b>dipyridamole</b> Persantine	<b>Circulatory Problems</b>
Diskets methadone	<b>Narcotic Addiction/Detoxification Maintenance/Chronic Pain</b>
<b>disopyramide</b> Norpace	<b>Ventricular Arrhythmias</b>
Diupres <i>reserpine</i> and <i>chlorothiazide</i>	Hypertension
Diuril Oral <i>chlorothiazide</i>	Edema
Diutensen-R <i>methyclothiazide</i> and <i>reserpine</i>	Hypertension
<i>divalproex sodium</i> Depakote †	Seizures/ <b>Bipolar Disorder</b>
<b>docetaxel</b> Taxotere	<b>Cancer</b>
Dolophine methadone	<b>Narcotic Addiction/Detoxification Maintenance/Chronic Pain</b>
<b>donepezil</b> Aricept	<b>Alzheimer's Disease</b>
<i>doxazosin</i> Cardura	High Blood Pressure/Prostate Enlargement
<i>doxepin</i> Silenor	Insomnia
<b>doxorubicin</b> Adriamycin	<b>Cancer</b>
Droxia hydroxyurea	<b>Cancer/Anemia/Sickle Cell Anemia</b>
<i>duloxetine</i> Cymbalta	<b>Major Depressive Disorder/Diabetic Neuropathy/Depression/Fibromyalgia</b>
DuoNeb <i>albuterol</i> and <i>ipratropium</i>	<b>COPD/Asthma</b>
<i>dutasteride</i> and <i>tamsulosin</i> Jalyn	Benign Prostatic Hyperplasia (Prostate)
Dyazide <i>triamterene/HCTZ</i>	High Blood Pressure/Water Retention△
DynaCirc <i>isradapine</i>	High Blood Pressure
Dyrenium <i>triamterene</i>	High Blood Pressure/Water Retention△
Effexor XR <i>venlafaxine</i>	Antidepressant
<b>Effient prasugrel</b>	<b>Heart</b>
Elavil <i>amitriptyline</i>	Antidepressant
<i>eletriptan</i> Relpax	Migraines
Elmiron pentosan	Interstitial Cystitis
Elocon <i>mometasone topical</i>	Rash/Dermatitis
<b>Emcyt estramustine</b>	<b>Cancer</b>
<i>enalapril</i> Vasotec	High Blood Pressure/ <b>Congestive Heart Failure</b>
Endep <i>amitriptyline</i>	Antidepressant
<b>enoxaparin</b> Lovenox	<b>Deep Venous Thrombosis/Anticoagulation</b>
<b>Epivir lamivudine</b>	<b>AIDS/HIV</b>
Equetro <i>carbamazepine</i> †	Seizures/Restless Leg Syndrome
<i>escitalopram</i> Lexapro, Cipralex	Depression/Anxiety
Esidrix <i>hydrochlorothiazide (HCTZ)</i>	Hypertension/Edema
Esimil <i>guanethidine</i> and <i>HCTZ</i>	Hypertension
<i>esomeprazole</i> Nexium	Acid Reflux
Estrace <i>estradiol</i>	Estrogen Supplement
<i>estradiol</i> Estring, Estrace, Vagifem	Estrogen Supplement
<b>estramustine</b> Emcyt	<b>Cancer</b>

Estring Estradiol	Estrogen Supplement
<i>estrogen</i> Premarin	Estrogen Supplement
<b>Eulexin <i>flutamide</i></b>	<b>Prostate Cancer</b>
<b>Exelon <i>rimvastigmine</i></b>	<b>Alzheimer's Disease</b>
Evista <i>raloxifene</i>	Osteoporosis
<i>ezetimibe</i> Zetia	Cholesterol
<i>ezetimibe</i> and <i>simvastatin</i> Vytorin	Cholesterol
<i>famotidine</i> Pepcid	Heartburn/Reflux/Ulcers
<i>felodipine</i> Plendil	High Blood Pressure/ <b>Angina</b>
<i>fenofibrate</i> Tricor	Cholesterol/Triglyceride Treatment
<i>fexofenadine</i> Allegra	Hay Fever
<i>fexofenadine</i> and <i>pseudoephedrine</i>	Allergy/Hay Fever
Allegra-D	
<b><i> fingolimod</i> Gilenya</b>	<b>Multiple Sclerosis</b>
Flagyl <i>metronidazole</i>	Antibiotic
<b><i>flecainide acetate</i> Tambocor</b>	<b>Heart Arrhythmias</b>
Flexiril <i>cyclobenzaprine</i>	Muscle Relaxant
Flomax <i>tamsulosin</i>	Prostate Enlargement
Flonase <i>fluticasone nasal</i>	Hay Fever
Flovent <i>fluticasone inhalation</i>	Steroid/Asthma
<b><i>floxuridine</i> FUDR</b>	<b>Cancer</b>
<i>fluconazole</i> Diflucan	Fungus Infection
<i>fluoxetine</i> Prozac	Antidepressant
<b><i>flutamide</i> Eulexin</b>	<b>Prostate Cancer</b>
<i>fluticasone nasal</i> Flonase, Veramyst	Hay Fever
<i>fluticasone inhalation</i> Flovent	Steroid/Asthma
<i>fluvastatin</i> Lescol	Cholesterol/Triglyceride Treatment
Folex PFS methotrexate	<b>Cancer/Multiple Sclerosis/Rheumatoid Arthritis</b>
Fortamet <i>metformin</i>	Diabetes
Fosamax <i>alendronate</i>	Osteoporosis
<b><i>foscarnet</i> Foscavir</b>	<b>AIDS/HIV</b>
<b>Foscavir <i>foscarnet</i></b>	<b>AIDS/HIV</b>
<i>fosinopril</i> Monopril	High Blood Pressure
<b>FUDR <i>floxuridine</i></b>	<b>Cancer</b>
<i>furosemide</i> Lasix	Water Retention△/High Blood Pressure/ <b>Congestive Heart Failure</b>
	Seizures/ <b>Adjunct to Psychoactive Medications/Neuropathy/Diabetic Neuropathy/Arthritis</b>
Gabapentin <i>neurontin</i> †	
	Seizures/ <b>Adjunct to Psychoactive Medications/Neuropathy/Diabetic Neuropathy/Arthritis</b>
Gabarone <i>neurontin</i> †	
	Antibiotic
gatifloxacin Tequin	Cholesterol/Triglyceride Treatment
Gemcor Oral <i>gemfibrozil</i>	Cholesterol/Triglyceride Treatment
<i>gemfibrozil</i> Gemcor Oral, Lopid	Seizures/Epilepsy
Gemonil metharbital †	<b>Antipsychotic/Schizophrenia</b>
<b>Geodon Ziprasidone</b>	<b>Multiple Sclerosis</b>
<b>Gilenya <i>fingolimod</i></b>	Diabetes
<i>glimepiride</i> Amaryl	Diabetes
<i>glipizide</i> Glucotrol	Diabetes
Glucophage <i>metformin</i>	Diabetes
Glucotrol <i>glipizide</i>	Diabetes
<i>glyburide</i> Diabeta, Micronase	Diabetes
Glynase <i>glyburide</i>	Diabetes
<b>Goserelin Zoladex</b>	<b>Cancer</b>
<i>guanethidine</i> Ismelin	Hypertension (moderate to <b>severe</b> )
<i>guanethidine</i> and <i>HCTZ</i> Esimil	Hypertension
<i>guanfacine</i> Tenex, Intuniv	High Blood Pressure
<b>Haldol <i>haloperidol</i></b>	<b>Antipsychotic</b>
<b><i>haloperidol</i> Haldol</b>	<b>Antipsychotic</b>
( <i>HCTZ</i> ) <i>hydrochlorothiazide</i>	High Blood Pressure/ <b>Congestive Heart Failure/Kidney Failure/Water Retention△</b>
Aquazide-H, HydroDIURIL, Microzide, Esidrix	
<i>HCTZ</i> and <i>bisoprolol</i> Ziac	High Blood Pressure
<i>HCTZ</i> and <i>losartan</i> Hyzaar	High Blood Pressure/ <b>Congestive Heart Failure</b>

<i>HCTZ and methyldopa</i> Aldoril	Hypertension
<i>HCTZ and metoprolol</i> Lopressor	High Blood Pressure/ <b>Angina</b> /Tremors/ Migraines
<i>HCTZ and propranolol</i> Inderide	Hypertension
<i>HCTZ and telmisartan</i> Micardis HCT	High Blood Pressure
<i>HCTZ and timolol</i> Timolide	Hypertension
<i>HCTZ and valsartan</i> Diovan HCT	High Blood Pressure
<b>Herceptin trastuzumab</b>	<b>Cancer</b>
Humulin <i>insulin isophane</i> and <i>insulin regular</i>	Diabetes
<b>hydralazine</b> Apresoline	<b>Hypertension (Severe)</b>
<i>hydralazine/hydrochlorothiazide</i> and <i>reserpine</i> Ser-Ap-Es	High Blood Pressure
Hydrea <i>hydroxyurea</i>	<b>Cancer/Sickle Cell Anemia</b> /Anemia
<i>hydrochlorothiazide</i> (HCTZ) Aquazide-H, HydroDIURIL, Microzide, Esidrix	High Blood Pressure/ <b>Congestive Heart Failure/Kidney Failure</b> /Water Retention△
<i>hydrocodone and ibuprofen</i> Vicoprofen	Narcotic Pain Medication/Anti-inflammatory
HydroDIURIL <i>hydrochlorothiazide</i> (HCTZ)	Hypertension/ <b>Kidney Failure</b>
<i>hydroflumethazide and reserpine</i> Salutensin	Hypertension
<i>hydroxychloroquine</i> Plaquenil	<b>Lupus</b> /Rheumatoid Arthritis
<i>hydroxyurea</i> Hydrea, Droxia	<b>Cancer</b> /Anemia/ <b>Sickle Cell Anemia</b>
<i>hydroxyzine</i> Atarax, Vistaril	Anxiety/Sedative
Hytrin <i>terazosin</i>	High Blood Pressure/Prostate Enlargement
Hyzaar <i>losartan</i> and HCTZ	High Blood Pressure/ <b>Congestive Heart Failure</b>
<i>ibuprofen</i> Motrin	Pain/Anti-inflammatory/Fever
<b>Imdur isosorbide mononitrate</b>	<b>Angina/Heart Disease/Heart</b>
<i>imiquimod</i> Aldara, Zyclara cream	Actinic Keratosis/Superficial Basal Cell Carcinoma
<i>imitrex sumatriptan</i>	Migraine Treatment
<i>indapamide</i> Lozol	High Blood Pressure/ <b>Congestive Heart Failure</b> /Water Retention△
Inderal <i>propranolol</i>	High Blood Pressure/Hypertension/ <b>Arrhythmias/ Angina/Hypertrophic Cardiomyopathy/ Tremors/Subaortic Stenosis/Myocardial Infarction</b> /Prevention of Migraines
Inderide <i>hydrochlorothiazide</i> and <i>propranolol</i>	Hypertension
<b>indinavir</b> Crixivan	<b>HIV</b>
Indocin <i>indomethacin</i>	Pain/Anti-inflammatory
<i>indomethacin</i> Indocin	Pain/Anti-inflammatory
<b>Infergen interferon alfacon-1</b>	<b>Leukemia/Cancer</b>
<i>insulin isophane</i> and <i>insulin regular</i> Humulin, Iletin Lente	Diabetes
<b>interferon alpha 2-A</b> Roferon	<b>AIDS/Immune System/Cancer</b>
<b>interferon</b> Intron A	<b>AIDS/Immune System</b>
<b>interferon</b> Betaseron, Peg-Intron	<b>AIDS/Relapsing Multiple Sclerosis/ Hepatitis C/Leukemia</b>
<b>interferon beta-1</b> Avonex	<b>AIDS/Immune System</b>
<b>interferon Alfacon-1</b> Infergen	<b>AIDS/Immune System</b>
<b>Intron A interferon</b>	<b>AIDS/Immune System</b>
Intuniv <i>guanfacine</i>	High Blood Pressure
ipratropium and albuterol Combivent	<b>COPD/Asthma/Chronic Bronchitis</b>
<i>ipratropium inhalation</i> Atrovent	Asthma/ <b>COPD/Lung Disease</b>
<i>irbesartan</i> Avapro	High Blood Pressure
<i>irbesartan</i> and HCTZ Avalide	High Blood Pressure
Ismelin <i>guanethidine</i>	Hypertension (moderate to <b>severe</b> )
<b>ISMO isosorbide mononitrate</b>	<b>Angina/Heart Disease/Circulatory Problems</b>



Isoptin <i>verapamil</i>	<b>Angina/Irregular Heartbeat</b> High Blood Pressure/ <b>Chest Pain/Atrial Fibrillation</b>
<b>Isordil isosorbide dinitrate</b>	<b>Angina/Heart Disease/Circulatory Problems</b>
<b>isosorbide dinitrate Sorbitrate, Isordil, Dilatrate SR</b>	<b>Angina/Heart Disease/Circulatory Problems</b>
<b>isosorbide mononitrate Imdur, ISMO, Monoket</b>	<b>Angina/Heart Disease</b>
<i>isradapine</i> DynaCirc	High Blood Pressure
Jalyn <i>dutasteride</i> and <i>tamsulosin</i>	Benign Prostatic Hyperplasia (Prostate)
<b>Jevtana cabazitaxel</b>	<b>Prostate Cancer</b>
K-Chlor <i>potassium chloride</i>	Potassium Supplement
K-Dur <i>potassium chloride</i>	Potassium Supplement
Keflex <i>cephalexin</i>	Antibiotic
Keppra <i>levetiracetam</i> †	Seizures/Epilepsy
Ketorlac Toradol	Pain
Klonopin <i>clonazepam</i> †	Seizure Disorder/Restless Leg Syndrome
Klor-Con <i>potassium chloride</i>	Potassium Supplement
Kombiglyze XR <i>saxaglipten</i> and <i>metformin</i>	Diabetes
Krystexxa <i>pegloticase</i>	Gout
<i>labetalol</i> Normodyne	Hypertension
<i>lactulose</i> Cephulac	Constipation/ <b>Liver Disease</b>
<b>lamivudine Epivir</b>	<b>AIDS/HIV</b>
<b>lamivudine and zidovudine Combivir</b>	<b>HIV</b>
<b>Lanoxicaps digoxin</b>	<b>Heart Condition/Atrial Fibrillation</b>
<b>Lanoxin digoxin</b>	<b>Heart Condition/Atrial Fibrillation</b>
<i>lansoprazole</i> Prevacid	Heartburn/Reflux/Ulcers
Lasix <i>furosemide</i>	Water Retention $\Delta$ /High Blood Pressure/ <b>Congestive Heart Failure</b>
Latanoprost <i>ophthalmic</i> Xalatan	Glaucoma/ <b>Diabetic Glaucoma</b>
<b>Latuda lurasidone</b>	<b>Antipsychotic/Schizophrenia</b>
Lente <i>Iletin insulin</i>	Diabetes
Lescol <i>fluvastatin</i>	Cholesterol/Triglyceride Treatment
<b>Leukeran chlorambucil</b>	<b>Cancer</b>
<b>leuprolide acetate Lupron</b>	<b>Cancer</b>
Levaquin <i>levofloxacin</i>	Antibiotic
<i>levetiracetam</i> Keppra †	Seizures/Epilepsy
<i>levofloxacin</i> Levaquin	Antibiotic
Levothroid <i>levothyroxine</i>	Hypothyroid/Goiters
<i>levothyroxine</i> Synthroid, Levoxyl	Hypothyroid/Goiters
Levothroid	Hypothyroid/Goiters
Levoxyl <i>levothyroxine</i>	Hypothyroid/Goiters
Lexapro <i>escitalopram</i>	Depression, Anxiety
Lipitor <i>atorvastatin</i>	Cholesterol/Triglyceride Treatment
<i>liraglutide</i> Victoza	Diabetes
<i>lisinopril</i> Zestril, Prinivil	High Blood Pressure/ <b>Heart Condition</b>
<i>lisinopril</i> and HCTZ Zestoretic	High Blood Pressure/ <b>Heart Condition</b>
<b>Lithium</b>	<b>Severe Mental Disorders</b>
Loestrin Fe norethindrone and ethinyl estradiol	Estrogen Supplement/ <b>Cancer</b>
<b>Iomustine CeeNu</b>	<b>Cancer</b>
Loniten minoxidil	High Blood Pressure
Lopid gemfibrozil	Cholesterol/Triglyceride Treatment
Lopressor metoprolol and HCTZ	High Blood Pressure/ <b>Angina</b> /Tremors/Migraines
<i>lopurin/allopurinol</i> Zyloprim	Gout Treatment/Lower Uric Acid Levels
<i>loratadine</i> Claritin	Allergy/Hay Fever/Skin Rash
<i>loratadine and pseudoephedrine</i> Claritin D	Allergy/Hay Fever
<i>lorazepam</i> Ativan	Antidepressant/Anxiety
<i>losartan</i> Cozaar	High Blood Pressure
<i>losartan and HCTZ</i> Hyzaar	High Blood Pressure/ <b>Congestive Heart Failure</b>

Lotensin <i>benazepril HCL</i>	High Blood Pressure
Lotrel <i>amlodipine and benazepril</i>	High Blood Pressure
<i>lovastatin</i> Altoprev, Mevacor, Altacor	Cholesterol/Triglyceride Treatment
<b>Lovenox</b> <i>enoxaparin</i>	<b>Deep Venous Thrombosis/Anticoagulation</b>
Lozol <i>indapamide</i>	Cholesterol/High Blood Pressure/
	<b>Congestive Heart Failure</b>
Luminal <i>phenobarbital</i> †	Sedative/Seizure Disorder
<b>Lupron</b> <i>leuprolide acetate</i>	<b>Cancer</b>
<i>lurasidone</i> Latuda	<b>Antipsychotic/Schizophrenia</b>
Lyrica <i>pregabalin</i> †	<b>Diabetic Neuropathy/Seizures</b>
	Neuropathy/Fibromyalgia/
	Restless Legs Syndrome
<b>Lysodren</b> <i>mitotane</i>	<b>Cancer</b>
Macrobid <i>nitrofurantoin</i>	Antibiotic
Maxzide <i>triamterene/HCTZ</i>	High Blood Pressure/Water Retention△
Mebaral <i>mephobarbital</i> †	Convulsions/Seizures
<b>mechlorethamine</b> Mustargen	<b>Cancer</b>
<i>meclizine</i> Bonine, Antivert	Nausea
Medrol <i>methylprednisolone</i>	Steroid/Inflammation
<i>medroxyprogesterone</i> Prempro, Depo-Provera (injectable)	Estrogen Supplement
<b>Megace</b> <i>megestrol</i>	<b>Cancer</b>
<b>megestrol</b> Megace	<b>Cancer</b>
<b>melphalan</b> Alkeran	<b>Cancer</b>
<b>Memantine</b>	<b>Alzheimer's Disease/Dementia</b>
<i>mephobarbital</i> Mebaral †	<b>Convulsions/Seizures</b>
<b>mercaptapurine</b> Purinethol	<b>Cancer</b>
Metatensin <i>trichlormethiazide</i>	Hypertension
<i>metaxalone</i> Skelaxin	Muscle Relaxant
<i>metformin</i> Glucophage, Fortamet	Diabetes
methadone Diskets, Dolophine, Methadose	<b>Narcotic Addiction/Detoxification</b>
Methadose <i>methadone</i>	<b>Maintenance/Pain</b>
	<b>Narcotic Addiction/Detoxification</b>
<i>metharbitol</i> Gemonil †	<b>Maintenance/Pain</b>
methotrexate, Rheumatrex, Trexall, Folex PFS	Seizures/Epilepsy
<i>methyclothiazide</i> and <i>reserpine</i>	<b>Cancer/Multiple Sclerosis/Rheumatoid Arthritis</b>
Diutensen-R	Hypertension
<i>methyl dopa</i> Aldomet	Hypertension
<i>methyl dopa</i> and <i>HCTZ</i> Aldoril	High Blood Pressure
<i>methylphenidate</i> Ritalin, Concerta †	Hypertension
<i>methylprednisolone</i> Medrol	Narcolepsy/Attention Deficit Disorder
Meticorten <i>prednisone</i>	Steroid/Inflammation
<i>metoclopramide</i> Reglan	<b>Emphysema/Lupus/Steroid/Asthma</b>
<i>metolazone</i> Zaroxolyn	Reflux/Esoophagitis
	<b>Heart/High Blood Pressure/Water</b>
	Retention△/ <b>Congestive Heart Failure/</b>
	Kidney Disease
<i>metoprolol</i> Toprol-XL	High Blood Pressure/ <b>Angina</b>
<i>metoprolol</i> and <i>HCTZ</i> Lopressor	High Blood Pressure/ <b>Angina</b>
<i>metronidazole</i> Flagyl	Antibacterial
Mevacor <i>lovastatin</i>	Cholesterol
<b>mexiletine</b> Mexitil	<b>Heart</b>
<b>Mexitil</b> <i>mexiletine</i>	<b>Heart</b>
Miacalcin <i>calcitonin salmon</i>	Osteoporosis
Micardis <i>HCT HCTZ</i> and <i>telmisartan</i>	High Blood Pressure
Micronase <i>glyburide</i>	Diabetes
Microzide <i>hydrochlorothiazide</i> ( <i>HCTZ</i> )	High Blood Pressure/ <b>Congestive Heart</b>
Midamor <i>amiloride</i>	<b>Failure/Kidney Failure/Water Retention△</b>
	High Blood Pressure/ <b>Congestive Heart</b>
	<b>Failure/Water Retention△</b>
<i>milnacipran</i> Savella	Fibromyalgia
<b>Miltrate</b>	<b>Angina Pectoris/Anti-Parkinson Agent</b>
Minipress <i>prazosin</i>	High Blood Pressure

Minizide <i>polythiazide/prazosin</i>	Hypertension
<i>minoxidil</i> Loniten	High Blood Pressure
Mirapex <i>pramipexole</i>	<b>Parkinson's Disease/Restless Leg Syndrome</b>
<i>mirtazapine</i> Remeron	Antidepressant
<b>mitomycin Mytamycin</b>	<b>Cancer</b>
<b>mitotane Lysodren</b>	<b>Cancer</b>
Moderil <i>rescinnamine</i>	Mild Essential Hypertension
<i>mometasone nasal</i> Nasonex	Allergy/Hay Fever
<i>mometasone topical</i> Elocon	Rash/Dermatitis
<b>Monoket isosorbide mononitrate</b>	<b>Angina/Heart Disease</b>
Monopril <i>fosinopril</i>	High Blood Pressure/ <b>Heart</b>
<i>montelukast</i> Singulair	Asthma
<i>morphine</i> Avinza, MS Contin	Severe Pain
Motrin <i>ibuprofen</i>	Pain/Anti-inflammatory
MS Contin <i>morphine</i>	Severe Pain
<i>mupirocin topical</i> Bactroban	Antibiotic
<b>Mustargen mechlorethamine</b>	<b>Cancer</b>
<b>Mutamycin mitomycin</b>	<b>Cancer</b>
<b>mycophenolate mofetil</b> CellCept	<b>Transplant Rejection Medicine/Systemic Lupus</b>
Mycostatin <i>nystatin</i>	Antifungal Antibiotic
<b>Myleran bursulfan</b>	<b>Cancer</b>
Mysoline <i>primidone</i> †	Seizures
<i>nadolol</i> Corgard	High Blood Pressure/ <b>Angina</b>
<i>nadolol</i> and <i>bendroflumethiazide</i> Corzide	Hypertension
<b>Namenda</b>	<b>Alzheimer's Disease/Dementia</b>
Naprelan <i>naproxen</i>	Pain/Arthritis/Gout
Naprosyn <i>naproxen</i>	Pain/Arthritis/Gout
<i>naproxen</i> Aleve, Anaprox, Naprelan, <i>naproxen</i> and <i>esomeprazole</i> <i>magnesium</i> Vimovo	Pain/Arthritis/Gout
Naprosyn	Osteoarthritis/Rheumatoid Arthritis/ <b>Ankylosing Spondylitis</b>
Nasacort <i>triamcinolone nasal</i>	Rhinitis/Asthma
Nasonex <i>mometasone nasal</i>	Allergy/Hay Fever
<b>Navelbine vinorelbine</b>	<b>Cancer</b>
nefazodone Serzone	Antidepressant
<b>Neosar cyclophosphamide</b>	<b>Cancer</b>
Neurontin <i>gabapentin</i> †	Seizures/ <b>Psychoactive Medications</b> Neuropathy/ <b>Diabetic Neuropathy</b>
Nexium <i>esomeprazole</i>	Reflux
<i>nifedipine</i> Adalat, Procardia	High Blood Pressure/ <b>Heart Condition/ Angina</b>
<i>nisoldipine</i> Sular	High Blood Pressure/ <b>Angina</b>
<b>Nitro-Bid nitroglycerin</b>	<b>Angina Pectoris</b>
<b>Nitro-Dur nitroglycerin</b>	<b>Heart Condition</b>
<i>nitrofurantoin</i> Macrobid	Antibiotic
<b>nitroglycerine transdermal Transderm Nitro</b>	<b>Angina/Heart Disease/Heart Condition</b>
<b>nitroglycerine Nitro-Bid, Nitro-Dur Nitrostat</b>	<b>Angina/Heart Disease/Heart Condition</b>
<b>Nolvadex tamoxifen</b>	<b>Breast Cancer Long Term Therapy</b>
norethindrone and ethinyl estradiol Loestrin Fe	Estrogen Supplement/ <b>Cancer</b>
Normodyne <i>labetalol</i>	Hypertension
<b>Norpace disopyramide</b>	<b>Ventricular Arrhythmias/Heart Condition</b>
<i>nortriptyline</i> Pamelor, Aventyl	Antidepressant/Insomnia
Norvasc <i>amlodipine</i>	High Blood Pressure/ <b>Angina/Heart</b>
<i>nystatin</i> Mycostatin	Antifungal Antibiotic
<b>olanzapine Zyprexa</b>	<b>Antipsychotic/Bipolar Disorder</b>
Olepto <i>trazodone</i> and <i>HCL</i>	Antidepressant/ <b>Major Depressive Disorder</b>
<i>olmesartan</i> Benicar	High Blood Pressure
<i>omeprazole</i> Prilosec	Heartburn/Reflux/Ulcers
<b>Oncovin vincristine</b>	<b>Cancer</b>
<b>Onxol paclitaxel</b>	<b>Cancer</b>
Orinase <i>tolbutamide</i>	Diabetes

<i>oxycodone</i> OxyContin, Roxicodone Oxyfast	Narcotic Pain Medication
<i>oxycodone</i> and <i>APAP</i> Percocet, Roxicet	Narcotic Pain Medication
OxyContin <i>oxycondone</i> Oxyfast <i>oxycodone</i>	Narcotic Pain Medication Narcotic Pain Medication
<b>Oxygen</b>	<b>Lung Disease/Emphysema/Breathing Assistance</b>
<b>Pacerone</b> <i>amiodarone</i>	<b>Heart</b>
<b>paclitaxel</b> Taxol, Onxol	<b>Cancer</b>
Pamelor <i>notriptylene</i>	Antidepressant/Insomnia
<b>Pancreaze</b> <i>pancrelipase</i>	<b>Pancreatic Exocrine Dysfunction</b>
<b>pancrelipase</b> Pancreaze	<b>Pancreatic Exocrine Dysfunction</b>
Panmycin <i>tetracycline</i>	Antibiotic
<i>pantoprazole</i> Protonix	Reflux/Esohagitis
<i>paroxetine</i> Paxil	Antidepressant
Paxil <i>paroxetine</i>	Antidepressant
<b>Peg-Intron</b> <i>interferon</i>	<b>AIDS/Immune System/Hepatitis C</b>
<i>pegloticase</i> Krystexxa	Gout
<b>Pentam 300</b> <i>pentamidine</i>	<b>AIDS/HIV</b>
<b>Pentamidine</b> Pentam 300	<b>AIDS/HIV</b>
Pentazine <i>promethazine</i>	Nausea/Motion Sickness/Sleep Aid
pentosan Elmior	Interstitial cystitis
<b>pentoxifylline</b> Trental, Pentoxil	<b>Vascular Disease</b>
<b>Pentoxil</b> <i>pentoxifylline</i>	<b>Vascular Disease</b>
Pepcid <i>famotidine</i>	Heartburn/Reflux/Ulcers/Stomach Problems
	Narcotic Pain Medication
Percocet <i>oxycodone</i> and <i>APAP</i>	<b>Angina Pectoris</b>
<b>Peritrate</b> <i>pentaerythritol tetranitrate</i>	
<b>Persantine</b> <i>dipyridamole</i>	<b>Heart Disease/Heart Condition/Circulatory Problems</b>
	Antipruritic/Local Bladder Anesthetic
<i>phenazopyridine</i> Pyridium	Nausea/Motion Sickness/Sleep Aid
Phenergan <i>promethazine</i>	Sedative/Seizure Disorder
<i>phenobarbital</i> Solfoton, Luminal †	Seizure Disorder
<i>phenytoin</i> Dilantin †	High Blood Pressure
<i>pindolol</i> Visken	Diabetes
<i>pioglitazone</i> Actos	<b>Lupus/Rheumatoid Arthritis</b>
Plaquenil <i>hydroxychloroquine</i>	<b>Cancer</b>
<b>Platinol</b> <i>cisplatin</i>	<b>Circulatory Problems/Platelet Inhibitor/Stroke/Heart Attack</b>
<b>Plavix</b> <i>clopidogrel</i>	High Blood Pressure
	<b>Circulatory Problems</b>
Plendil <i>felodipine</i>	Hypertension
<b>Pletal</b> <i>cilostazol</i>	Potassium Supplement
<i>polythiazide/prazosin</i> Minizide	
<i>potassium chloride</i> K-Chlor, K-Dur, Klor-Con	<b>Thromboembolism in Atrial Fibrillation</b>
<b>Pradaxa</b> <i>dabigatran etexilate</i>	<b>Parkinson's Disease/Restless Leg Syndrome</b>
<i>pramipexole</i> Mirapex	Diabetes
	Cholesterol/Triglyceride Treatment
Prandin <i>repaglinide</i>	Cholesterol/Triglyceride Treatment
Pravachol <i>pravastatin</i>	High Blood Pressure
<i>pravastatin</i> Pravachol	Diabetes
<i>prazosin</i> Minipress	<b>Emphysema/Lupus/Steroid/Asthma</b>
Precose <i>acarbose</i>	
<i>prednisone</i> Meticorten, Sterapred	
<i>pregabalin</i> Lyrica †	<b>Diabetic Neuropathy/Seizures</b>
	Neuropathy/Fibromyalgia
	Restless Legs Syndrome
Premarin <i>estrogen</i>	Estrogen Supplement
Prempro <i>medroxyprogesterone</i>	Estrogen Supplement
Prevacid <i>lansoprazole</i>	Heartburn/Reflux/Ulcers
Prilosec <i>omeprazole</i>	Heartburn/Reflux/Ulcers
<i>primidone</i> Mysoline †	Seizures
Prinivil <i>lisinopril</i>	High Blood Pressure/ <b>Heart</b>

Pristiq	Depression/Anxiety
<b>procainamide Procan SR</b>	<b>Heart</b>
<b>Procan SR procainamide</b>	<b>Heart</b>
Procardia <i>nifedipine</i>	High Blood Pressure/ <b>Heart Condition/</b>
	<b>Angina</b>
Prolia <i>denosumab</i>	Osteoporosis
<i>promethazine</i> Phenergan,	Nausea/Motion Sickness/Sleep Aid
Pentazine	
<b>propafenone Rythmol</b>	<b>Heart</b>
<i>propranolol</i> Inderal	High Blood Pressure/ <b>Arrhythmias/Heart/</b>
	<b>Angina/Tremors</b>
<i>propranolol</i> and <i>HCTZ</i> Inderide	Hypertension
Protonix <i>pantoprazole</i>	Reflux/Esophagitis
<b>Provenge sipuleucel-T</b>	<b>Prostate Cancer</b>
Proventil, Proventil HFA <i>albuterol</i>	Asthma/ <b>COPD/Lung Disease/Emphysema</b>
Prozac <i>fluoxetine</i>	Antidepressant
<b>Purinethol mercaptopurine</b>	<b>Cancer</b>
Pyridium <i>phenazopyridine</i>	Antipruritic/Local Bladder Anesthetic
quetiapine Seroquel	Depression/Sleep/ <b>Severe Mental Disorders</b>
<b>Quinaglute Dura-Tabs quinidine</b>	<b>Heart Arrhythmias</b>
<i>quinapril</i> Accupril	High Blood Pressure/ <b>Congestive Heart</b>
	<b>Failure</b>
<b>Quinidex Extentabs quinidine</b>	<b>Heart Arrhythmias</b>
<b>quinidine Cardioquin, Quinidex</b>	<b>Heart Arrhythmias</b>
<b>Extentabs, Quin-G, Quinaglute</b>	
<b>Dura-Tabs</b>	
<i>rabeprazole</i> Aciphex	Heartburn/Reflux/Ulcers
<i>raloxifene</i> Evista	Osteoporosis
<i>ramipril</i> Altace	High Blood Pressure/ <b>Congestive Heart</b>
	<b>Failure</b>
<i>ranitidine</i> Zantac, Taladine	Heartburn/Reflux/Ulcers/Stomach Problems
<b>Rebetol ribavirin</b>	<b>AIDS/Immune System/Hepatitis C</b>
Reglan <i>metoclopramide</i>	Reflux/Esophagitis/Ulcer/Stomach
	Problems/Nausea
Regroton <i>chlorthalidone</i> and	Hypertension
<i>reserpine</i>	
Relpax <i>eletriptan</i>	Migraines
Remeron <i>mirtazapine</i>	Depression/Tremors/Panic Disorder
<b>Renagel sevelamer</b>	<b>End Stage Renal Disease/Dialysis</b>
<b>Renese polythiazide</b>	<b>Congestive Heart Failure, Cirrhosis/</b>
	<b>Kidney Disease</b>
	Hypertension
Renese-R <i>polythiazide</i> and	
<i>reserpine</i>	
<b>Renvela sevelamer</b>	<b>End Stage Renal Disease/Dialysis</b>
<i>repaglinide</i> Prandin	Diabetes
Requip <i>ropinirole</i>	<b>Parkinson's Disease/Restless Leg</b>
	Syndrome
<i>rescinnamine</i> Moderil	Mild Essential Hypertension
<i>reserpine</i> and <i>chlorothiazide</i> Diupres	Hypertension
Restoril <i>temazepam</i>	Sleeping Medication
<b>Retrovir zidovudine</b>	<b>AIDS/HIV</b>
Rheumatrex methotrexate	<b>Cancer/Multiple Sclerosis/Rheumatoid Arthritis</b>
<b>ribavirin Rebetol</b>	<b>AIDS/Immune System</b>
<b>rimvastigmine Exelon</b>	<b>Alzheimer's Disease</b>
<i>risedronate sodium</i> Atelvia	Osteoporosis
<b>Risperdal risperidone</b>	<b>Antipsychotic</b>
<b>risperidone Risperdal</b>	<b>Antipsychotic</b>
Ritalin <i>methylphenidate</i> †	Narcolepsy/Attention Deficit Disorder
<b>Roferon interferon alpha 2-A</b>	<b>AIDS/HIV/Cancer</b>
<i>ropinirole</i> Requip	<b>Parkinson's Disease/Restless Leg</b>
	Syndrome
<i>rosiglitazone</i> Avandia	Diabetes
Roxicet <i>oxycodone</i> and APAP	Narcotic Pain Medication
Roxicodone <i>oxycodone</i>	Narcotic Pain Medication
<b>Rythmol propafenone</b>	<b>Heart</b>

<i>salmeterol inhalation</i> Serevent	Asthma/Bronchial Spasms/ <b>COPD/Lung Disease</b>
<i>salmeterol and fluticasone</i> Advair Diskus	Asthma
Salutensin <i>hydroflumethazide</i> and <i>reserpine</i>	Hypertension
Savella milnacipran	Fibromyalgia
<i>saxaglipten</i> and <i>metformin</i> Kombiglyze XR	Diabetes
Sectral <i>acebutolol</i>	Hypertension/ <b>Ventricular Arrhythmias</b>
Sepra <i>trimethoprim</i> and <i>sulfamethoxazole</i>	Antibiotic
Ser-Ap-Es <i>hydralazine/ hydrochlorothiazide</i> and <i>reserpine</i>	High Blood Pressure
Serevent <i>salmeterol inhalation</i>	Asthma, Bronchial Spasms/ <b>COPD/ Lung Disease</b>
Seroquel quetiapine	Depression/Sleep/ <b>Severe Mental Disorders</b>
sertraline Zoloft	Antidepressant
Serzone nefazodone	Antidepressant
<b>Sevelamer Renagel</b>	<b>End Stage Renal Disease/Dialysis</b>
Silenor doxepin	Insomnia
<i>simvastatin</i> Zocor	Cholesterol/Triglyceride Treatment
<b>Sinemet <i>carbidopa</i> and <i>levodopa</i></b>	<b>Parkinson's Disease</b>
Singulair <i>montelukast</i>	Asthma/ <b>COPD/Lung Disease</b>
<b>sipuleucel-T Provenge</b>	<b>Prostate Cancer</b>
Skelaxin <i>metaxalone</i>	Muscle Relaxant
Slo-Bid <i>theophylline</i>	<b>Emphysema/Asthma</b>
Solfoton <i>phenobarbital</i> †	Sedative/Seizure Disorder
Soma Carisoprodol	Muscle Relaxant/Sleep Aid
<b>Sorbitrate <i>isosorbide dinitrate</i></b>	<b>Angina/Heart Disease</b>
<b>sotalol</b> Betapace	<b>Heart</b>
<b>Spiriva <i>tiotropium inhalation</i></b>	<b>COPD/Emphysema</b>
<i>spironolactone</i> Aldactone	High Blood Pressure/ <b>Congestive Heart Failure</b> /Water Retention△
<i>spironolactone</i> and <i>HCTZ</i> Aldactazide	Water Retention△/High Blood Pressure/ <b>Congestive Heart Failure</b>
<b>stavudine</b> Zerit	<b>AIDS/HIV</b>
Sterapred <i>prednisone</i>	<b>Emphysema/Lupus/Steroid/Asthma</b>
<b>Stilphostrol <i>diethylstilbestrol</i> (DES)</b>	<b>Cancer</b>
Sular <i>nisoldipine</i>	High Blood Pressure/ <b>Angina</b>
<i>sulindac</i> Clinoril	Pain/Anti-Inflammatory
<i>sumatriptan</i> Imitrex	Migraine Treatment
Sumycin <i>tetracycline</i>	Antibiotic
Synthroid <i>levothyroxine</i>	Hypothyroid/Goiters
<b>tacrine</b> Cognex	<b>Dementia/Alzheimer's</b>
Tagamet <i>cimetidine</i>	Stomach Problems/Ulcers/Heartburn/Reflux
Taladine <i>ranitidine</i>	Heartburn/Reflux/Ulcers/Stomach Problems
<b>Tambocor <i>flecainide acetate</i></b>	<b>Heart Arrhythmias</b>
<b>tamoxifen</b> Nolvadex	<b>Breast Cancer Long Term Therapy</b>
<i>tamsulosin</i> Flomax	Prostate Enlargement/Benign Prostate Hyperplasia
Tarka <i>trandolapril</i> and <i>verapamil</i>	High Blood Pressure
<b>Taxol <i>paclitaxel</i></b>	<b>Cancer</b>
<b>Taxotere <i>docetaxel</i></b>	<b>Cancer</b>
Taztia XT <i>diltiazem</i>	High Blood Pressure/ <b>Angina</b>
Tegretol <i>carbamazepine</i> †	Seizures/Restless Leg Syndrome <b>Trigeminal Neuralgia/Bipolar Disorder</b>
Tekamlo <i>aliskiren</i> and <i>amlodipine</i>	Hypertension
<i>temazepam</i> Restoril	Sleeping Medication
Tenex <i>guanfacine</i>	High Blood Pressure
Tenoretic <i>atenolol</i> and <i>chlorthalidone</i>	High Blood Pressure
Tenormin <i>atenolol</i>	High Blood Pressure/ <b>Angina/Heart/ Coronary Artery Disease/Tremors/ Migraines</b>

Tequin <i>gatifloxacin</i>	Antibiotic
<i>terazosin</i> Hytrin	High Blood Pressure/Prostate Enlargement
<i>terbutaline</i> Brethine	Asthma/Preterm Labor/ <b>Emphysema/</b>
	<b>Chronic Bronchitis</b>
<b>Teslac <i>testolactone</i></b>	<b>Cancer</b>
<b><i>testolactone</i> Teslac</b>	<b>Cancer</b>
<i>tetracycline</i> Ala-Tet	Antibiotic
Teveten	High Blood Pressure
Thalitone <i>chlorthalidone</i>	Hypertension/ <b>Congestive Heart Failure</b>
Theodur <i>theophylline</i>	<b>Lung Disease/Emphysema/Asthma/</b>
	<b>Chronic Bronchitis</b>
Theolair <i>theophylline</i>	<b>Lung Disease/Emphysema/Asthma/</b>
	<b>Chronic Bronchitis</b>
<i>theophylline</i> Theodur, Slo-Bid	<b>Lung Disease/Emphysema/Asthma/</b>
Theolair	<b>Chronic Bronchitis</b>
Tiazac <i>diltiazem</i>	High Blood Pressure/ <b>Heart</b>
<b>Ticlid <i>ticlodipine</i></b>	<b>Platelet Inhibitor/Stroke/Heart Attack/</b>
	<b>Heart Condition/Circulatory Problems</b>
<b><i>ticlodipine</i> Ticlid</b>	<b>Platelet Inhibitor/Stroke/Heart Attack</b>
Timolide <i>HCTZ</i> and <i>timolol</i>	Hypertension
<b><i>tiotropium inhalation</i> Spiriva</b>	<b>COPD/Emphysema</b>
<i>tocilizumab</i> Actemra	Rheumatoid Arthritis
<i>tolazamide</i> Tolinase	Diabetes Mellitus (Type II)
<i>tolbutamide</i> Orinase	Diabetes
Tolinase <i>tolazemide</i>	Diabetes
<i>tolterodine</i> Detrol	Bladder Spasms
Topamax <i>topiramate</i> †	<b>Epilepsy/Migraine Headaches/Seizures</b>
Topiragen <i>topiramate</i> †	<b>Epilepsy/Migraine Headaches/Seizures</b>
<i>topiramate</i> Topomax, Topiragen †	<b>Epilepsy/Migraine Headaches/Seizures</b>
Toprol-XL <i>metoprolol</i>	High Blood Pressure/ <b>Heart/Angina/</b>
	<b>Coronary Artery Disease/Migraines/</b>
	Tremors
Toradol Ketorolac	Pain
<i>toremide</i> Demadex	High Blood Pressure/ <b>Congestive Heart</b>
	<b>Failure</b>
<i>tramadol</i> Ultram	Pain
Trandate <i>labetalol</i>	Hypertension
<i>trandolapril</i> and <i>verapamil</i> , Tarka	High Blood Pressure
<b>Transderm Nitro <i>nitroglycerine</i></b>	<b>Angina/Heart Disease</b>
Tranxene <i>clorazepate</i> †	Adjunctive for Partial Seizures/Anxiety
	Disorders/ <b>Symptomatic Relief of Acute</b>
	<b>Alcohol Withdrawal</b>
<b><i>trastuzumab</i> Herceptin</b>	<b>Cancer</b>
<i>trazodone</i> and <i>HCL</i> Oleptro	Antidepressant/ <b>Major Depressive Disorder</b>
<i>trazodone</i> Desyrel	Antidepressant/Sedative/ <b>Cocaine</b>
	<b>Withdrawal</b>
<b>Trental <i>pentoxifylline</i></b>	<b>Vascular Disease/Circulatory Problems/</b>
	<b>Heart</b>
Trexall <i>methotrexate</i>	<b>Cancer/Multiple Sclerosis/Rheumatoid Arthritis/Psoriasis/</b>
	Polymyositis/ <b>Systemic Lupus/To Induce</b>
	<b>Miscarriage</b>
<i>triamcinolone acetonide spray</i>	Asthma
Trinasal	
<i>triamcinolone nasal</i> Nasacort	Asthma
<i>triamcinolone inhalation</i> Azmacort	<b>Emphysema/Asthma</b>
<i>triamterene</i> Dyrenium	Water Retention△/High Blood Pressure/
	<b>Congestive Heart Failure</b>
<i>triamterene/HCTZ</i> Dyazide, Maxzide	Water Retention△/High Blood Pressure/
	<b>Congestive Heart Failure</b>
Tribenzor <i>amlodipine</i> , <i>HCTZ</i> and	Hypertension
<i>olmesartan</i>	
<i>trichlormethiazide</i> Metatensin	Hypertension
Tricor <i>fenofibrate</i>	Cholesterol/Triglyceride Treatment
<i>trimethoprim</i> and <i>sulfamethoxazole</i>	Antibiotic
Cotrim, Bactrim, Septra	
Trimox <i>amoxicillin</i>	Antibiotic

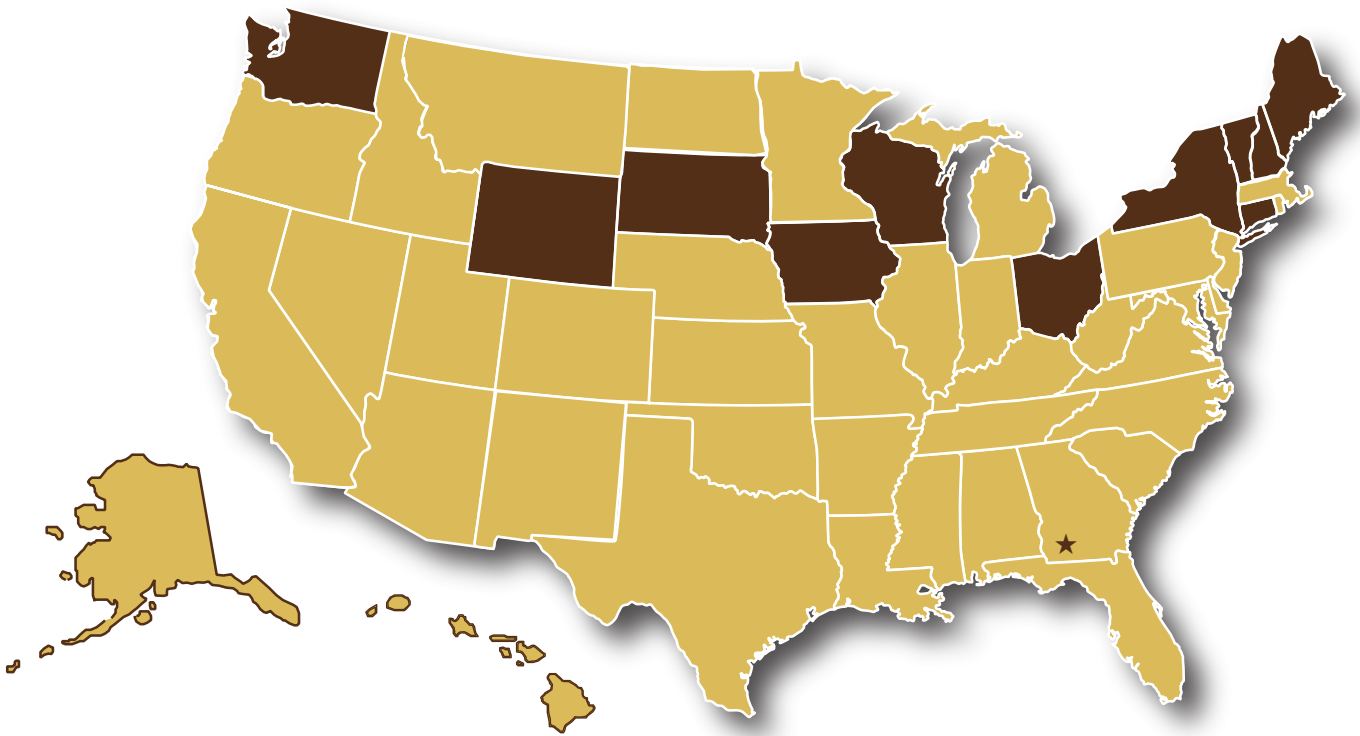
Tri-Nasal <i>triamcinolone acetonide spray</i>	Asthma
Ultram <i>tramadol</i>	Pain
Vagifem <i>estradiol</i>	Estrogen Supplement
<i>valacyclovir</i> Valtrex	Antiviral/Hives
Valium <i>diazepam</i> †	Anxiety/Sedative/Seizures
<i>valsartan</i> Diovan	High Blood Pressure/ <b>Congestive Heart Failure</b>
Valtrex <i>valacyclovir</i>	Antiviral/Hives
Vasotec <i>enalapril</i>	High Blood Pressure/ <b>Congestive Heart Failure/Angina</b>
<b>Velban <i>vinblastine</i></b>	<b>Cancer</b>
<i>venlafaxine</i> Effexor XR	Antidepressant
Ventolin <i>albuterol</i>	<b>Emphysema/COPD/Lung Disease/Asthma/Chronic Bronchitis</b>
Veramyst <i>fluticasone nasal</i>	Hay Fever/Steroid/Asthma
<i>verapamil</i> Isoptin, Calan, Verelan	<b>Angina/Irregular Heartbeat/High Blood Pressure/Heart Palpitations</b>
Covera	<b>Angina/Irregular Heartbeat/High Blood Pressure/Heart Palpitations</b>
Verelan <i>verapamil</i>	Narcotic Pain Medication/Anti-inflammatory
Vicoprofen <i>hydrocodone</i> and <i>ibuprofen</i>	Diabetes
Victoza <i>liraglutide</i>	Osteoarthritis/Rheumatoid Arthritis/ <b>Ankylosing Spondylitis</b>
Vimovo <i>naproxen</i> and <i>esomeprazole magnesium</i>	<b>Cancer</b>
<b>vinblastine</b> Velban	<b>Cancer</b>
<b>Vincasar PFS <i>vincristine</i></b>	<b>Cancer</b>
<b><i>vincristine</i></b> Oncovin, Vincasar PFS	<b>Cancer</b>
<b><i>vinorelbine</i></b> Navelbine	<b>Cancer</b>
Visken <i>pindolol</i>	High Blood Pressure
Vistaril <i>hydroxyzine</i>	Allergies/Insomnia
Voltaren <i>diclofenac</i>	Pain/Anti-inflammatory
Vytorin <i>ezetimibe</i> and <i>simvastatin</i>	Cholesterol
<b>warfarin</b> Coumadin	<b>Anticoagulation/-strokes/Heart Surgery/Circulatory Problems</b>
Wellbutrin <i>bupropion</i>	Antidepressant
Xalatan <i>latanoprost ophthalmic</i>	Glaucoma/ <b>Diabetic Glaucoma</b>
Xanax <i>alprazolam</i>	Anxiety/Panic Attacks
<b>Xeloda <i>capecitabine</i></b>	<b>Cancer</b>
Zantac <i>ranitidine</i>	Heartburn/Reflux/Ulcers/Stomach Problems
Zaroxolyn <i>metolazone</i>	<b>Heart/High Blood Pressure/Water Retention△/Congestive Heart Failure/</b> Kidney Disease
<b>Zerit <i>stavudine</i></b>	<b>AIDS/HIV</b>
Zestoretic <i>lisinopril</i> and <i>HCTZ</i>	High Blood Pressure
Zestril <i>lisinopril</i>	High Blood Pressure/ <b>Heart</b>
Zetia <i>ezetimibe</i>	Cholesterol
Ziac <i>HCTZ</i> and <i>bisoprolol</i>	High Blood Pressure
<b>zidovudine</b> Retrovir	<b>AIDS/HIV</b>
<b>ziprasidone</b> Geodon	<b>Antipsychotic/Schizophrenia</b>
Zithromax <i>azithromycin</i>	Antibiotic
Zocor <i>simvastatin</i>	Cholesterol/Triglyceride Treatment
<b>Zoladex <i>goserelin</i></b>	<b>Cancer</b>
Zolofit <i>sertraline</i>	Antidepressant
<i>zolpidem</i> Ambien	Sleeping Medication
Zovirax <i>acyclovir</i>	Antiviral
Zyclara <i>imiquimod</i> cream	Actinic Keratosis
Zyloprim <i>lopurin/allopurinol</i>	Gout Treatment/Lower Uric Acid Levels
<b>Zyprexa <i>olanzapine</i></b>	<b>Antipsychotic/Bipolar Disorder</b>
Zyrtec <i>cetirizine</i>	Hay Fever/Hives



# Notes

# Notes





**THIS MANUAL APPLIES TO EACH of the FOLLOWING STATES:**

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, \*Massachusetts, Michigan, \*Minnesota, Mississippi, Missouri, \*Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia, and the District of Columbia.

\*Senior Life is licensed in the states of Massachusetts, Minnesota, and Montana; however, our products are pending approval.

Licensure applications are pending in Iowa and Wisconsin and the remaining states will soon follow.

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INSURANCE COMPANY

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