

United Home Life Insurance Company's

**For Agent,
Broker Use
Only**

**Not intended for
solicitation of clients**

Simplified Products - Faster Results

The Provider

- Non-medically underwritten Whole Life
- Many inherent benefits included
- No exams, blood or oral fluids required
- Preferred Rates available for your healthy clients
- Ideal for juveniles and adults
- Guaranteed Cash Values



**United
Farm Family**
Life Insurance Company

The Provider

Product Description:

The Provider policy is a unique whole life plan with guaranteed cash values and is designed to be used with your standard and preferred risk clients. Unlike the other products in our portfolio, no tables are given away in the underwriting process and no substandard ratings are available. However, the plan features minimal underwriting, with no routine medical exams, blood, urine or other bodily fluid testing required.

The *uniqueness* of the plan is evident in the following features:

- Your clients ages 18-80 can qualify for a discounted preferred rate *without medical underwriting*, depending on the answers provided in the application.
- This plan is also available for issue ages 0-17 and is an ideal “starter” insurance plan for children and grandchildren because of the built-in *Guaranteed Insurability Benefit* rider.
- Finally, this insurance plan has a number of inherent rider features that are *included* in the purchase price of the policy if the face amount is \$25,000 or greater:*

 - *Common Carrier Accidental Death Benefit Rider* – Pays an additional amount above the face amount, equal to the base face amount, if the death is due to an accident while riding on public transportation.
 - *Guaranteed Insurability Benefit Rider* – For issue ages 0-17, the rider guarantees the policyowner the right to purchase additional whole life insurance on the insured’s life at his/her 25th birthday, without evidence of insurability and in an amount not exceeding the policy face amount.
 - *Life Threatening Cancer Accelerated Benefit Rider* – Pays the policyowner an advance on the policy’s death benefit in an amount up to 10% if the insured has been diagnosed with life-threatening cancer.
 - *Charitable Gift Donation* – This benefit provides an additional 1% added to the face amount of the policy and is paid to the charity chosen by the policyowner upon death of the insured. If no charity is chosen, the additional 1% will be paid to the American Red Cross.
 - *Terminal Illness Accelerated Death Benefit* - This Benefit provides the policyowner with the right to access the Death Benefit (discounted at interest for one year) on the life of the Insured if the Insured is diagnosed with a life expectancy of twelve (12) months or less.

*Some of the inherent rider features shown above may not be available in all states.

United Home Life Insurance Company
United Farm Family Life Insurance Company

The Provider

Issue Ages and Face Amounts:

Issue Ages	Min. Face Amt.	Max. Face Amt.	Policy Fee*
Ages 0-50	\$10,000	\$150,000	\$50
Ages 51-60	\$10,000	\$100,000	\$50
Ages 61-80	\$10,000	\$50,000	\$50

**policy fee is fully commissionable*

Premium Payments:

For premiums paid in intervals other than annually, multiply the total annual premium, including riders, by the appropriate factor (round to the next highest cent).

Modal Factors:

Semiannual .53 Quarterly .27 Monthly/PAC .093

PAC (Preauthorized Check) requires one month's premium with the application unless your client wants the first premium drafted from their bank account. Policies on PAC mode are drawn monthly on or about the premium due date, but no later than the 28th of month. UHL will bill on all other premium modes.

Minimum Modal Premium Accepted: \$20.00

(Unless on bank draft)

Riders Available:

(In addition to the inherent riders described earlier)

- Waiver of Premium
- Child Rider

Underwriting:

The Provider plan is non-medically underwritten, featuring minimal underwriting with no routine medical exams, blood, urine or other bodily fluid testing required. Personal History Interviews (PHIs) will be conducted on 100% of the applications. A preferred rating discount is available to people who qualify based on the answers to the health questions. Applicants age 66-80 are required to answer an additional set of supplemental health questions asked on the PHI in order to be considered for the preferred rating discount.

Ratings:

Applicants must be at least a standard risk; no extra ratings are available.

The Provider

The Provider - Non-Medical Whole Life Rates Per \$1,000 of Face Amount Policy Fee of \$50 Per Year Use Age Nearest Birthday

Male							
Issue Age	Preferred Nontobacco	Nontobacco	Juvenile & Tobacco	Issue Age	Preferred Nontobacco	Nontobacco	Tobacco
0			3.67	50	23.07	25.63	36.01
1			3.81	51	24.18	26.87	37.89
2			3.95	52	25.36	28.18	39.89
3			4.09	53	26.60	29.55	41.98
4			4.24	54	27.89	30.99	44.20
5			4.40	55	29.55	32.84	47.00
6			4.57	56	31.07	34.52	49.82
7			4.73	57	32.69	36.32	52.82
8			4.90	58	34.38	38.20	56.00
9			5.06	59	36.19	40.21	59.41
10			5.23	60	38.10	42.33	63.02
11			5.39	61	40.13	44.59	66.89
12			5.56	62	42.28	46.98	71.02
13			5.72	63	44.56	49.51	75.41
14			5.89	64	46.96	52.18	80.07
15			6.05	65	49.50	55.00	85.00
16			6.11	66	53.51	59.46	92.16
17			6.16	67	57.36	63.73	99.08
18	5.60	6.22	8.43	68	61.52	68.36	106.58
19	5.81	6.45	8.74	69	66.05	73.39	114.76
20	6.02	6.69	9.07	70	70.97	78.86	123.64
21	6.26	6.95	9.42	71	76.30	84.78	133.28
22	6.48	7.20	9.77	72	82.06	91.18	143.71
23	6.74	7.49	10.16	73	88.25	98.06	154.98
24	7.01	7.79	10.57	74	94.91	105.45	167.08
25	7.30	8.11	11.00	75	102.00	113.33	180.00
26	7.61	8.46	11.48	76	108.53	120.59	191.53
27	7.94	8.82	11.98	77	115.38	128.20	203.61
28	8.29	9.21	12.51	78	122.71	136.34	216.59
29	8.65	9.61	13.07	79	130.65	145.17	230.60
30	9.04	10.04	13.65	80	139.23	154.70	245.72
31	9.44	10.49	14.26				
32	9.86	10.95	14.90				
33	10.30	11.44	15.57				
34	10.75	11.94	16.27				
35	11.23	12.48	17.00				
36	11.78	13.09	17.85				
37	12.36	13.73	18.75				
38	12.97	14.41	19.70				
39	13.62	15.13	20.70				
40	14.29	15.88	21.76				
41	15.00	16.67	22.86				
42	15.76	17.51	24.04				
43	16.56	18.40	25.29				
44	17.41	19.34	26.61				
45	18.30	20.33	28.00				
46	19.15	21.28	29.43				
47	20.05	22.28	30.94				
48	21.01	23.34	32.53				
49	22.01	24.45	34.22				

*United Home Life Insurance Company
United Farm Family Life Insurance Company*

The Provider

The Provider - Non-Medical Whole Life Rates Per \$1,000 of Face Amount Policy Fee of \$50 Per Year Use Age Nearest Birthday

				Female			
Issue Age	Preferred Nontobacco	Nontobacco	Juvenile & Tobacco	Issue Age	Preferred Nontobacco	Nontobacco	Tobacco
0			3.67	50	19.24	21.38	29.58
1			3.81	51	20.00	22.22	30.87
2			3.95	52	20.79	23.10	32.21
3			4.09	53	21.62	24.02	33.61
4			4.23	54	22.48	24.98	35.08
5			4.37	55	23.63	26.25	37.00
6			4.51	56	24.64	27.38	38.74
7			4.64	57	25.71	28.57	40.60
8			4.78	58	26.85	29.83	42.57
9			4.91	59	28.06	31.18	44.66
10			5.05	60	29.33	32.59	46.88
11			5.19	61	30.70	34.11	49.24
12			5.32	62	32.13	35.70	51.73
13			5.46	63	33.64	37.38	54.35
14			5.59	64	35.24	39.16	57.11
15			5.73	65	36.90	41.00	60.00
16			5.77	66	39.34	43.71	64.20
17			5.81	67	41.60	46.22	68.13
18	5.27	5.85	7.91	68	44.06	48.95	72.42
19	5.48	6.09	8.23	69	46.73	51.92	77.08
20	5.71	6.34	8.57	70	49.64	55.16	82.19
21	5.94	6.60	8.92	71	52.83	58.70	87.76
22	6.18	6.87	9.29	72	56.29	62.54	93.80
23	6.44	7.15	9.67	73	60.01	66.68	100.37
24	6.71	7.45	10.07	74	64.03	71.14	107.45
25	6.99	7.77	10.50	75	68.31	75.90	115.00
26	7.26	8.07	10.91	76	72.65	80.72	122.32
27	7.54	8.38	11.33	77	77.35	85.94	130.22
28	7.84	8.71	11.78	78	82.49	91.66	138.87
29	8.14	9.04	12.24	79	88.89	98.77	149.67
30	8.46	9.40	12.72	80	95.97	106.63	161.57
31	8.80	9.78	13.23				
32	9.15	10.17	13.76				
33	9.52	10.58	14.32				
34	9.90	11.00	14.89				
35	10.30	11.45	15.50				
36	10.76	11.95	16.18				
37	11.24	12.49	16.91				
38	11.75	13.05	17.66				
39	12.26	13.62	18.45				
40	12.81	14.23	19.28				
41	13.38	14.87	20.13				
42	13.98	15.53	21.03				
43	14.61	16.23	21.97				
44	15.26	16.96	22.96				
45	15.96	17.73	24.00				
46	16.56	18.40	25.02				
47	17.18	19.09	26.08				
48	17.84	19.82	27.19				
49	18.53	20.59	28.36				

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The Provider

The Provider - Non-Medical Whole Life Waiver of Premiums Rates Per \$1,000 of Face Amount Policy Fee of \$50 Per Year Use Age Nearest Birthday

Issue Age	Male			Female		
	Preferred Nontobacco	Nontobacco	Tobacco	Preferred Nontobacco	Nontobacco	Tobacco
18	0.19	0.20	0.22	0.19	0.21	0.22
19	0.19	0.20	0.22	0.19	0.21	0.22
20	0.20	0.21	0.24	0.21	0.21	0.23
21	0.21	0.22	0.25	0.22	0.22	0.25
22	0.21	0.22	0.26	0.22	0.22	0.25
23	0.22	0.23	0.27	0.23	0.24	0.26
24	0.23	0.24	0.28	0.24	0.25	0.28
25	0.24	0.25	0.29	0.25	0.26	0.29
26	0.25	0.26	0.31	0.26	0.27	0.30
27	0.27	0.27	0.32	0.28	0.28	0.31
28	0.28	0.28	0.34	0.29	0.30	0.33
29	0.30	0.31	0.36	0.30	0.31	0.34
30	0.32	0.33	0.39	0.31	0.32	0.36
31	0.34	0.35	0.41	0.32	0.33	0.39
32	0.36	0.37	0.43	0.34	0.35	0.41
33	0.38	0.39	0.45	0.36	0.38	0.43
34	0.40	0.41	0.49	0.38	0.40	0.46
35	0.42	0.43	0.51	0.41	0.42	0.49
36	0.45	0.46	0.54	0.43	0.44	0.53
37	0.48	0.50	0.59	0.46	0.48	0.57
38	0.51	0.53	0.63	0.50	0.52	0.61
39	0.56	0.57	0.68	0.53	0.55	0.66
40	0.60	0.62	0.73	0.57	0.59	0.70
41	0.65	0.67	0.80	0.61	0.63	0.77
42	0.70	0.73	0.88	0.66	0.68	0.84
43	0.76	0.78	0.95	0.72	0.74	0.91
44	0.83	0.86	1.03	0.77	0.80	1.00
45	0.89	0.92	1.12	0.83	0.86	1.10
46	0.97	1.00	1.23	0.88	0.91	1.18
47	1.05	1.08	1.36	0.95	0.99	1.28
48	1.16	1.19	1.51	1.04	1.07	1.40
49	1.29	1.33	1.69	1.14	1.18	1.54
50	1.44	1.48	1.90	1.25	1.29	1.71
51	1.60	1.66	2.16	1.38	1.43	1.91
52	1.79	1.85	2.45	1.52	1.57	2.15
53	2.00	2.07	2.78	1.68	1.74	2.38
54	2.23	2.31	3.14	1.86	1.92	2.66
55	2.50	2.58	3.56	2.06	2.13	2.98

Modal Factors For All Plans:

Semi-Annual - .53 Quarterly - .27 Monthly/PAC - .093

Premiums for Child Rider

Premium is a level \$25.00 per year for each unit of \$5,000 coverage.

The Provider

Premium Calculation Examples:

Example 1:

Male PNT; Age 50; Face amount = \$50,000

Step 1

- Multiply rate per thousand times number of thousands of coverage:

$$\mathbf{\$23.07 \times 50 = \$1,153.50}$$

Step 2

- Add the \$50 commissionable policy fee to results of Step 1:

$$\mathbf{\$1,153.50 + \$50 = \$1,203.50}$$

Step 3

- Multiply results of Step 2 (annual premium) by modal factor desired

Example 2:

Female NT; Age 55; Face Amount = \$75,000

Waiver of Premium; \$5,000 Child Rider

Step 1

- Add rate per thousand + Waiver of Premium rate:

$$\mathbf{\$26.25 + 2.13 = \$28.38}$$

Step 2

- Multiply results of Step 1 times number of thousands of coverage:

$$\mathbf{\$28.38 \times 75 = \$2,128.50}$$

Step 3

- Add \$25 annual Child Rider premium and \$50 commissionable policy fee to results of Step 2:

$$\mathbf{\$2,128.50 + \$25 + \$50 = \$2,203.50}$$

Step 4

- Multiply results of Step 3 (annual premium) by modal factor desired

Agent/Client Options at Time of Application:

Personal History Interviews (PHIs) will be conducted on 100% of the applications. Since you can use either the traditional application or the tele-application with your client, the interview can be initiated in different ways:

- If you use the **traditional application** (200-536) and jointly complete it with your client, you can initiate a Point-of-Sale (POS) interview by calling the vendor (IBU) and handing the phone to the proposed insured for the completion of the interview. **Vendor telephone number is: 1-877-801-9496 (M-F, 8:30 a.m.-8:30 p.m., EST).** Once the interview is completed and you obtain your client's signature, fax or mail the application to our Home Office.
- As a second alternative, the traditional application can again be used, and you and the client can jointly complete it. But if you leave with the signed application and fax it to the Home Office without initiating a POS PHI, a traditional IBU-interview will be ordered and the PHI will be initiated by the vendor. Make sure to provide a telephone number and best time to reach your client in order to expedite the interview.
- Thirdly, if the **tele-application** is used (200-541), you will complete only Part I, obtain a written signature acknowledging FCRA and MIB (no medical questions) and you can initiate a POS PHI while visiting the proposed insured. When you reach an interviewer from the client's home, tell the interviewer you are arranging a tele-application interview; you will hand the phone to the applicant and the interviewer will ask the medical questions in Part II of the application (200-542). In this scenario, a voice-recorded signature will be secured by the interviewer and you will mail or fax Part I to our Home Office.
- Finally, the tele-application can be used but you can leave the client's home after completing Part I and securing a written signature. Once you fax Part I to our Home Office, we will order a tele-application interview in order to complete Part II and secure a voice-recorded signature.

The Provider

PROVIDER Preferred rate considerations

Ages 18-65

- Must be a standard risk. (no ratable health conditions)
- No history of mental illness or depression in past 10 years.
- No current or past treatment for high cholesterol or high blood pressure.
- Must have a current M.D. and have had adequate routine health care.
- Tobacco - no use in the past 12 months.
- Family History - No family history of a death of parent or sibling from Cardiovascular Disease or Cancer before age 60.
- Aviation-no participation as a pilot or crew member in the past 2 years.
- Avocation-no ratable avocation (i.e. racing, scuba diving, mountain climbing, rodeo, parachuting)
- Driving-Must have a valid drivers license. No more than 2 violations in the past 3 years.
- DUI-None in past 5 years.
- Illegal Drugs-None in past 10 years.
- Marijuana-None in past 5 years.
- Alcohol-No excessive use or history of alcohol abuse or treatment in past.
- Criminal History-No felony or misdemeanor convictions in past 10 years.
- Military-Not an active member.
- Occupation-Must be employable on full time basis. (Cannot be receiving any form of disability compensation)
No ratable occupation.
- Credit History-Must not have filed for bankruptcy in past 10 years.
- Residence-Must have legally resided in US for 3 years.
- Weight not exceeding.

Height	Weight	Height	Weight	Height	Weight
4'10"	149	5'6"	192	6'2"	239
4'11"	154	5'7"	197	6'3"	246
5'0"	161	5'8"	203	6'4"	252
5'1"	165	5'9"	209	6'5"	258
5'2"	177	5'10"	214	6'6"	265
5'3"	181	5'11"	220	6'7"	273
5'4"	181	6'0"	226	6'8"	279
5'5"	186	6'1"	233	6'9"	286

The Provider

Preferred rate considerations

Ages 66-80

- Must be a standard risk. (no ratable health conditions)
- No history of fracture or falls within past 5 years.
- No history of mental illness or depression in past 10 years.
- Must be able to perform Activities of Daily Living (ADL) - feeding, bathing, dressing, taking own medication, toileting, transferring with no mobility problems or no artificial assistance for mobility; no functional mobility deficits such as telephone use, shopping, housekeeping & yard work.
- Must have a current M.D. and have adequate routine health care.
- Tobacco – No use in the past 12 months.
- Family History – No family history of death of parent or sibling from Cardiovascular Disease or Cancer before age 60.
- Aviation – No participation as a pilot or crew member in the past 2 years.
- Avocation – No ratable avocation (i.e. racing, scuba diving, mountain climbing, rodeo, parachuting)
- Driving – No more than 2 violations in the past 3 years.
- DUI – None in past 5 years.
- Illegal Drugs – None in past 10 years.
- Marijuana – None in past 5 years.
- Alcohol – No excessive use or history of alcohol abuse or treatment in past.
- Criminal History – No felony or misdemeanor convictions in past 10 years.
- Occupation – No ratable occupation, if employed.
- Credit History – Must not have had filed for bankruptcy in past 10 years.
- Residence – Must have legally resided in US for 3 yrs.
- Build cannot exceed:

Weight not exceeding:

Height	Weight	Height	Weight	Height	Weight
4'10	149	5'6	192	6'2	239
4'11	154	5'7	197	6'3	246
5'0	161	5'8	203	6'4	252
5'1	165	5'9	209	6'5	258
5'2	171	5'10	214	6'6	265
5'3	177	5'11	220	6'7	273
5'4	181	6'0	226	6'8	279
5'5	186	6'1	233	6'9	286

The Provider

All of the preceding must be met and each question below valued at 1 point. Must have a total of 5 pts in order to allow preferred.

Does proposed insured exercise a minimum of 2 days per week, for a total of 1 hour per week? If yes ____ pts

(If yes allow 1 point)

Does proposed insured have a valid drivers license and still drives? If yes ____ pts

(If yes, allow 1 point)

Is proposed insured currently employed for a min of 10 hours per week? If yes ____ pts

(If yes allow 1 point)

Does proposed insured currently volunteer for a min of 2 hours per week? If yes ____ pts

(If yes, allow 1 point)

Does proposed insured live with a spouse or roommate or have pet ownership? If yes ____ pts

(If yes, allow 1 point)

Does proposed insured participate in recreational travel, hobbies or sports? If yes ____ pts

(If yes, allow 1 point)

Does proposed insured handle all financial transactions independently without requiring outside assistance with paying bills and performing normal banking transactions? If yes ____ pts

(If yes, allow 1 point)



United Home Life Insurance Company

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The information in this brochure is
subject to the terms of Policy Form Numbers:
Express Issue WL Deluxe/Premier 18-466 & 200-466



United Farm Family

Life Insurance Company

200-548 9-07