

Golden Eagle Final Expense Plan

Agent Guide



Trinity Life Insurance Company



**FAMILY BENEFIT
LIFE INSURANCE CO.**

CONTACT THE HOME OFFICE WITH ANY QUESTIONS

**Don't leave your family worried about how
they will handle your final expenses**

Important Phone & Fax Numbers:

Phone Interview:

- Phone: 888-995-7722
- Hours of Operation: Mon-Fri 8:00AM to 9:00PM CST and Saturday 8:00 AM to 3:00 PM CST

Underwriting Assessment for Final Expense:

- Phone: 866-211-0811
- Hours of Operation: Mon-Thurs 8:00AM to 5:00PM CST and Friday 8:00 AM to 12:00 PM CST

Fax for Application Submission:

- Fax Number 262-289-3224 (Do Not fax credit or debit card information)

Dedicated inbound line for missing information:

- Phone: 866-949-0449
- Hours of Operation: Mon-Fri 8:00AM to 5:00PM CST

Policy Owner Services:

- Phone: 866-440-1357 x 4002
- Hours of Operation: Mon-Friday 8:00AM to 4:30PM EST
- Policy Owner Services Fax: 502-875-7084
- Premium Accounting for Payments after Issue Date: 866-440-1357 x 6506
- Premium Accounting Fax: 502-223-6687

Agent Portal Technical Issues:

- If you are having issues logging into your Agent Portal account please email helpdesk@ihlic.com. Include your name, agent number, and the technical issue that you are experiencing.

E-Application Technical Issues:

- If you are experiencing any technical issues with the E-Application please contact MRS at 844-503-5333 or email at helpdesk@mrsreps.com
- Hours of Operation: Mon-Fri 8:00AM to 5:00PM CST
- If you are experiencing any issues with your Agent Portal, do **NOT** call the MRS help desk phone number. You will need to email helpdesk@ihlic.com in regards to agent portal issues.

Forms:

- The final expense application as well as other important forms/documents (including the Agent Supply Request Form) are available for viewing and downloading in the "Agent Forms" section of the websites: www.trinitylifeinsurance.com or www.familybenefitlife.com

Product Information:

Whole Life Insurance issued as either Simplified or Graded.

Simplified Issue (SI): Age 50-85 Amounts \$2,500-\$25,000

Graded Benefit (GDB): Age 50-80 Amounts \$2,000-\$10,000 (Please note that we do not issue Graded Benefit policies in NC)

Age: Based on last birthday as of Date of Issue. **Cannot backdate to save age.**

Death Benefit: 100% of Declared Death Benefit paid to Beneficiary (less any loans and/or premium due). Guaranteed Level Premiums, Non-Cancelable Policy, as long as scheduled premiums are paid.

Accelerated Living Death Benefit: Subject to policy provisions, benefits may be accelerated if the insured is diagnosed with a terminal illness that with reasonable medical certainty, will result in the death of the insured in 12 months or less. Benefits may also be accelerated if the insured is confined continuously to a Qualified Nursing Home, with confinement expected to continue until the insured's death.

Social Security Benefit: Policy owners can choose to have premium payments to match Social Security Benefits date of deposit.

Cancellations: If an applicant cancels their application, we will need a written statement from the Policy Owner requesting cancellation of their application.

Amendments: On any case where the material risk of the application has changed or the terms of the contract as initially presented by the agent has changed, a policy amendment will be required to be signed on delivery. No commission will be paid until the signed Delivery Receipt and Amendment is received by the Administrative Office.

Delivery: If a policy is issued as applied for, we will send it directly to the Agent, unless you request that it be sent to the Policy Owner by checking the appropriate box on the back of the application. You have 30 days from the date the policy is sent to you in order to deliver it. If the delivery receipt and/or amendment is not received by the end of the 30 days, the case will be closed and all CWA refunded to the owner. In cases where the policy is mailed directly to the Policy Owner, we will draft their bank account upon the later of issue date or when the policy is mailed. Your commission will be paid on the next commission cycle.

Not Taken Out (NTO): Any case which is issued, but refused acceptance by the Policy Owner and returned to the Company within the Free Look period, will be considered NTO. The case will be closed and any commissions paid will be charged back immediately.

Declines: If a case is declined, MRS will notify you. The case will be closed and all CWA refunded directly to the Policy Owner immediately.

Lapses: There is a 31 day grace period to pay premiums. After the expiration of the grace period, if premiums remain unpaid, we will notify the owner by letter that premiums are in arrears. The Policy Owner will have an additional 30 days to pay all premiums due, if they can properly complete and qualify with the Statement of Good Health. If the case is not brought up to current premium paying status the case will lapse. All unearned commissions will be charged back. POLICIES CANNOT BE "REWRITTEN" IN ORDER TO AVOID PAYING BACK PREMIUMS. Also, if a policy lapses, and you submit a new application on the same applicant, commissions will be paid as earned only. If an Insured has already had two lapsed policies they cannot re-apply for a third policy.

Family Business: Cases submitted on immediate family will be treated as "Family Business" and commissions will be paid on an as earned only basis.

Multiple Policies: An insured may not have more than \$25,000 in total Final Expense Coverage. Clients can only have up to two lapsed policies. If the client has two lapsed policies they cannot apply for a third policy.

Application Guidelines:

Sex: Use the assigned sex at birth.

Foreign Nationality / Residence: Only United States Citizens or Permanent Residents with a valid Social Security Number can apply for insurance. If applicant is a Permanent Resident, they must include Permanent Resident ID #.

Policy Owner: Acceptable Policy Owners are ONLY the proposed insured, spouse, adult children, siblings or parents. Fiancés, Girl/Boyfriends, or Friends are NOT accepted as Policy Owners.

Automatic Premium Loan (APL): APL is an optional provision in life insurance policies and authorizes the insurer to borrow from the cash value any premium due at the end of the grace period. This provision is useful in preventing an inadvertent lapse of the policy.

Premium Collected: Only enter an amount if the client is submitting a check or a money order with the application. Otherwise leave blank and check the box "None. Draft 1st Premium."

Requested Issue Dates: Must be no more than 45 days from the application or phone interview date. Please list the month for all applications. Then either list the 1st-28th or indicate which Wednesday of the month. Do not list both the 1st-28th and mark a Wednesday box. For paper applications; if you have an applicant who wants an immediate draft with all future payments timed to Social Security benefits, please enter the immediate draft date for this section and below under "Additional Information" write "Please draft upon issue with all future drafts to be the _____ of the month." (Please see the Requested Issue Date Section on page 10 for more details).

Replacement: As an agent you have certain duties you must adhere to regarding replacement of an applicant's existing insurance. **We will NOT accept replacements from KS, KY, and WV.**

Please note that we cannot accept replacements if we do not know the name of the Company we are replacing. For additional state guidelines please refer to the Replacement Matrix

If replacement does occur, you must: (Some states require NAIC NOTICE OF REPLACEMENT OF LIFE INSURANCE OR ANNUITIES to be completed whether or not any life insurance is being replaced. If you are not for sure please check with home office prior to application or refer to the Replacement Matrix.)

1. Complete the proper replacement form and submit it with the application.
2. Leave a copy with the Applicant. (This includes if completing the paperless application option as well.)
3. Inform the applicant that the owner of the existing insurance must cancel the existing insurance themselves, as the Company nor the Replacement Form does not cancel their other coverage for them. Cases requiring replacement forms which were not received with the application will not be issued or approved until all required replacement items are received.

Primary Care Physician or Facility: This information is needed to help process contestable claims in a timely manner. Too often the beneficiaries at the time of claim do not know who the Insured's doctors were at the time of policy issuance, which significantly delays the claims adjudication process.

Beneficiary: All applications must indicate a valid primary beneficiary. If the Proposed Insured is also the Owner and Payer they may name anyone as the beneficiary. If the Proposed Insured is not both the Owner and Payer, insurable interest must be met. Insurable interest is spouse, adult children, siblings or parents. We require actual names of the beneficiaries and their Social Security Numbers and Date of Births. Reason is to help find and identify the correct beneficiary(s) when we are notified of the Proposed Insured's death. Any

application submitted without a beneficiary will default to the "Estate of the Insured". All others are subject to Home Office Approval. All primary beneficiaries need to be over the age of 18. For all primary beneficiaries, we require their date of birth to verify that they are over the age of 18.

Tobacco: Any use of tobacco or nicotine products, including gum patches or electronic cigarettes in any form in the last 12 months is considered tobacco consumption and will be issued at a tobacco rate. With marijuana being legal in many states, any type of marijuana or THC consumption will be priced as tobacco.

Disclosure: The Accelerated Living Benefit Disclosure must be signed by the Proposed Insured and Agent. Please be sure to check the box on the application, signifying that the proposed insured received, read and understood the disclosure. The disclosure form after signed and dated stays with the client. Do not submit to the Company. For paperless applications and e-Apps this form must be sent to the applicant prior to application.

Notices: The application contains the Notice of Disclosure of Information and Notice Regarding Consumer Reports. This information must be left with the applicant. For paperless applications and e-Apps, this form must be sent to the applicant prior to application.

Conditional Receipt: You will only need to submit a Conditional Receipt if the Payor is submitting a check or a money order. You will find this on the back of the Application cover page. Once completed, please mail the payment along with a copy of the front page of the application to the Administrative Office in Frankfort, KY. This will help us match the payment to the policy when it is ready to issue.

Leave the following with the Applicant:

1. Accelerated Benefit Rider Summary and Disclosure Statement.
2. The Important Notices section located on the inside back cover of the Golden Eagle Final Expense application packet.
3. The Conditional Receipt (only if premium is being submitted with the application).
4. Replacement Form if and when required by the Applicant's State.
5. For Pennsylvania Only: PA Cash Value Disclosure Form.

Application Options:

Application: Agents have three options for completing the Golden Eagle Final Expense Application. These options are a Paper Application, Paperless Application, and an E-Application with an Abbreviated Phone Interview.

Telephone Interview: (All Final Expense Applications require a telephone interview.) The telephone interview helps provide point of sale approval and can help and protect you, the agent, if questions arise. You are encouraged to conduct the interview at the time of application. Agent and applicant must all be present during the telephone interview. For telephone interviews please call the **Toll-Free phone number 888-995-7722 listed on the application during hours: Mon-Fri 8:00AM to 9:00PM CST and Saturday 8:00 AM to 3:00 PM CST.**

Card Paying Applicants: For compliance reasons we are not allowed to store credit/debit card information. Card paying clients will have their authorization and card information gathered during the required telephone interview. **Do not fax or upload credit/debit or Direct Express card information.** (Please see Card Payment Section on page 10 for more details)

The chart below will help you determine which option will work best for you and your applicant:

	Paper App	Paperless App	E-App
Can be sold via Tele-Sales	No – Face to Face Only	Yes	Yes
Length of Phone Interview	Middle	Longest	Shortest
Potential Errors on Application	Yes	No	No
Timeframe of Policy Issuance	Longest (allow 7 to 10 days)	Shortest (2 business days)	Shortest (2 business days)
Translators for Phone Interviews	Yes	No	Yes
System for Visually Impaired	No	Yes	No
System for Hearing Impaired	Yes-with TDD or Interpreter	No	Yes-with TDD or Interpreter
Submission of Paperwork	Yes	No	No

Option #1

Paper Application (Must be sold face to face): As stated in the name, the Paper Application requires an agent to fill out and submit the required application paperwork to the company. We recommend you gather the application information prior to the phone call as not to be caught off guard or unaware of the types of questions you and your client will be asked. You can submit the documentation either via fax (262.289.3224) or via the agent portal. The telephone interview will consist of the questions that pertain to information listed below:

1. Agent information
2. Applicant's information (from the Agent)
3. Applicant verifies the information provided by the agent
4. Applicant Medical and Consumer Authorizations (MIB & HIPAA)
5. Health History Verification
6. Medical prescription questions
7. The underwriting decision
8. Plan applying for information with confirmation of frequency of payment
9. Premium Quote
10. Agent then submits application paperwork via Fax or through the Agent Portal

Signatures: The application must be signed by the proposed insured, owner (if other than proposed insured), payor and the agent. Paper applications submitted without proper signatures will be returned.

Application Correction: The owner **must** initial ANY corrections made on an application. Do not use “white out” or any other correction materials. This will result in the application being returned or amended.

Submitting Paper Applications:

You must submit via **fax or the agent portal**. Applications **cannot** be submitted via email.

If you have faxed or submitted the application via agent portal, do not resubmit unless you are specifically instructed to do so.

We sometimes see an agent fax in an application then turn around and upload the same application through the agent portal or vice versa. If you resubmit please make a note on the resubmit that you are sending a second time. You and your client would not want two policies accidentally issued.

Fax: Please include a cover sheet that has the requested information as well as your contact information. Make sure you submit all the necessary forms such as replacement notices, bank draft information (including voided check), etc. to: **Fax #: 262-289-3224**. Please remember that the application is to be included in the formation of the policy. Not all fax transmissions provide a quality that would be appropriate for the contract. At times we may need to ask for a second fax, or even the original. We will do our best to use the faxed copy whenever possible. When faxing, please complete a cover sheet for each application. Please be sure to include the number of pages associated with this cover sheet and mark “Yes” or “No” for have you previously attempted to fax this item. If you receive a communication error and are resending, please answer “Yes” to have you previously attempted to send. Please make sure to include your phone number and email address on the fax cover sheet if we need to contact you.

Agent Portal: Upload at: www.trinitylifeinsurance.com or www.familybenefitlife.com
First time users may create your own user name and password. You may upload the following types of files: doc, docs, pdf, xls, xlsx, jpg, jpeg, png, tiff or tif. If you are uploading, you should click on recent uploads and look for a reference number along with a green check mark to ensure the file was successfully loaded.

Please retain the original application until the policy has been issued. Then shred and destroy the original application and documents. You nor the Company are allowed to keep client’s credit/debit or Direct Express card information on file.

If your client is **submitting money with the application**: Please Upload through the Agent Portal or Fax the application packet per instructions above. Then, please mail the payment along with a copy of the front page of the application to the Administrative Office in Frankfort, KY. This will help us match the payment to the policy when it is ready to issue.

Mail:

Regular Mail:

Trinity Life
PO Box 5205
Frankfort, KY 40602-5205

or

Family Benefit
PO Box 5205
Frankfort, KY 40602-5205

Overnight:

Trinity Life
200 Capital Ave.
Frankfort, KY 40601

Family Benefit
200 Capital Ave.
Frankfort, KY 40601

Option #2

Paperless Application: As stated in the name, the Paperless Application allows the agent to complete an application without submitting any paperwork. For paperless applications the applicant must be a U.S. citizen and no translators or helpers of any kind may be used. All required information and documentation is taken at the time of the phone interview. **Agents may be Face to Face with the client or use this process for Telesales.** Once the phone interview is complete the agent does not submit any application paperwork to the company. We recommend you gather the application, beneficiary, replacement and payment information prior to the phone call as not to be caught off guard or unaware of the types of questions you and your client will be asked. The telephone interview will consist of the questions that pertain to information listed below:

1. Agent information
2. Applicant's information (from the agent)
3. Applicant verifies the information provided by the agent
4. Applicant Medical and Consumer Authorizations (MIB & HIPAA)
5. Medical questions on the application
6. Medical prescription questions
7. The underwriting decision
8. Plan applying for information (from the agent)
9. Premium Confirmation (from the agent)
10. Payment information (from the agent)
11. Beneficiary information (from the agent)
12. Replacement information (from the agent)
13. Applicant's voice signature (this will be the Acknowledgements Section on the back of the app)
14. Owner's voice signature (this will be the Acknowledgements Section on the back of the app)
15. Payor's voice signature
16. Agent's voice signature

Prior to the phone interview you must provide the applicant with:

1. Accelerated Benefit Rider Summary and Disclosure Statement
2. Important Notices (Fair Credit Reporting Act and MIB Disclosures)
3. Replacement Form (Depending on state requirement)

****If writing in Pennsylvania you will need to provide the PA Cash Value Disclosure form****

Option #3

E-Application with an Abbreviated Phone Interview: This 3 step application is completely paperless and can be accessed through your agent portal, along with an abbreviated phone interview. **Agents may be Face to Face with the client or use this process for Telesales.** Below is a step-by-step guide on how to complete a new E-Application:

Accessing the E-Application:

1. Agent logs into Agent Portal
2. Select "E-Application"
3. Select the link. This will bring you to your E-Application Portal. You will have access to all E-Apps that you have written on this portal.
4. Select Start Interview and Click "Trinity and Family Benefit- Final Expense"

Prior to the phone interview you must provide the applicant with:

1. A Copy of the Application to verify they read the health questions
2. Accelerated Benefit Rider Summary and Disclosure Statement
3. Important Notices (Fair Credit Reporting Act and MIB Disclosures)
4. Replacement Form (Depending on state requirement)

**** If writing in Pennsylvania you will need to provide the PA Cash Value Disclosure form****

Part I: *Enter all the required information*

1. Agent Information
2. Applicant Info
3. Health History (Read all questions to the applicant and select the appropriate answers)
4. Applicant Medical and Consumer Authorizations (If face to face)

**** You will need to provide the case number to the interviewer. You can find this on the case summary under “case number”.
This number will start with 107-0024****

Part II: *Information provided in Part I will be confirmed in Part II by the interviewer*

1. Call **888-995-7722** to complete Abbreviated Phone Interview.
2. Applicant Info Verification
3. Applicant Medical and Consumer Authorizations (If not face to face)
4. Health History Verification
5. Medical prescription questions
6. The underwriting decision

Part III: *Continue E-App by selecting the applicant name in “My Cases.” Please note that this may take a few minutes to update and that you may need to refresh your screen. Once you see “Pending Submission” you are then ready to finish the application. You will see the last screen before the interview and then hit “next.”*

1. Plan Info, Payment, and Requested Issue Date
2. Beneficiary Information
3. Replacement (If applicable. Remember we do not accept replacements in KS, KY, and WV)
4. eSignatures

eSignatures: At the end of the E-App, Agents, Applicants, and Owners/Payors will all need to sign the required documentation. These forms will pre-populate using DocuSign. If completing face to face, all parties will sign within the E-Application. If you are not face to face with the Applicant, Owner, or Payor, DocuSign will generate two options of delivery that you will need to select to send to the DocuSign link to signing parties. The signing parties will have two options to receive the link. They can select the link to be sent either via email or via text message. If the signing party selects email, they will need to access the email that was sent and select the link that was provided. If the signing party selects text message, they will need to click the link that was provided to them. Both options will then open a portal for the signing party to log into to sign. They will need to know the last four digits of their social security number and the security code that was provided from the E-Application. It is recommended that you, the agent, should write the security code. Emails will be sent with the email address signapplication@mrsreps.com. Make sure to check the spam/junk folder if the email was not received.

Completing the E-Application: Once all parties sign, you will submit the application by clicking “Next.” It will bring you back to the Case Detail page, this is how you will know that the application was submitted. From there, the E-App will be reviewed and then sent to our Administration office to be processed. Once processed the policy will be mailed out to the Owner or the Agent depending on what was selected at the time of the E-Application.

****We have provided a step by step training video on how to complete an E-Application. You can find this video in your agent portal****

Product Payment Options:

Premium Payments: The only modes of premium payment the Company will accept are: monthly bank draft (EFT), Quarterly, Semi-Annual or Annual. Any application submitted requesting any other mode of premium payment will not be issued and (if any,) Cash With Application will be refunded.

Premium Modes: For Annual, Semi-Annual, and Quarterly payments we accept check or money order. For Monthly payments, we accept Electronic Funds Transfer (EFT) or Card Payments (Please see Card Payment section for details)

Electronic Funds Transfer: To help ensure correct routing and bank account information please submit a voided check for checking account clients. Deposit or withdrawal slips will not be accepted. If the EFT Draft is returned by the bank, we will notify you and the premium mode will be changed to quarterly. The Company is not responsible for any fees incurred by an applicant / insured due to insufficient funds.

Card Payments: We do accept Visa, MasterCard and Direct Express Debit Card. Card paying policies' commissions are paid as earned. For card paying applications, there must be money on the card the day of the phone interview or we will not be able to process the phone interview. You will have to re-apply later when there is money on the card. Do not upload card information through the Agent Portal or fax to MRS.

Credit, Debit, and Direct Express Debit Cards: If card paying, there must be funds on the card the day of the phone interview. First year commissions will be reduced by 5% and renewal commissions will be reduced by 1% for all card paying policies. **No more than 20% of an agent's submitted business may be card paying policies.**

Social Security Benefit Billing Authorization Form: By utilizing this form we have the ability to withdraw Checking/Savings Accounts and the Direct Express MasterCard to match the date the Payor receives their Social Security Benefits. The Draft Date on the application MUST match the option on the Social Security Benefit Authorization Form. Only available options: 1st of the month, 3rd of the month, or 2nd, 3rd or 4th Wednesday of the month.

Requested Issue Dates: The Effective Date of a policy is the date the applicant requests their coverage to begin if the policy is approved. If this question is left blank, the effective date will be the application date. Effective Date must be the 1st - 28th of the month or 2nd, 3rd or 4th Wednesday of the month. We will draft by EFT on each business day, except the 29th, 30th, and 31st of the month. **A Requested Effective Date may not be more than 45 days from the date of the application.** No coverage is provided under the Conditional Receipt until the effective date is reached. On the application if the requested effective date is the 1st – 28th of the month, you only need to list the date in section 5, line 3 of the application. Example: 08/03/2021. You do not need to list the month and year after the 1st, 2nd or 3rd Wednesday. The Requested Effective Month/Year is only for the Wednesdays. Since we allow up to 45 days a requested Wednesday could often be the current month or the following month so we need to know which month.

Draft Upon Approval: Clients have the option to draft upon approval. Please note that the payment will not be prorated. For example, if the client wants the recurring draft to be on the third of each month, but an initial draft upon approval, the client will be charged the full premium on both dates. When drafting upon approval, we only allow up to 30 days in advance. Please note that we do not draft twice in one month. If drafting upon approval, the recurring payment would have to start in the following month.

Product Underwriting

Golden Eagle Whole Life Underwriting: Can be issued standard as “Simplified Issue” (Day 1) or “Graded Death Benefit”. Combinations of impairments may exclude an applicant from coverage. Golden Eagle Final Expense is not a guaranteed issue product. The Company reserves the right to modify underwriting guidelines without notice and the right to request additional information to assess the risk. The application asks medical related questions, the answers to which will either qualify the applicant for the Simplified Plan, the Graded Plan, or require that the application be declined. It’s important that you read each question carefully to the applicant. In addition to the medical questions, we will obtain a report through the MIB Inc. and a Prescription Check Service. All questions on the application must be answered. Questions left blank will cause a delay in processing as we will have to contact you or the Insured to obtain the answer.

Prescription Check: It is recommended that you use our Prescription Checklist that was provided to you in your new agent kit. All medications asked at the time of the phone interview are “Evaluated” Medications. It is important that your client is prepared to answer questions in regards to their medications. Non-“Evaluated” medications on the list will be underwritten accordingly as the telephone interviewer does not see these medications to ask your client about.

Final Expense Build Chart:

Height		Weight		
		Minimum	Maximum Simplified	Maximum Graded
Feet	Inches			
4	9	78	197	218
4	10	78	206	227
4	11	81	213	236
5	0	84	222	245
5	1	86	229	253
5	2	90	237	262
5	3	93	246	272
5	4	96	253	279
5	5	98	260	287
5	6	101	268	296
5	7	104	275	304
5	8	107	284	314
5	9	110	292	323
5	10	113	299	331
5	11	116	308	340
6	0	120	316	348
6	1	124	325	357
6	2	127	333	365
6	3	131	342	374
6	4	134	350	381
6	5	137	357	388
6	6	141	367	397
6	7	145	375	406
6	8	148	383	413

Graded Benefit Factors:

The death benefit for any Graded Plan is limited for the first two policy years. The first year benefit is the factor for the age shown below. To calculate the first year benefit, simply multiply the face amount by the factor for the age and sex in question.

Issue Age	First Year			
	Male		Female	
	Nontobacco	Tobacco	Nontobacco	Tobacco
50	.066	.083	.057	.071
51	.069	.085	.059	.075
52	.072	.087	.062	.078
53	.075	.089	.064	.081
54	.078	.097	.066	.084
55	.082	.105	.069	.087
56	.086	.113	.071	.089
57	.090	.120	.074	.090
58	.094	.126	.077	.092
59	.099	.132	.080	.093
60	.104	.136	.083	.095
61	.110	.140	.087	.101
62	.116	.145	.090	.107
63	.122	.150	.094	.114
64	.129	.155	.098	.121
65	.136	.162	.102	.127
66	.143	.170	.106	.134
67	.151	.179	.111	.140
68	.159	.189	.116	.145
69	.168	.200	.122	.151
70	.177	.213	.128	.156
71	.187	.226	.135	.163
72	.198	.240	.142	.171
73	.210	.254	.151	.180
74	.222	.269	.160	.191
75	.235	.283	.170	.204
76	.249	.298	.182	.220
77	.264	.315	.194	.237
78	.280	.333	.207	.254
79	.297	.355	.221	.271
80	.316	.382	.236	.285

The second year for both male and female, non-tobacco and tobacco are as follows:

Issue Age	Male, Female, Non-tobacco & Tobacco
50-73	.50
74	.53
75	.56
76	.58
77	.60
78	.64
79	.69
80	.73

Examples:

1. A 56 year old male tobacco applies for a \$10,000 graded death benefit policy. The 1st year factor is .113. $10,000 \times .113 = \$1,130$ first year death benefit.
2. A 75 year old female non-tobacco applies for a \$5,000 policy. The 2nd year factor is .56. $5,000 \times .56 = \$2,800$ second year death benefit.

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**We Appreciate Your Business
and the Opportunity to be of Service
to You and Your Clients**



Trinity Life Insurance Company



**FAMILY BENEFIT
LIFE INSURANCE CO.**

Home Office:

7633 East 63rd Place, Suite 230
Tulsa, OK 74133
866-211-0811

Administrative Office

PO Box 5205
Frankfort, KY 40602-5205
866-440-1357

www.trinitylifeinsurance.com

www.familybenefitlife.com