

The logo for Dignified Choice Classic Series, featuring a stylized blue and green graphic of a classical column on the left. To the right of the graphic, the text 'Dignified Choice' is written in a large, blue, serif font, with a registered trademark symbol (®) to the upper right of 'Choice'. Below 'Dignified Choice', the words 'Classic Series' are written in a smaller, blue, serif font.

Dignified Choice[®] Classic Series

Final Expense Agent Reference Guide



www.cfglife.com
800-305-1335

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This guide is not intended for consumer use, nor is it intended to represent a legal contract. The information contained herein is designed to serve as a general reference source only. The Company procedures and practices outlined in this guide are subject to change due to legal compliance requirements or the needs of the business. Sample forms are provided for reference only. Actual forms may vary by state and are subject to change or revision.

How to Contact Us

Commissions	Phone	(800) 423-9765	Ext. *5908
	Fax	(877) 319-2463	
	Online	www.cfglife.com	
	Email	zBGMCommission@cfglife.com	
Claims	Phone	(800) 305-1335	Ext. *7557
	Fax	(866) 253-9459	
Customer Service	Phone	(800) 305-1335	Ext. *4900
	Fax	(877) 260-3264	
Forms	Phone	(800) 423-9765	Ext. *7197
	Fax	(607) 724-4345 (use Form No. 166)	
	Email	SupplyOrders@cfglife.com	
Licensing	Phone	(800) 423-9765	Ext. *5927
	Fax	(607) 724-1599	
	Email	zBGM Licensing@cfglife.com	
New Business	Phone	(800) 305-1335	Ext. *4902
	Fax	(888) 233-6881	
Premium Administration and Billing	Phone	(800) 423-9765	Ext. *5907
	Fax	(877) 319-2463	
	Email	zBGM Ordinary Premium Team@cfglife.com	
Sales Support	Phone	(800) 423-9765	Ext. *7582
	Email	zSYR Marketing@cfglife.com	
Underwriting	Phone	(800) 305-1335	Ext. *5904
	Fax	(888) 233-6881	

Mail to P.O. Box 1381
Binghamton, NY 13902-1381

Express Mail to 4704 Vestal Parkway East
Vestal, NY 13850

Fax Applications to (877) 261-3266 for Columbian Life Final Expense only
(888) 224-7759 for Columbian Mutual Final Expense only (ME & NY)
Please include completed Application Fax Cover Sheet.

Commissions

Business Processing Time

Clean business received before noon Eastern Time on Wednesday is issued by Friday, assuming that the writing agent is appointed with Columbian, the application is properly completed, premium is accurate, and the underwriting checks do not indicate undisclosed medical issues.

The real-time status of your business is posted in your Application History on the Partners Website. To review your business and all other reports, log in at www.cfglife.com/producer-login. First-time users, click on “Enroll Here,” enter the last five digits of your Agent Number, the last four digits of your SSN or tax ID, and provide your Zip code, date of birth, telephone number, or email address. Once your identity has been confirmed, you will create your user ID and password for future log-ins.

If we have your email address, you will be notified of changes in status via email, so please be sure to register on the Partners Website and provide a current email address.

Commission Payments

Commissions paid via Electronic Funds Transfer (EFT) are deposited daily or weekly. Paper checks are mailed each Friday. Commissions are not deposited or mailed until the total amount payable is at least \$50. Commissions are not payable until the initial premium has been drafted. Your commission statements and deposit amounts are available on the Partners Website.

Commission Splits

When splitting commissions between agents, indicate the percentage split next to each agent’s name under the Report of Licensed Agent section of the application.

Commission Advances

At the discretion of the Company, commissions may be advanced for policies on monthly bank draft premium mode (EFT). Advances are loans against future commissions, which are repaid by commissions as earned. No commissions will be advanced until an Advance Agreement is signed by the Agent, the Upline, and an authorized Company representative. **Policies written on an Agent’s own life or immediate family (spouse, parent, child or sibling) are not eligible for commission advances.**

Commissions on Reinstated Policies

When a policy is reinstated in the first year, first-year commissions will be paid on premiums received for the balance of the first 12 months of the policy. First-year commissions will not be paid for more than a total of 12 months. If a policy has been reinstated by redate and a change in age has caused a premium increase, commissions will be adjusted accordingly.

Commission Adjustments on Rewritten Policies

A “rewrite” is when a Columbian policy is issued after an existing Columbian policy on the same life:

- Terminates as a premium-paying policy; or
- Goes on Reduced Paid-Up or Extended Term Insurance; or
- Reduces in face amount at the request of the Policyowner.

If a new policy is written within 12 months after an existing policy lapses, is surrendered, terminated, enters into ETI or RPU as a result of automatic nonforfeiture processing or at the request of the policy owner, or the face amount of a policy is reduced at the request of the policy owner, the first-year

compensation on the new policy will be adjusted if the policy is written by the same agent or an agent within the same hierarchy. The compensation adjustment is based on the amount of first-year compensation that was paid on the previous policy.

- The total first-year compensation on the new policy will be reduced by the first-year compensation paid on the original policy.
- If the first-year compensation paid on the original policy exceeds the first-year compensation for the new policy, second-year renewal rates will be paid on the new policy.

If, as a result of the rewrite, there is an increase in premium on the new policy, first-year commissions will be paid only on the amount of the increase, with renewal compensation paid on the remainder.

If a policy is lapsed, surrendered or terminated after its original 12 months in force, only renewal compensation will be payable on the new policy.

Rewrite Limits

- No more than three rewrites are allowed on the same life through any agent or any agents within the same hierarchy.
 - No more than five rewrites are allowed on the same life, regardless of the writing agent or hierarchy.
 - Applications in excess of these limits will be declined.
-

1099 Tax Reporting

Earned compensation totaling more than \$600, including any bonuses or special programs, is included on the 1099-MISC. A 1099 will not be issued for total earnings less than \$600.

For commission advances, the 1099 is issued for the amount **earned**, not the amount advanced. The advantages of this method of 1099 reporting include:

- Earnings are more level from year to year.
- Advances are not subject to taxation until the year the commission is earned.*
- Advance chargebacks do not affect the 1099, since the advance was not included in the 1099 earnings.

Chargebacks or reversals for non-advanced commissions are automatically deducted from earnings.

*No tax advice is intended to be given.

Full Benefit Plans

Dignified Choice® - Classic Elite and Classic Select

Full benefit whole life insurance with simplified underwriting and level premiums.

Death Benefit

Immediate full coverage with level death benefit in all years.

Issue Limits

Age at the last birthday as of the effective date of the policy.

<u>Ages</u>	<u>Face Amounts</u>
18 - 24	\$5,000 - 25,000
25 - 44	\$5,000 - 35,000
45 - 80	\$2,500 - 35,000
81 - 85	\$2,500 - 25,000

Minimum issue \$5,000 in WA

Available Riders

- Children's Term Insurance Rider
- Accidental Death Benefit Rider
- Accelerated Death Benefit Rider

Classic Elite Underwriting

- All health questions answered "no"
- Doctor seen in past 5 years for ages 60-70
- Prescription history for ages 71+
- Height/weight limits
- MIB check
- Prescription drug check*
- Motor Vehicle Report for ages 18-35

Classic Select Underwriting

- Any Part 3 health question answered "yes"
- Doctor not seen in past 5 years for ages 60-70
- No prescription history for ages 71+
- Height/weight limits
- MIB check
- Prescription drug check
- Motor Vehicle Report for ages 18-35

If the proposed insured has used any form of tobacco or nicotine or smoked marijuana in the past 12 months, tobacco premiums apply for the Classic Elite and Classic Select plans. If marijuana was ingested, tobacco premiums do not apply.

*If applicant is over age 70 and applying for Elite, please provide their current prescription history and the medical condition the medication has been prescribed for in the Special Remarks section of the application. Columbian uses the industry leader, Milliman IntelliScript, to check prescription drug history. If Milliman does not find any prescription history for an applicant age 71+, an additional check will be run through ExamOne. If this check also returns no history, we will attempt to contact the applicant to ask about their prescription drug history. If we are unable to reach the applicant by phone, we will ask Apptical to conduct a telephone interview. If a history can be established through any of these means or on the application, the applicant will not be declined for the Classic Elite plan based on an absence of prescription drug history.

Graded Benefit Plan

Dignified Choice® - Classic Advantage

Graded benefit whole life insurance with simplified underwriting and level premiums.

Death Benefit

- Full face amount payable for accidental death in all years.
- Return of premiums plus 6% interest for non-accidental death occurring within the first two policy years.
- Full face amount for death by any cause after the graded benefit period.

Issue Limits

Age at the last birthday as of the effective date of the policy.

<u>Ages</u>	<u>Face Amounts</u>
40 - 85	\$2,500 - 20,000
Issue Ages 50-75 in ME and NY	
Minimum issue \$5,000 in WA	

Available Riders

- Children's Term Insurance Rider (Non Paid-Up version)
- Accelerated Death Benefit Rider (may be added after the graded benefit period)

Underwriting

- Any Part 2 health question answered "yes"
- *Two or more Part 3 questions answered "yes"*
- Height/weight limits
- MIB check
- Prescription drug check

Applicants age 71+ who have not seen a doctor within the past three years are ineligible for any coverage.

Optional Riders

Children's Term Insurance Rider (Grandchild Rider)

The Children's Term Rider provides individual coverage to age 25 on a child, grandchild or great grandchild of the Insured, including natural born children, stepchildren and legally adopted children.

Availability:

- The **Paid-Up version** of the rider is available with Classic Elite and Classic Select at the time of policy issue for issue ages 80 or less.
 - The Paid Up version may be converted without evidence of insurability between the ages of 22 and 25 (Early Conversion), on the date rider coverage ends, or on the date of the Primary Insured's death *if the Insured commits suicide within the first two policy years*.
 - If the Insured dies while the rider is in force, the insurance under the rider will remain in force with no further payment of premiums. The other terms of the rider continue to apply. This benefit is not provided if the Insured commits suicide within the first two policy years.
- The **Non Paid-Up version** is available with Classic Elite and Classic Select for issue ages 81 and up, with Classic Advantage at all issue ages, and for children added after policy issue.
 - The Non Paid Up version may be converted without evidence of insurability between the ages of 22 and 25 (Early Conversion), on the date rider coverage ends, or on the date of the Primary Insured's death.

Issue ages: Base Insured 18 –85 / Children 15 days – less than 19 years

Minimum Issue: \$2,500

Maximum Issue: \$10,000, not to exceed base policy face amount
(\$15,000 maximum per child for multiple policies)

Maximum Number of Riders per Policy: 20

Accidental Death Benefit Rider (Double Indemnity)

Doubles the death benefit for accidental death of the Insured. Rider coverage is maintained to age 100.

Availability: Available with the Classic Elite and Classic Select Full Benefit plans only.

Issue Ages: 25 – 75

Accelerated Death Benefit Rider

Allows the Policyowner to request a benefit advance when the Insured is diagnosed by a physician as having a terminal condition and a life expectancy of 12 months or less. Rider is available with *no additional premium charge* and remains in force for the duration of the policy.* If the rider is selected, an Accelerated Benefit Disclosure, Form No. 6180-CL or state variation, must be provided to the Applicant and a signed copy must be submitted with the application in states where required.

Availability: Available with Classic Elite and Classic Select Full Benefit at the time of issue, and may be added to a Classic Advantage Graded Benefit policy after the graded benefit period.

Issue Ages: Same as base policy (all ages)

*If an accelerated benefit payment is made, a \$250 administrative fee is deducted from the payment. A lien will be established against the policy death benefit, with lien interest assessed. Regular premium payments as specified in the policy will be required in order to keep the policy in force. Receipt of accelerated benefit may affect eligibility for public assistance programs and may be taxable.

Underwriting Guidelines

Application Health Questions

It is essential that you see each proposed insured in person at the time of application and that you read each health question aloud, word for word, and be sure the Applicant understands each one. At times, an Applicant's diagnosis may fall under one of the general terms listed on the application, but may be known to the Applicant by another name. Use the medical information on pages 9 through 14 as a guide, and call the Underwriting Team at 800-305-1335 extension *5904 if you have questions.

Power of Attorney

The Proposed Insured **must** sign the application. Because the Proposed Insured must personally answer the health questions, a Power of Attorney signature will not be accepted.

Underwriting Checks

When an application is entered into our system, it is run through "Irix" Underwriting Rules. If we receive information that gives us reason to believe that the Proposed Insured would not qualify for the plan applied for, an additional Personal History Interview (PHI) may be needed to obtain further information. If the Irix Rules show a definite disease or medical condition, a decision will be made based on those records.

MIB, Inc. maintains information of underwriting significance on applicants as furnished to it by member companies. Columbian uses MIB to check underwriting information, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

Motor Vehicle Report

A Motor Vehicle Report (MVR) is run on all applicants age 18-35 who have a valid driver's license and are applying for a Classic Elite or Classic Select Full Benefit plan. An MVR may also be run if the application question regarding moving violations or driving under the influence is answered "yes" or if we receive confidential information that indicates the question should have been answered "yes." Please see below for further information about driving issues.

Ages	Classic Elite	Classic Select	Classic Advantage
18-35	<ul style="list-style-type: none"> ▪ No DUI within 5 years ▪ ≤ 2 DUIs within 10 years ▪ ≤ 2 violations* within 5 years ▪ License not revoked within 5 years 	<ul style="list-style-type: none"> ▪ No DUI within 5 years ▪ ≤ 3 violations within 3 years ▪ License not revoked within 3 years 	N/A
36-85	<ul style="list-style-type: none"> ▪ No DUI within 3 years ▪ ≤ 3 violations within 3 years 	<ul style="list-style-type: none"> ▪ No DUI within 3 years ▪ ≤ 3 violations within 3 years 	<ul style="list-style-type: none"> ▪ No DUI within 3 years ▪ ≤ 3 violations* within 3 years (Available for ages 40-85 only)

Violations considered:

1. Speeding over posted limit
2. Accident (at fault or fault unknown)
3. Reckless driving
4. Failure to yield
5. Disobeying stop signs, signal or other traffic device
6. Improper turn
7. Driving without a license, insurance, registration
8. Cell phone or text message violations

Underwriting Guidelines

Medical Records

In instances where the regular underwriting requirements cannot provide a complete risk assessment and a review of that individual's medical records appears to be the proper source for the needed information, a letter will be sent to the applicant requesting the records be obtained by the applicant, at their expense, and forwarded to the Company. *The application will be closed, but will be reopened for underwriting evaluation upon receipt of the medical records.*

Graded Policies as a Percent of Business

Classic Advantage sales may not exceed 30% of your total number of Final Expense applications issued and paid within the past 365 days. If you exceed the limit, we will notify you via email that you have 30 days in which to bring the percentage to an acceptable level or face suspension of the privilege to sell Classic Advantage policies. The Company also reserves the right to immediately terminate appointment any time during the 30-day period if the majority of applications submitted continue to be for Graded Benefit policies. Your graded benefit percentage is shown just below the Application History section of your Home Page on Partners.

Ineligible Persons

You should not take an application on anyone who:

- answers “yes” to any question in Part 1 of the Health History section
- is age 71+ and has not seen a doctor in the past 3 years
- is institutionalized, including a penal institution or psychiatric facility
- is mentally incompetent or lacks the legal capacity to contract
- is not a U.S. resident. If the Applicant is a foreign national, he or she must be a legal immigrant and have a Social Security number. We will accept applications up to \$15,000 on foreign nationals who have a green card or tax ID number (TIN).

This is provided as a general guide and is not intended to be a complete list.

Policy Rescissions

A policy can be rescinded when death occurs during the contestable period and we discover information that would have caused the policy to be declined or issued other than as applied for had the information been known at the time of application. If we receive information that indicates that the application may have been completed incorrectly, *including tobacco use*, we will investigate and the policy will be rescinded if necessary. To help ensure the quality of the business you write:

- Use good judgment when meeting with the client. For example, you should not take an application from someone in hospice care.
- Use good observation when taking an application. For example, the presence of an oxygen machine or prescription drugs should lead you to ask further questions. *Prescriptions should be listed on the application for proposed insureds over age 70 applying for the Elite plan.*
- If you have suspicions regarding health issues, include a cover letter with the application. For example, if you noticed a wheelchair in the home but the applicant did not mention limited mobility, let us know. This does not mean that the policy will be declined, but does give us a chance to investigate further.

Evidence of mishandling or a pattern of rescissions is grounds for termination for any agent, regardless of production.

Height and Weight

Eligibility for plans is based in part on the Proposed Insured's height and weight.

Height	Decline	Maximum for Elite	Maximum for Select	Maximum for Advantage	Decline
4' 7"	<72	178	185	202	>202
4' 8"	<74	185	192	209	>209
4' 9"	<77	190	198	216	>216
4' 10"	<79	198	205	224	>224
4' 11"	<82	205	212	232	>232
5' 0"	<85	212	220	240	>240
5' 1"	<88	219	227	248	>248
5' 2"	<91	226	235	256	>256
5' 3"	<94	234	242	264	>264
5' 4"	<97	241	250	272	>272
5' 5"	<100	249	258	281	>281
5' 6"	<103	257	266	290	>290
5' 7"	<106	264	274	298	>298
5' 8"	<109	272	283	307	>307
5' 9"	<112	280	291	317	>317
5' 10"	<115	289	300	326	>326
5' 11"	<119	297	307	336	>336
6' 0"	<122	305	316	345	>345
6' 1"	<126	314	325	355	>355
6' 2"	<129	323	333	365	>365
6' 3"	<133	331	342	374	>374
6' 4"	<136	340	352	384	>384
6' 5"	<140	349	361	395	>395
6' 6"	<143	359	371	405	>405
6' 7"	<147	368	380	415	>415
6' 8"	<151	376	388	425	>425
6' 9"	<154	385	398	435	>435

Medical Terms

These definitions and terms are provided only as a guide and are not intended as an all-inclusive list. Please contact Underwriting with any medical questions.

Alzheimer's disease – A progressive neurological disease of the brain that leads to dementia. May also be called *Presenile Dementia* or *Senile Dementia*.

Amputation – Generally refers to removal of part or all of a body part enclosed by skin. The application question refers only to amputation which is caused by disease.

Aneurysm – A localized widening of an artery or localized bulging of the heart.

Black Lung Disease – Lung disease resulting from coal mining. Black lung disease is also called *coal worker's pneumoconiosis* or *asbestosis*.

Cancer – Cancer is not one disease; it is a group of more than 100 different and distinctive diseases involving an abnormal growth of cells. May also be called a *malignancy*, *malignant tumor*, *carcinoma* or *malignant neoplasm*.

Chronic Obstructive Pulmonary Disease (COPD) – Characterized by significant irreversible airway obstruction. COPD includes emphysema and chronic bronchitis.

Congestive Heart Failure – Failure of the heart to pump blood with normal efficiency. The result is congestion or the buildup of fluid in the heart or lungs. Also may be present with *cardiomyopathy*, *congestive myopathy* and *restrictive myopathy*.

Diabetes – A chronic condition caused by insulin deficiency associated with abnormally high levels of sugar (glucose) in the blood. Glycosylated Hemoglobin (HbA1c) is the gold standard in determining diabetic control and should be less than or equal to 7.5. This should be measured every six months. If HbA1c is not available, Fasting Blood Sugar (FBS) should be less than or equal to 150. Readings over these ranges indicate that the proposed insured's diabetes is not under control with current treatment.

Heart Attack – The death of heart muscle due to the loss of blood supply. Also called *myocardial infarction* or *MI*.

Kidney Failure – Loss of kidney function. Also called *renal failure*.

Liver Disease – This term includes *cirrhosis*, *hepatitis*, *cholangitis*, *liver failure*, and other diseases of the liver.

Multiple Sclerosis – A disease that attacks the central nervous system causing a loss of control over the body, with symptoms ranging from numbness to paralysis and blindness.

Parkinson's Disease – A slowly progressive neurologic disease characterized by a fixed inexpressive face, a tremor at rest, slowing of voluntary movements, a gait with short accelerating steps, peculiar posture, and muscle weakness. Also called *paralysis agitans* and *shaking palsy*.

Stroke – The sudden death of brain cells due to a disruption of blood flow to the brain. Also called *CVA (cerebrovascular accident)* or *TIA (transient ischemic attack)*.

Treatment – Administration or application of remedies for disease or injury including, but not limited to, surgery, prescription drugs, oxygen use, radiation therapy, chemotherapy, or physical therapy.

Medical Conditions

Please use the chart below to help you determine which Dignified Choice plan best fits your client's medical history. If you need additional information regarding a particular medical history, please refer to the application or call Underwriting at 800-305-1335 extension *5904.

Condition	May qualify for	Condition	May qualify for
Acquired Immune Deficiency Syndrome (AIDS)	Not eligible	Hospitalized	Not eligible
AIDS Related Complex (ARC)	Not eligible	Human Immunodeficiency Virus (HIV)	Not eligible
Alcohol Abuse/Dependency (last 36 months)	Advantage	Huntington's Disease	Not eligible
Alzheimer's Disease	Not eligible	Immune Deficiency Disorder	Not eligible
Amputation due to disease	Not eligible	Institutionalized	Not eligible
Aneurysm (last 24 months)	Advantage	Insulin Shock (last 36 months)	Advantage
Angina/cardiac chest pain including treatment in the last 24 months	Advantage	Insulin usage prior to age 50	Advantage
Angioplasty (last 24 months)	Advantage	Kidney transplant (no dialysis in the last 12 months)	Advantage
Assisted living resident	Not eligible	Kidney Disease (last 36 months)	Advantage
Atrial Fibrillation	Select	Kidney Failure (last 36 months)	Advantage
Basal Cell Skin Cancer	Elite	Leukemia (last 24 months)	Not eligible
Bed ridden	Not eligible	Leukemia (last 25 - 60 months)	Select
Black Lung Disease	Advantage	Liver Disease (last 36 months)	Advantage
Bone marrow transplant	Not eligible	Lou Gehrig's Disease (ALS)	Not eligible
Brain tumor (last 36 months)	Advantage	Melanoma (last 24 months)	Not eligible
Bypass surgery (last 24 months)	Advantage	Melanoma (last 25 - 60 months)	Select
Cancer (last 24 months)	Not eligible	Mental disorder (hospital or institution in last 24 months)	Advantage
Cancer (last 25 - 60 months)	Select	Mental retardation	Not eligible
Cardiac defibrillator implant recipient	Not eligible	Multiple Sclerosis (last 36 months)	Advantage
Cerebral Palsy	Not eligible	Muscular Dystrophy	Not eligible
Chronic Bronchitis	Advantage	Nephropathy (kidney) (last 36 months)	Advantage
Chronic Hepatitis (last 36 months)	Advantage	Nervous disorder (hospital or institution in last 24 months)	Advantage
Chronic Lung Disease	Advantage	Neuropathy (nerve, circulatory) (last 36 months)	Advantage
Chronic Obstructive Pulmonary Disease (COPD)	Advantage	Nursing home	Not eligible
Chronic Respiratory Disorder (not asthma or sleep apnea)	Advantage	Organ transplant	Not eligible
Congestive Heart Failure (CHF)	Not eligible	Oxygen usage (excluding sleep apnea)	Advantage
Convalescent home currently	Not eligible	Pacemaker implant (last 24 months)	Advantage
Criminal conviction (last 36 months)	Advantage	Parkinson's Disease (last 36 months)	Advantage
Cystic Fibrosis	Not eligible	Peripheral Artery Disease (last 24 months)	Advantage
Dementia	Not eligible	Peripheral Vascular Disease (last 24 months)	Advantage
Diabetes Complications (last 36 months)	Advantage	Probation or parole (last 36 months)	Advantage
Diabetes not in control (last 36 months)*	Advantage	Procedure for brain circulation (last 24 months)	Advantage
Diabetic Coma (last 36 months)	Advantage	Retinopathy (eye) (last 36 months)	Advantage
Down's Syndrome	Not eligible	Sarcoidosis (last 36 months)	Advantage
Driving Violations (3 or more in last 36 months)	See MVR section	Schizophrenia (last 36 months)	Advantage
Drug Abuse/Dependency (last 36 months)	Advantage	Sickle Cell Anemia	Not eligible
DUI - Alcohol or Drugs	See MVR section	Spina Bifida	Not eligible
Emphysema	Advantage	Stent (last 24 months)	Advantage
Enlarged Heart (last 24 months)	Advantage	Stroke (last 24 months)	Advantage
Heart Attack (within 6 months)	Not eligible	Surgery recommended or pending	Not eligible
Heart Attack (within 7-24 months)	Advantage	Systemic Lupus (last 36 months)	Advantage
Home health care recipient	Not eligible	Terminal illness	Not eligible
Hospice care	Not eligible	Transient Ischemic Attack (TIA) (last 24 months)	Advantage
		Wheelchair confinement**	Not eligible

*Glycosylated Hemoglobin (HbA1c) is the gold standard in determining diabetic control and should be less than or equal to 7.5. This should be measured every six months. If HbA1c is not available, Fasting Blood Sugar (FBS) should be less than or equal to 150. Readings over these ranges indicate that the proposed insured's diabetes is not under control with current treatment.

**Wheelchair confinement due to illness, disease or quadriplegia.

Prescribed Medicine

Some application health questions ask if the Proposed Insured has received treatment for medical conditions. Prescription medicines are considered treatment. In order to help best assess eligibility, it is important that you ask if medicine has been prescribed and for what reason. The following list is provided to help you determine whether a client is eligible to be considered for a Classic Elite or Classic Select plan. This list is not all inclusive and is subject to change. ***For the fastest and easiest way to prequalify your clients, use Columbian's Risk Qualifier, which is built into the Final Expense Calculator.*** The Risk Qualifier, which includes hundreds of drugs, is updated periodically as new medicines become available and existing medicines are used for additional conditions.

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Aggrenox	24 months	Stroke or TIA	Decline if stroke or TIA within 2 years
Amantadine HCL	36 months	Parkinson's	Decline
Ambisome	Ever	HIV Treatment likely	Decline
Anastrozole	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Antabuse	Diagnosed or treated 36 months	Alcoholism	Decline
Aprepitant/Emend	Diagnosed or treated 24 months	Cancer induced nausea likely	Decline
Aptivus	Ever	HIV Treatment likely	Decline
Aranesp	36 months	Kidney Disease	Decline
Aricept	Ever	Alzheimers/Dementia	Decline
Armasin	Diagnosed or treated 24 months	Cancer	Decline
Arimidex	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Atamet	36 months	Parkinson's	Decline
Atgam	Ever	Organ/Tissue Transplant likely	Decline
Atripla	Ever	HIV Treatment likely	Decline
Avenox	36 months	Multiple Sclerosis	Decline
Avonex/Rebif	36 months	Multiple Sclerosis	Decline
Baclofen	36 months	Multiple Sclerosis	Decline
Belimumab/Benlysta	36 months	Systemic Lupus likely	Decline
Benlysta	36 months	Systemic Lupus likely	Decline
Betaseron	36 months	Multiple Sclerosis	Decline
Bidil	Ever	Congestive Heart Failure likely	Decline
Calcijex	36 months	Kidney Disease	Decline
Calcitriol	36 months	Kidney Disease	Decline
Calcium Acetrate	36 months	Kidney Disease	Decline
Campath	Diagnosed or treated 24 months	Cancer	Decline
Campral	36 months	Substance Abuse	Decline
Carbidopa	36 months	Parkinson's likely	Decline
Carnitor	36 months	Kidney Disease	Decline
Carvedilol	Ever	Congestive Heart Failure possible	Decline if used for CHF
Casodex	Diagnosed or treated 24 months	Cancer	Decline
Chlorpromazine	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Clopidogrel	24 months	Stroke or TIA	Decline if stroke or TIA within 2 years
Clozapine	36 months diagnosed or treated for schizophrenia	Schizophrenia	Decline
Clozafil	36 months	Schizophrenia likely	Decline
Clozaril	36 months	Schizophrenia	Decline
Cognex	Ever	Alzheimers/Dementia	Decline
Combivir	Ever	HIV treatment likely	Decline

Prescribed Medicine

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Copaxone	36 months	Multiple Sclerosis	Decline
Crofelemer/Fulyzaq	Ever	HIV treatment likely	Decline
Cyclosporine	Ever	Organ Transplant	Decline
Cystagon	36 months	Kidney Disease	Decline
Cytogam	Ever	Organ Transplant	Decline
Digoxin/Lanoxin	Ever	Congestive Heart Failure likely	Decline if used for CHF
Disulfiram	Diagnosed or treated 36 months	Alcoholism	Decline
Donepezil	Ever	Alzheimers/Dementia	Decline
Dornase alpha	Ever	Cystic Fibrosis	Decline
Emend	Diagnosed or treated 24 months	Cancer	Decline
Emtriva	Ever	HIV treatment likely	Decline
Epiriv	Ever	HIV treatment likely	Decline
Esylate	Ever	Pulmonary Fibrosis likely	Decline
Exelon	Ever	Alzheimers/Dementia	Decline
Femara	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Filgrastim/Neupogen	Diagnosed or treated 24 months	Cancer likely	Decline
Foscavir	Ever	HIV treatment likely	Decline
Flutamide	Diagnosed or treated 24 months	Cancer	Decline
Fosrenol	36 months	Kidney Disease	Decline
Furosemide	Ever or 36 months	CHF/Kidney Disease likely	Decline if used for CHF
Galantamine	Ever	Alzheimers/Dementia	Decline
Ganciclovir	Ever	HIV Treatment likely	Decline
Gengraf	Ever	Organ Transplant	Decline
Geoden	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Haldol	36 months	Schizophrenia likely	Decline
Halperidol/Halperidone	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Hectoral	36 months	Kidney Disease	Decline
Hydrea	Diagnosed or treated 24 months	Cancer	Decline
Hydroxyurea	Diagnosed or treated 24 months	Cancer	Decline
Interferon/Ribavirin	Diagnosed or treated 36 months	Hepatitis likely	Decline
Intron-A	24 or 36 months	Cancer or Hepatitis C	Decline
Invega	36 months	Schizophrenia likely	Decline if used for schizophrenia
Invirase	Ever	HIV treatment likely	Decline
Isosorbide & Hydralazine	Ever	Congestive Heart Failure likely	Decline if used in combination
Lamivudine-Zidovudine	Ever	HIV treatment likely	Decline
Lanoxin	Ever	Congestive Heart Failure possible	Decline if used for CHF
Laradopa/Levodopa	36 months	Parkinsons	Decline
Lasix	Diagnosed or treated 36 months	Heart/Liver/Kidney disease likely	Decline if used for CHF, liver or kidney disease
Lexiva	Ever	HIV treatment likely	Decline
Lupron	Diagnosed or treated 24 months	Cancer	Decline
Marijuana (smoked)	12 months		Tobacco rates apply
Mercaptopurine	Diagnosed or treated 24 months	Cancer	Decline
Methadone	Diagnosed or treated 36 months	Substance abuse possible	Decline
Namenda	Ever	Alzheimers/Dementia	Decline
Naltrexone	Diagnosed or treated 36 months	Alcohol/Drugs	Decline
Navene	36 months	Schizophrenia likely	Decline

Prescribed Medicine

Medication	Time Period	Medical Condition	Decision for Elite and Select Plans
Nintedanib	Ever	Pulmonary Fibrosis likely	Decline
Nitro-Dur/Nitroquick/Nitrostat	24 months	Angina/chest pain	Decline if used for chest pain/angina in the last 24 months
Nitroglycerin	24 months	Angina/Chest pain	Decline if used for chest pain/angina in the last 24 months
Norvir	Ever	HIV treatment likely	Decline
Ofev	Ever	Pulmonary Fibrosis likely	Decline
Olanzapine	36 months	Schizophrenia possible	Decline if used for Schizophrenia
Ondansetron	Diagnosed or treated 24 months	Cancer	Decline
Pegasys/Peg-Intron	36 months	Liver Disease	Decline
Perphenazine	36 months	Schizophrenia likely	Decline
Prograf	Ever	Organ Transplant	Decline
Pulmozyme	Ever	Cystic Fibrosis	Decline
Quetiapine	36 months	Schizophrenia possible	Decline if used for schizophrenia
Rapamune	Ever	Organ Transplant	Decline
Razadyne	Ever	Alzheimers/Dementia	Decline
Rebif	36 months	Multiple Sclerosis	Decline
Reminyl	Ever	Alzheimers/Dementia	Decline
Renagel	36 months	Kidney Disease	Decline
Retrovir	Ever	HIV treatment likely	Decline
Ribapak	36 months	Liver disease	Decline
Ribasphere	36 months	Liver Disease	Decline
Ribavirin	Diagnosed or treated 36 months	Hepatitis C	Decline
Riluzole/Rilutek	Ever	ALS likely	Decline
Roferon	24 or 36 months	Cancer or Hepatitis C	Decline
Seroquel	36 months	Schizophrenia likely	Decline if used for schizophrenia
Spirivia	Ever	COPD likely	Decline
Spironolactone	Ever	Congestive Heart Failure possible	Decline if used for CHF
Stalevo	36 months	Parkinson's likely	Decline
Stelazine	36 months	Schizophrenia likely	Decline
Suboxone	Diagnosed or treated 36 months	Substance abuse possible	Decline
Sulfadiazine/Primasol	36 months	Kidney Disease	Decline
Sustiva	Ever	HIV treatment likely	Decline
Tamoxifen	Diagnosed or treated 24 months	Cancer	Decline if first fill within 2 years
Targretin	Diagnosed or treated 24 months	Cancer	Decline
Thiothixene	36 months	Schizophrenia likely	Decline
Thorazine	36 months	Schizophrenia likely	Decline
Trilafon	36 months	Schizophrenia likely	Decline if used for Schizophrenia
Trizivir	Ever	HIV treatment likely	Decline
Viracept/Viramune/Viread	Ever	HIV treatment likely	Decline
Viracept/Viread	Ever	HIV treatment likely	Decline
Zyprexa	36 months	Schizophrenia possible	Decline if used for schizophrenia

Premium Calculation

Premium Calculation Example

Female, Age 42, Non-Tobacco, \$10,000 Classic Elite Full Benefit

Base Premium Calculation

Annual Premium per Thousand	\$21.29
Times number of thousands	<u>x 10</u>
	\$212.90
Plus Annual Policy Fee	<u>+ 40.23</u>
Annual Base Premium	\$253.13

To calculate a mode other than annual, apply the modal factor:

Total Annual Premium	\$253.13
Times Monthly EFT Modal Factor	<u>x .087</u>
Monthly EFT Base Premium	\$22.02

Rider Premium Calculation

ADB Premium per Thousand	\$1.25
Times number of thousands	<u>x 10</u>
Annual ADB Rider Premium	\$12.50
Times Monthly EFT Modal Factor	<u>x .087</u>
Monthly EFT ADB Rider Premium	\$1.09

Total Premium

Monthly EFT Base Premium	\$22.02
Plus Monthly ADB Rider Premium	<u>+ 1.09</u>
Total Monthly Premium	\$23.11

When doing manual calculations, round each calculation to the nearest cent. For easier calculations, go to www.cfqlife.com / Producers / Resources / Calculators and Quotes / Final Expense Calculators to download the appropriate calculator for your device.

Annual Policy Fee: \$40.23

Modal Factors: Monthly EFT .087; Quarterly .265; Semi-Annual .52
Monthly Direct Bill not available.

The above is an example only.

Completing the Application

Applications may be completed on paper or electronically. Use of eApp saves time, helps eliminate errors, provides underwriting guidance, ensures that any required forms are completed, and reduces amendments. For information on using eApp, please refer to Form No. 5365CFG.

1. PROPOSED INSURED

Be sure to include the Proposed Insured's Social Security number, phone number, and height/weight.

- If backdating or if the initial premium will be drafted at a future date, calculate the age as of the requested effective date or draft date, not the application date.
- If the Proposed Insured is age 18 - 35, include a Driver's License Number and state. If they do not have a license, indicate the reason under Special Requests/Remarks.

2. BENEFICIARY

Be sure to include the Beneficiary's relationship to the Proposed Insured. If the Proposed Insured is the Owner, he or she may name the beneficiary of their choice. If the Owner is other than the Proposed Insured, the beneficiary must have an insurable interest. A funeral home may not be named as beneficiary.

3. POLICY DELIVERY OPTIONS

Check the appropriate box to indicate whether the policy will be mailed to you or to the Policyowner. If neither box is checked, the policy will be mailed to the Policyowner. If the policy will be mailed to you for delivery to the Policyowner, you must personally deliver the policy. A policy delivery receipt is required in CA, LA, VT and WY. You must return a signed copy of the receipt to the Company and retain a copy for your records.

OWNER

Complete this section if the Proposed Insured will not be the owner. Be sure to include the Owner's relationship to the Proposed Insured. The Owner must have an insurable interest in the life of the Proposed Insured. The insurable interest requirement is satisfied if the individual is an immediate family member or would suffer an economic loss by the death of the Proposed Insured.

SECONDARY ADDRESSEE / THIRD PARTY DESIGNEE

If designating an individual to receive notifications regarding the policy, include full name and address of designee.

4. POLICY INFORMATION

- Check the first box if the Proposed Insured is willing to accept any plan for which they qualify. This will help avoid the need for a signed amendment if the policy is issued other than as applied for. Check the second box if the face amount should be adjusted to match the premium.
- Refer to the height/weight chart, answers to the health questions and underwriting guidelines to determine the plan of insurance to apply for. For additional guidance, download the Final Expense Risk Qualifier from www.cfglife.com/final-expense-software-and-calculators
- Enter the amount of premium collected. Enter "0" if initial premium will be drafted.
- Enter the amount of the base premium before adding any applicable rider premium. If backdating or if the initial premium will be drafted at a future date, be sure to calculate premium based on Proposed Insured's age as of the effective date of the policy.

Completing the Application

RIDERS

Enter any applicable rider premium amounts.

- If applying for the Accelerated Death Benefit Rider, submit Disclosure Form 6180-CL (or state variation) in states where required.
- If applying for the Children’s Term Rider, complete the Supplemental Application for Children’s Term Insurance Rider.

5. HEALTH HISTORY

- Answer “Yes” to the second question under Tobacco Use if the Proposed Insured has smoked marijuana in the past 12 months.
- If any question in Part 1 is answered “yes,” discontinue writing the application.
- If any question in Part 2 is answered “yes,” the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan.
- If any question in Part 3 is answered “yes,” the Proposed Insured will be considered for the Classic Select plan. If two or more questions in Part 3 are answered “yes,” the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan.
- If all questions in all sections are answered “no,” the Proposed Insured will be considered for the Classic Elite Full Benefit plan.
- If the Proposed Insured is age 60 or older, include the month/year of last doctor visit and the name and city/state of the physician or medical facility.
 - If the Proposed Insured is age 60 - 70 and has not seen a doctor within the past five years, they will be considered for the Classic Select Full Benefit plan.
 - If the Proposed Insured is age 71 or older and has not seen a doctor within the past three years, they will be ineligible for any plan.
- If the Proposed Insured is age 71 or older and does not have a prescription history, he or she will not be eligible for the Classic Elite plan.

6. REPLACEMENT

Answer both replacement questions on the application.

- **If the application is signed in a state that has adopted the NAIC Model Replacement Regulation** and the Applicant has existing life insurance or annuities, complete the appropriate replacement notice for your state, even if a replacement is not occurring. The notice must be read aloud to the Applicant, unless they decline to have it read aloud.
- **If the application is signed in Oregon or in a state that has not adopted the Model Regulation**, complete the appropriate replacement notice if a replacement is occurring.
- **If the application is signed in New York**, please refer to the New York Regulation 60 Instructional Kit, Form No. 2570NY.

Be sure to keep current on your state’s replacement regulations. A replacement should be recommended only when it is in the best interest of the Applicant. Columbian does not condone unwarranted or unsuitable replacements. Any time that you complete a replacement notice, you must submit a copy with the application and leave a copy with the Applicant, as well as copies of all sales materials used in the presentation.

Completing the Application

7. SPECIAL REQUESTS / REMARKS / CONTINGENT OWNER DESIGNATION / ADDITIONAL BENEFICIARY INFORMATION

Use this space to add any details regarding the application.

9. AUTHORIZATION & ACKNOWLEDGEMENT

The Proposed Insured must sign the application. A Power of Attorney signature will not be accepted. If the Owner will be other than the Insured, the Owner must sign as well. Signatures are to be witnessed by the Agent. If the signature was not witnessed by the Agent, the reason must be noted under "Special Requests/Remarks."

If an Applicant is unable to write his or her signature, they may make an "X" mark on the signature line. The Agent must then write the name beside the mark, showing the first name to the left of the mark and the last name to the right of the mark. The Agent should also write the word "His" or "Her" above the mark and the word "Mark" below the mark. Indicate the reason the Proposed Insured has signed with an "X" in the "Special Requests / Remarks" section.

Example:

<p><i>His</i> <i>John X Jones</i> <i>Mark</i></p> <p>X _____ Signature of Proposed Insured</p>
--

Note: The application must be received by the Company within 30 days of signature.

10. REPORT OF LICENSED AGENT

Answer both replacement questions and the question regarding any relationship to the Proposed Insured or Owner.

PAYMENT INFORMATION & AUTHORIZATION

Indicate the party who will be paying ongoing premiums. Complete the Other Payor section if the premium payor is other than the Proposed Insured or Owner.

REQUESTED EFFECTIVE DATE

The effective date of the policy will be the application date except in the following situations:

- If the application date is the 29th, 30th or 31st of the month, the effective date will be the 1st of the following month. If this would cause a change in age, the effective date will be the 28th of the month in which the application was signed. The start date for drafts will be adjusted accordingly.
- If backdating, enter the requested effective date. Backdating up to 6 months to save age is allowed. The initial premium must include back premiums to the requested effective date.
- If the initial premium will be drafted at a future date, the effective date will be the date the premium is drafted. The first draft must be within 35 days of the application date.

INITIAL PREMIUM

Enter the amount of the initial premium and check the appropriate box for whether the premium will be drafted at a future date (Draft 1st Premium), drafted upon receipt of the application or submitted with the application. For Draft 1st Premium, enter the draft date in the Subsequent Premiums section.

Completing the Application

SUBSEQUENT PREMIUM PAYMENTS

Indicate whether ongoing premiums will be direct billed or paid by Electronic Funds Transfer. Please note that direct bill is not available for monthly payments. For Electronic Funds Transfer, enter the date drafts are to begin.

BANK ACCOUNT AUTHORIZATION

Complete this section and have the bank account holder sign if the initial premium or ongoing premiums will be drafted. Include a voided check or deposit slip for the account to be drafted.

SOCIAL SECURITY BENEFIT AUTHORIZATION

Checking this box will allow the draft date to be adjusted to match the Social Security benefit calendar.

CONDITIONAL RECEIPT

Complete this section ***only if premium is submitted with the application or will be drafted immediately upon receipt of the application.*** Do not complete the receipt if requesting Draft First Premium.

Non-Resident Applicants

When taking an application for an individual who resides in another state, the plan must be approved and the agent must be appointed in the state where the application is signed. Underwriting criteria will be based on the state where the application is signed.

See Form No. 5309CFG for base application sample.

See Form No. 5361CFG for Supplemental Application for Children's Term Insurance Rider sample.

Application Faxing

Applications may be faxed **toll-free** for speedy processing:

Fax to (877) 261-3266 for **Columbian Life** Final Expense only

Fax to (888) 224-7759 for **Columbian Mutual** Final Expense only (ME & NY)

Please use the correct fax number for the company the business is processed through. Using the incorrect fax line for applications or other requests may result in a delay of that request being processed.

If we have your current email address, you will receive an email notification when your application has been imaged into our system and is queued for processing. At the point that the email is sent, the application has been placed in line for processing, but has not yet been coded or reviewed by New Business/Underwriting. Please refrain from calling for updates, as it will only slow the processing of all applications. Faxing applications will help get your policies issued as quickly as possible, but please allow 48 hours before calling Customer Service with inquiries or looking for the pending policy in your on-line Application History at www.cfglife.com. If we are not able to process an application, we will contact you by email or phone.

Important Tips

- To ensure legibility, please complete applications using bold ink.
- Please copy the back of each page of the application before faxing so that you can fax all pages in the proper order (if you are using an application printed from our web site, it will not be necessary to copy the pages before faxing).
- Include Application Fax Cover Sheet (Form No. 2382-U for ME or NY; Form No. 3969CL-U for all other states) with each application. If you fax more than one application at a time, please use a cover sheet for each one.
- If paying initial premium from a checking or savings account, complete the Payment Information & Authorization section of the application and include a voided check or deposit slip.
- If faxing a check, include a Faxed Check Authorization Form No. 5079CFG-U.
- Applications with money orders or cashier's checks **cannot** be accepted by fax. Mail the original application with the money order or cashier's check to the Binghamton Office. As always, we do not accept agency checks.
- Be sure to include all additional required forms, such as Replacement Forms or Disclosure Statements.
- After faxing, check your fax transmittal sheet to be sure that the correct number of pages transmitted successfully.
- **DO NOT mail the original application or check after faxing.** Mailing the items in addition to faxing could result in the policy payor's account being debited twice and the policy being coded as incomplete, which will affect your persistency. You should retain the original application and check in your files for at least six months.

Secure Document Upload

Applications, customer service forms and EFT Authorization Forms may be uploaded securely from your phone, tablet or computer through the Partners Website.

- Use a scanner or camera to create PDF, JPG, TIFF or PNG files.
- If using a camera, use portrait orientation and capture the full page, including the form number.
- Log in to the Partners Website.
- Select Resources / Document Upload
- Select New Business or Customer Service from the "Send To" drop down menu.
- Click or tap "Choose Files"
- Select up to 10 files to transmit. Do not combine multiple insureds or policies in one transmission.
- Click or tap the Upload button.

The documents will be processed at the office the same way they would if they had been faxed. Once the documents are processed, you will receive automated email notifications in the usual manner.

To see your upload history, go to Resources / Upload History on your Partners home page.

- A summary of your upload will be available for 90 days.
- Document images will be available for 14 days after upload.

For more information on Secure Upload, please see Form No. 5403CFG.

Conservation

Lapses

The Company will notify you by email if an EFT premium is returned unpaid so that you can contact the Policyowner and try to prevent the policy from lapsing.

If it appears that a policy is in danger of lapsing, the Company will mail a notice to the Policyowner and email the Agent.

- 15 days after the policy is past due, the Company will send a **Reminder Notice** to both the Policyowner and the Agent.
- 30 days after the policy is past due, the Company will send a **Delinquent Notice** to the Policyowner and an email to the Agent.
- 40 - 45 days after the policy is past due, the Company will send a **Lapse Notice** to both the Policyowner and the Agent, the policy will be removed from the system and any unearned commissions will be charged back. If the agent collects the back premium before the policy is removed from the system, or within 10 calendar days after the date of the Lapse Notice, the policy can be reactivated without a reinstatement application being required.

It is always best to attempt to conserve a policy *before* it lapses. Although a lapsed policy might be reinstated:

- Reinstatement applications are subject to new underwriting. If there has been a change in the health of the Insured, they may no longer be insurable.
- If the policy is reinstated by redating, premiums could increase if there has been a change in age.
- Any time a policy is reinstated, the contestable period begins anew.

Make every attempt to contact the Policyowner to determine the cause of the problem before the policy lapses. It could be something as simple as the policy payor changing banks and neglecting to inform the Company. If the payor is experiencing a temporary economic setback, look for a solution that will help them keep the policy in force, such as a policy loan or a reduced face amount.

Cancellations

Cancellation requests must be made in writing to the Company. The Company will notify you by email of any cancellation request 21 days prior to processing in order to allow you time to try to conserve the policy.

Returned Bank Drafts & Checks

If the Company is unable to collect premium due to insufficient funds or a closed or frozen account, the premiums and commissions are reversed. We will immediately mail a letter to the Policyowner and email the writing Agent, advising them of the situation. The Agent will have 10 business days from the date the letter is mailed to contact the Owner and collect the premium due.

- If the returned item was for an initial premium and the funds remain unavailable, the policy is classified as Not Taken (NTO) and all commissions are charged back.
- If the returned item was not for an initial premium, the premium must be remitted within the 31-day grace period, or the policy will lapse. Any unearned portion of commissions paid will be charged back.
- If the policy is on EFT and the new account is with a new bank or from a different person's account, a new 1552CFG EFT Authorization Form and voided check or deposit slip are required.
- If the policy is on EFT and the new account is with the same bank and belongs to the same person, only a voided check or deposit slip is required.

Reinstatement Guidelines

Normal Reinstatement - All premiums in default must be paid. The policy date and issue age do not change, but the contestable period begins anew from the date of the Reinstatement Application.

Reinstatement by Redate - A lapsed policy may be reinstated without payment of back premiums.

- Reinstatement by redate is allowed only within one year of original issue.
- The request for reinstatement must be received within 12 months of the lapse date.
- A policy can be reinstated by redating only once during its lifetime.
- The policy cannot have cash surrender value.
- Current reinstatement forms must be used. The reinstatement application must be signed by the policyowner and all insureds, except children under 14 ½ (must be signed by parent/guardian).
- The original policy must be returned.
- One modal premium must be submitted with the reinstatement application.
- If a change in age has occurred since the original policy date, premiums after the reinstatement will increase. Commissions will be adjusted accordingly.
- Reinstatement underwriting is based on the answers in the reinstatement application.
- The contestable period will begin anew as of the date the reinstatement is approved by Underwriting.
- No new production credits will be generated by reinstating a policy.
- First-year commissions will be payable on premiums received for the balance of the first 12 months of the policy. First-year commissions will not be paid for more than a total of 12 months.
- "Active" redates are not allowed. An active redate is when an agent or policyowner contacts the Company before a policy has lapsed and requests that a policy's paid-to date or effective date be advanced without payment of the required premiums.

Before meeting with the Policyowner, contact Customer Service to determine which method should be used, and the amount of premium required. When completing the Reinstatement Application:

- Use the appropriate Reinstatement Application for the Insured's **current** state of residence.
- Ask all health questions on the application.
- *If premiums are paid by bank draft*, verify current bank information, have the payor sign the Bank Account Authorization, and submit a voided check. *If premiums are not paid by bank draft*, collect the amount needed to reinstate the policy and complete the Reinstatement Deposit Receipt.
- If reinstating by redate, write "Reinstatement by Redate" in the Remarks section.
- The Reinstatement Application must be signed by the Insured. If the Policyowner is different than the Insured, the Policyowner must also sign.
- Leave the "Information Practices" page with the Owner.
- Allow sufficient time for the reinstatement to be approved in order to draft premium for the current month; otherwise, collect for the month in which the reinstatement is submitted.

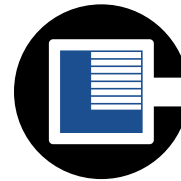
A prescription drug database check and MIB check will be conducted to verify medical information after the Reinstatement Application has been received by the Company. If warranted, additional information may be requested.

The Policyowner will be notified of the underwriting decision, with a copy to the Agent. If the application is declined, any premium collected will be refunded immediately. If the application is approved, the premium will be applied to the policy. If the policy was reinstated by redating, a new policy will be mailed to the Policyowner.



**COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY**

HOME OFFICE: BINGHAMTON, NY



**COLUMBIAN LIFE
INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY

Columbian Life Insurance Company is not licensed in every state.

www.cfglife.com

800-305-1335

This guide is not intended to represent a legal contract. The information contained herein is designed to serve as a general reference source only. For complete terms, refer to Policy/Rider Forms 1F607, 1F607-CL, 1F608, 1F608-CL, 1H884, 1H884-CL, 1H885, 1H885-CL, 1H915, 1H915-CL, 1H916 and 1H916-CL or state variation. Product specifications and availability may vary by state.

The company procedures and practices outlined in this guide are subject to change due to legal compliance requirements or the needs of the business.

For agent use only.
Not for use with consumers.

Form No. 5378CFG (Rev. 11/19)

