



**Group Level Term Life Insurance To Age 70**  
*(Policy Form No. 9832)*

AGENT GUIDE FOR AGENT USE ONLY

*All products and riders not available in all states. Please check with the State Approval Grid under the "State Approvals" tab on the company website or check with the Home Office Marketing Sales Team at (800) 736-7311 (menu extension 112) for other state approvals.*



**PLAN DESCRIPTION**

OBA is a simplified issue group level term life insurance policy to age 70 that provides maximum protection at a very low cost.

**APPLICATION AND REQUIRED FORMS**

- Application – Form no. 9830 (company specific with state exceptions)
- OBA Membership Application – Form No. 9103  
(Please note: the \$1.00 Membership Fee referred to on this application has been waived.)
- Replacement Form – complete all replacement requirements as per individual state insurance replacement regulations.

**ELIGIBILITY/TARGET MARKETS INCLUDE (Issue Ages: 18 - 65, age last birthday)**

- All Government Employees (Federal, State & City)
- First Responders (Police, Firemen, Emergency Medical Professionals)
- Employees of State Funded Educational Institutions
- Railroad Employees
- Hospital Employees
- Spouses of Eligible Individuals

**COVERAGE AMOUNTS**

Eligible individuals can select from one of the following coverage amounts:

- \$50,000 (Option A)
- \$100,000 (Option B)
- \$150,000 (Option C)\*
- \$200,000 (Option D)\*

\* Coverage Amount not available to First Responders.

**NO POLICY FEE**

**UNDERWRITING — Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.**

**POLICY MATURITY —** At attained age 70.

**RENEWABLE —** The initial premium at issue will remain level for 10 years. At the end of the 10 year period, the member will have the option of renewing coverage for an additional 10 years. The premium at this time is reset to his or her attained age at renewal. The member can continue to renew in 10 year increments until he or she reaches attained age 70.

*Example:*

MALE / AGE 40 / NON-TOBACCO / \$100,000 COVERAGE	
Initial Monthly Premium:	\$19.00
Renewal Premium at age 50:	\$48.00
Renewal Premium at age 60:**	\$60.00

\*\* This is the last opportunity to renew prior to attaining age 70.

**CONVERSION PRIVILEGE —** The member’s basic life insurance protection in effect may be converted at anytime during the first 10 year period after the policy is issued to any permanent plan of insurance offered by the Company at the time of conversion. This conversion may be made without evidence of insurability. The face amount of the new policy may not exceed the face amount of the original policy nor may the face amount be less than the Company’s minimum required on the date of conversion for the plan selected.

**BENEFITS AND RIDERS (not available in all states)**

- Dependent Insurance Coverage Rider (Policy Form No. 9833)
- Children’s Insurance Rider (Policy Form No. 9834)
- Flexible Premium Deferred Annuity Rider (Policy Form No. 9836)

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[www.fm-inc.com](http://www.fm-inc.com)

## PREMIUMS

The monthly premium the member will pay is based on his or her attained age and amount of coverage selected. Please refer to the following charts to determine the member's basic life insurance premium.

OBA GROUP TERM COVERAGE Monthly Premium - Unisex									
AGES	\$50,000		\$100,000		\$150,000		\$200,000		AGES
	NT	T	NT	T	NT	T	NT	T	
18-24	\$ 8.00	\$ 11.00	\$ 11.00	\$ 15.00	\$ 15.00	\$ 20.00	\$ 18.00	\$ 25.00	18-24
25-29	9.00	12.00	13.00	18.00	17.00	24.00	21.00	29.00	25-29
30-34	9.00	12.00	14.00	19.00	18.00	24.00	22.00	30.00	30-34
35-39	10.00	14.00	16.00	22.00	22.00	30.00	27.00	37.00	35-39
40-44	12.00	17.00	19.00	29.00	26.00	42.00	33.00	55.00	40-44
45-49	17.00	31.00	31.00	62.00	43.00	89.00	55.00	115.00	45-49
50-54	24.00	53.00	48.00	106.00	67.00	153.00	86.00	199.00	50-54
55-59	27.00	59.00	54.00	118.00	76.00	170.00	97.00	222.00	55-59
60-64	30.00	66.00	60.00	132.00	84.00	190.00	108.00	248.00	60-64
65	34.00	75.00	68.00	150.00	95.00	214.00	122.00	278.00	65
The maximum issue age for new issues is attained age 65. The premiums below are used only for calculating the RENEWAL premium for ages 66 and above.									
66-69	34.00	75.00	68.00	150.00	95.00	241.00	122.00	278.00	66-69

## BENEFITS AND RIDERS

### *Dependent Insurance Coverage Rider (Policy Form No. 9833)*

You may add the Dependent Insurance Coverage Rider which covers the member's spouse with decreasing term life insurance and accidental death benefits. The amount of spouse coverage is based on the member's attained age. All dependent children are covered with term life insurance to age 23. Any natural child born after the effective date of the family coverage is covered automatically at the age of 15 days without application or increase in premium; however, it is necessary to complete an application for a new spouse, step-children or adopted children. The maximum amount of family coverage which can be applied for is determined by the amount of base coverage for which the member is applying. (Please refer to the chart to the right.)

BASE COVERAGE APPLIED FOR:	NO. OF UNITS AVAILABLE:
OPTION A	1
OPTION B	1 OR 2
OPTION C	1, 2 OR 3
OPTION D	1, 2, 3 OR 4

#### Dependent Eligibility:

Spouse - between ages 18 and 65

Children - between 6 months and age 23

1 UNIT - \$2.50 PER MONTH AT ISSUE				2 UNITS - \$5.00 PER MONTH AT ISSUE		
SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE	AGE OF MEMBER	SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE
\$ 20,000	\$ 10,000	\$ 30,000	Under 26	\$ 40,000	\$ 20,000	\$ 60,000
15,000	7,500	22,500	26 thru 29	30,000	15,000	45,000
12,000	6,000	18,000	30 thru 34	24,000	12,000	36,000
10,000	5,000	15,000	35 thru 39	20,000	10,000	30,000
8,000	4,000	12,000	40 thru 44	16,000	8,000	24,000
7,000	3,500	10,500	45 thru 49	14,000	7,000	21,000
5,500	2,750	8,250	50 thru 54	11,000	5,500	16,500
4,500	2,250	6,750	55 thru 59	9,000	4,500	13,500
2,500	1,250	3,750	60 thru 64	5,000	2,500	7,500
1,000	NA	1,000	65 thru 69	2,000	NA	2,000
CHILDREN: Age 6 months to 23 years		3,500		CHILDREN: Age 6 months to 23 years		7,000

3 UNITS - \$7.50 PER MONTH AT ISSUE				4 UNITS - \$10.00 PER MONTH AT ISSUE		
SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE	AGE OF MEMBER	SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE
\$ 60,000	\$ 30,000	\$ 90,000	Under 26	\$ 80,000	\$ 40,000	\$ 120,000
45,000	22,500	67,500	26 thru 29	60,000	30,000	90,000
36,000	18,000	54,000	30 thru 34	48,000	24,000	72,000
30,000	15,000	45,000	35 thru 39	40,000	20,000	60,000
24,000	12,000	36,000	40 thru 44	32,000	16,000	48,000
21,000	10,500	31,500	45 thru 49	28,000	14,000	42,000
16,500	8,250	24,750	50 thru 54	22,000	11,000	33,000
13,500	6,750	20,250	55 thru 59	18,000	9,000	27,000
7,500	3,750	11,250	60 thru 64	10,000	5,000	15,000
3,000	NA	3,000	65 thru 69	4,000	NA	4,000
CHILDREN: Age 6 months to 23 years		10,500		CHILDREN: Age 6 months to 23 years		14,000

**Conversion Privilege** — For the Dependent Insurance Coverage Rider benefits, the spouse and children are accorded the privilege of non-medical conversion in the event of divorce or upon the member's death. Children may also convert their coverage when they cease to be dependents or reach age 23. In addition, children may, subject to insurability requirements, convert their Dependent Insurance Coverage Rider benefits to an individual OBA certificate when they attain age 23.

***Children's Insurance Rider (Policy Form No. 9834) \****

**Issue Ages of Children: 15 days - 17 years**

**Issue Age of Primary Insured: 18 - 65**

**Maximum Rider Units: 5 Units**

**Premium: \$.71 per month per unit**

The Children's Insurance Rider provides term insurance on the lives of the children until age 23, at which time their coverage is convertible to a permanent plan of insurance. Each unit provides \$3,000.00 insurance on each child. Benefit expires at the earlier of primary insured's age 70, the child's age 23, the date of the child's entrance into the military, or the date on which the child becomes eligible for OBA membership.

\* The combination of units of coverage of the Dependent Insurance Coverage Rider and Children's Insurance Rider cannot exceed 5 units.

***Flexible Premium Deferred Annuity Rider (Policy Form No. 9836)***

- A tax deferred interest bearing annuity rider with a guaranteed interest rate of 3%.
- Interest is calculated from the date that payment is received to the date of withdrawal.
- Payments to the annuity rider must begin immediately. Minimum required payment of \$5.00 per month.
- The maximum payment to the annuity rider is \$10,000 per year.
- There are no withdrawal or other fees or charges.
- Distributions made before age 59½ may be subject to an IRS penalty.
- To apply for this rider; (1) simply check the "Other" box in the riders sections of the application, (2) next to that box write "FPDAR", and (3) indicate the amount of the monthly payment to be made into the annuity rider.

**APPLICATION SUBMISSION**

New applications may be submitted to the Home Office by scanning, mail or fax. Refer to the Company website for instructions on AppScan and AppFax under the link New Business/Underwriting and Transmitting Applications. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Company website for the instructions on utilizing the eCheck procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

## APPLICATION COMPLETION

- Full Name of Proposed Insured – List full legal name.
- Age – **Calculate age based upon age last birthday.**
- Height and Weight – Record the Proposed Insured’s current height and weight. Refer to the Build Chart in this guide to assist in determining if the applicant is eligible for coverage.
- Signature – Power of Attorney (POA) signatures are not acceptable.
- Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign and date below the Proposed Insured’s Signature on the back of the application.
- Beneficiary – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary’s relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or insured’s estate.
- **Third Party Payors** – We will **NOT ACCEPT** applications involving third party payors if the insured is age 30 or above. This includes premium payors other than the primary insured, spouse or a business or business partner. Examples of third party payors would include brothers, sister, in-laws, parents, grandparents, aunts, uncles and cousins of insured’s that are age 30 and over.
- Select the desired amount of coverage from the four Options listed.
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff or other tobacco products (excluding occasional cigar or pipe use).
- Will you replace an existing life insurance policy or an annuity? - Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement Forms.
- Application Date/Requested Policy Date – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Telephone Interview – check box YES or NO (if applicable) as to whether or not a telephone interview was completed at point-of-sale.
- If the Proposed Insured answers YES to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- All Proposed Insureds must complete section A of the application.
- If the Proposed Insured has a condition which is listed in the “Medical Impairment Guide” as a “Decline” or if he or she exceeds either the Maximum or Minimum weight in the “Build Chart” provided in this guide, the application should not be submitted to the Home Office.

## IMPORTANT

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

## UNDERWRITING

### Simplified Underwriting

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The build chart is in this guide.

**TELEPHONE INTERVIEW**

A telephone interview conducted with the Proposed Insured may be required based on the Non-Med Limit Chart below. If an interview is required, it may be completed at point-of-sale.

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

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

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

**US Only**  
**EMSI: 1-866-719-2024**  
**8am – 9pm Monday thru Friday CST**  
**10am – 2pm Saturdays CST**

**Puerto Rico Only**  
**Source Access: 866-910-6539**  
**8am – 5pm Monday thru Friday CST**  
**EMSI: 1-800-766-4605**  
**8am – 9pm Monday thru Friday CST**  
**10am – 2pm Saturdays CST**

<b>INTERVIEW REQUIREMENT CHART</b>	
<b>COVERAGE AMOUNTS/ALL ISSUE AGES</b>	
\$ 50,000	
\$100,000	
\$150,000	TELEPHONE INTERVIEW
\$200,000	TELEPHONE INTERVIEW

**BANK DRAFT PROCEDURES**

**Draft First Premium Once Policy is Approved:**

- 1) Complete the Bank Authorization Form on the back of the application. Please specify a Requested Draft Date, if one is desired. (a) Drafts cannot occur more than 30 days in advance of the application date, (b) cannot be on the 29th, 30th or 31st of the month or (c) more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (Form No. 9724). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number off of the debit card.)

**Immediate Draft for Cash with Application (CWA) using eCheck:**

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (Form No. 9409). With the use of this form, the company will draft for the 1st premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

<b>BUILD CHART</b>		
<b>HEIGHT</b>	<b>MINIMUM WEIGHT MUST BE AT LEAST</b>	<b>MAXIMUM WEIGHT TO BE CONSIDERED TABLE 4</b>
4'10'	86	199
4'11"	88	205
5'	90	212
5'1"	93	220
5'2"	95	227
5'3"	99	234
5'4"	101	242
5'5"	104	249
5'6"	106	257
5'7"	110	265
5'8"	113	273
5'9"	117	281
5'10"	120	289
5'11"	125	298
6'	129	306
6'1"	133	315
6'2"	136	323
6'3"	140	332
6'4"	143	341
6'5"	146	350
6'6"	149	359
6'7"	153	368
6'8"	157	378
6'9"	160	387

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. Medical impairments combined with build may be considered greater than Table 4 and applicants would not be eligible for coverage.

## **OBA MEDICAL IMPAIRMENT GUIDE**

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

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

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, please call or email ([underwriting@aatx.com](mailto:underwriting@aatx.com)) the Underwriting Department.

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

#### **Practice these simple guidelines**

The OBA plan is issued Standard for Proposed Insureds who would normally be considered up to table 4 by most underwriting standards today. Proposed Insureds who are considered high risk or declinable should not be sent to our Company for consideration.

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

If Proposed Insured answers "YES" to any health question, such as High Blood Pressure, Cholesterol or Diabetes get full details. Ask the following information: age at onset, name all medications, Proposed Insured's last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records or an interview...and speeds up issues!

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

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. That agent's Proposed Insureds will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

Agents need to stress to the Proposed Insured the necessity for complete and truthful answers to all questions on the application before asking the health questions, including tobacco use.

## **PACKAGE SALES**

The OBA policy can be sold in conjunction with one of our other life policies. When completing the application for one of our other life products, OBA may also be applied for at the same time as part of a package sale. To accomplish this you must indicate that OBA is being applied for in the "Riders" section of the original application. Check the box labeled "Other", and then write next to it "OBA" and the coverage option being applied for "A, B, C or D". The combined death benefit of the OBA and other life policy cannot exceed the maximum of \$200,000.

## OBA MEDICAL IMPAIRMENT GUIDE

Condition	Criteria	LIFE
AIDS		Decline
Alcoholism	Within 4 years since abstained from use	Decline
	After 4 years since abstained from use	Standard
Alzheimer's		Decline
Amputation	Caused by injury	Standard
	Caused by disease	Decline
Aneurysm		Decline
Angina	See Heart Disease	
Angioplasty	See Heart Disease	
Aortic Stenosis		Decline
Arthritis	Rheumatoid - minimal, slight impairment	Standard
	Rheumatoid - all others	Decline
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard
	Moderate, more than 1 episode a month	Standard
	Severe, hospitalization or ER visit in past 12 months, Maintenance steroid use	Decline
	Combined with Tobacco Use - Smoker	Decline
Back injury	Within the past 6 months	Standard
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline
	Other causes	Standard
By-pass Surgery	See Heart Disease	
Cancer	Basal or Squamous cell skin carcinoma	Standard
	7 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard
	All others	Decline
Cardiomyopathy		Decline
Cerebral Palsy		Decline
Chronic Obstructive Pulmonary Disease (COPD)		Decline
Cirrhosis of Liver		Decline
Congestive Heart Failure (CHF)		Decline
Crohn's Disease	Diagnosed prior to age 20 or within past 12 months	Decline
Cystic Fibrosis		Decline
Diabetes*	Combined with overweight, heart disease, gout, peripheral vascular disease, retinopathy, or protein in urine	Decline
	Diagnosed prior to age 35	Decline
	Currently Smokes or Uses Insulin	Decline
Down's Syndrome		Decline
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline
	License currently suspended	Decline
Drug Abuse	Illegal drug use within the past 4 years	Decline
	Treatment within past 4 years	Decline
	Treatment 4 years or more, non-usage since	Standard
Emphysema		Decline
Epilepsy	Petit Mal	Standard
	All others	Decline
Eye Disorder		Standard
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline
Heart Arrhythmia		Decline
Heart Disease	Includes heart attack, coronary artery disease, angina	Decline
Heart Murmur	History of treatment or surgery	Decline

## OBA MEDICAL IMPAIRMENT GUIDE (continued)

Condition	Criteria	LIFE
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline
High Blood Pressure	Controlled with 2 or less medications, provide current BP reading history	Standard
	Uncontrolled or using 3 or more medications to control	Decline
Hodgkin's Disease		Decline
Kidney Disease	Dialysis	Decline
	Insufficiency or Failure	Decline
	Nephrectomy	Decline
	Polycystic Kidney Disease	Decline
	Transplant recipient	Decline
Knee Injury	Within the past 6 months	Standard
Leukemia		Decline
Liver Impairments		Decline
Lupus Erythematosus (SLE)	Systemic	Decline
Marfan's Syndrome		Decline
Melanoma		Decline
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard
	Major depression, bipolar disorder, schizophrenia	Decline
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Pacemaker		Decline
Pancreatitis	Chronic or multiple episodes	Decline
Paralysis	Includes paraplegia and quadraplegia	Decline
Parkinson's Disease		Decline
Peripheral	Vascular Disease	Decline
Pulmonary Embolism		Standard
Retardation	Mild to moderate	Standard
	Severe	Decline
Sarcoidosis	Pulmonary	Decline
Shoulder Injury	Within the past 6 months	Standard
Sleep Apnea	Combined with history of overweight, high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline
Stroke, CVA		Decline
Subarachnoid	Hemorrhage	Decline
Suicide Attempt		Decline
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard
	Combined with Tobacco Use -Smoker	Decline
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline
Tuberculosis	Within 2 years of treatment or diagnosis	Decline
	Over 2 years with no residuals	Standard
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline
Weight Reduction Surgery	Surgery within past 1 year	Decline
	After 1 year will consider subject to weight loss	Standard

\*\*\* Proposed Insureds who are disabled and/or are receiving SSI disability benefits for an impairment are not eligible for coverage.\*\*\*

## MEDICATION WATCH LIST ALPHABETICALLY LISTED

Medication	Common Use Of Concern
ABACAVIR	AIDS/ HIV
ALDACTONE	Congestive Heart Failure
ANTABUSE	Alcohol Abstinence Treatment
ARANSEP	Anemia from Chronic Renal Failure
ARICEPT	Dementia
ARMIDEX	Cancer
BETASERON	Multiple Sclerosis
BIDil TABLET	Heart Failure
BUMETANIDE	Edema associated with Congestive Heart Failure, Liver and Kidney Disease including the Nephrotic Syndrome
BUMEX	Edema associated with Congestive Heart Failure, Liver and Kidney Disease including the Nephrotic Syndrome
CAMPRAL	Alcohol Abstinence Treatment
CELL CEPT	Transplants
CHANTIX	Smoking Cessation
COGNEX	Dementia
COPAXONE	Multiple Sclerosis
COPEGUS	Chronic Hepatitis
COREG	Congestive Heart Failure
DEPAKOTE	Seizures, Bi-polar
DIDANOSINE	AIDS / HIV
DIGITEK	Heart Arrhythmia
DIGOXIN	Congestive Heart Failure
EFAVIRENZ / SUSTIVA	AIDS/ HIV
EPIVIR HBV	Chronic Type B Viral Hepatitis
EXELON	Alzheimer's and Dementia
FEMARA	Adjuvent Treatment for Breast Cancer
FURESOMIDE	Congestive Heart Failure
HEPSERA	Chronic Type B Viral Hepatitis
HUMALIN / HUMALOG	Diabetes Treated with Insulin
IMURAN	Transplants
INDINAVIR	AIDS / HIV
INTERFERON ALPHA	Chronic Hepatitis
ISOSORBIDE	Angina
LANOXIN	Congestive Heart Failure, Heart Arrhythmia
LANTUS	Diabetes Treated with Insulin
LASIX	Congestive Heart Failure
LUPRON	Cancer

## MEDICATION WATCH LIST ALPHABETICALLY LISTED (continued)

Medication	Common Use Of Concern
KALETRA	AIDS / HIV
METHOTREXATE	Rheumatoid Arthritis / Crohn's
MIRAPEX	Parkinson's Disease
NAMENDA	Alzheimer's
NELFINAVIR	AIDS / HIV
NEVIRAPINE	AIDS / HIV
NITROGLYCERIN	Angina
NITROQUICK	Angina
NOVOLIN / NOVOLOG	Diabetes treated with Insulin
PANCREAZE / PANCREATIN	Pancreatic insufficiency
PEGASYS	Chronic Type B Viral Hepatitis      Chronic Hepatitis C
PROCRIT	Treatment of Anemia associated with Chronic Renal Failure
PROGRAF	Transplants
RANEXA	Chronic Angina
RAZADYNE	Alzheimer's under age 55 or strongly suggest Bi-polar
REBIF	Multiple Sclerosis
REMINYL	Dementia
SPIRIVA	COPD, Chronic Bronchitis and Emphysema
SPIRONOLACTONE	Congestive Heart Failure
STAVUDINE	AIDS / HIV
TAMOXIPHEN	Adjuvant treatment for Breast Cancer
TORSEMIDE	Congestive Heart Failure
TYSABRI	Multiple Sclerosis

## COMPANY CONTACT INFORMATION

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

DEPARTMENT	PHONE MENU EXTENSIONS	EMAIL	FAX
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	awilliams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

**NEW BUSINESS APPLICATION FAX NUMBER:** (254) 297-2100. Be sure to include Fax Application Cover Page.

**MAILING ADDRESSES: General Delivery**  
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**Overnight**  
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