

Nassau Safe Harbor TermSM & Nassau Safe Harbor TermSM Express



NASSAU RE

Quick Reference Guide

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Product Overview

A simplified-issue term life insurance policy with living benefits designed to protect the future of loved ones and plan for the unexpected.

Coverage

- Lump sum death benefit paid to policy beneficiary(ies)
- Term periods and issue ages (last birthday):
 - 10 year: Ages 18-80
 - 15 year: Ages 18-70
 - 20 year: Ages 18-65
 - 30 year: Ages 18-55 (non-tobacco)
Ages 18-50 (tobacco)

Included Riders:

- Accelerated Benefit Riders - options to accelerate the death benefit in the event of a serious illness:
 - Chronic Illness
 - Critical Illness
 - Terminal Illness
- Unemployment Rider

Optional Accidental Death Benefit Rider:

Pays an additional lump sum death benefit upon insured's death if such death occurs by covered accident.

- Additional premium required (commissionable)
- Must be elected at issue
- Insured must be under 65 at issue
- Terminates at insured's age 70
- Maximum benefit of \$250,000

Underwriting

Nassau Safe Harbor Term Express

- Simplified issue underwriting: no paramedical exam or Attending Physician Statement (APS);
- Non-Tobacco and Tobacco risk classes (standard through table 4)

Nassau Safe Harbor Term (non-Express)

- Non-medical underwriting: no paramedical exam; APS in certain cases
- Standard Non-Tobacco and Tobacco risk classes
- Substandard ratings are available

Face Amounts

- Minimum and maximum face amounts by issue age:

| Issue Ages | Express Face Amounts | Non-Express Face Amounts |
|------------|----------------------|--------------------------|
| 18-50 | \$25k - \$400k | \$50k - \$500k |
| 51-60 | \$25k - \$300k | \$50k - \$400k |
| 61-70 | \$25k - \$200k | \$50k - \$300k |
| 71-80 | \$25k - \$100k | \$50k - \$150k |

- Face amount reductions in increments of \$1,000 may be accommodated after policy issue, subject to a minimum remaining face amount

Premiums:

- Monthly bank draft or quarterly, semi-annual or annual billing
- Premiums do not increase during term period
- Option to continue coverage after the term period until age 100 at annually renewable rates¹
- Policy fee = \$72/year, commissionable
- Premiums dependent on frequency of billing²

Term Conversions

Flexibility to convert term life insurance to permanent life insurance based on the duration of the policy.

- 10-Year Term: Convertible in first 5 policy years
- 15-Year Term: Convertible in first 7 policy years
- 20-Year Term: Convertible in first 10 policy years
- 30-Year Term: Convertible in first 10 policy years
- Full and partial conversions are allowed
- Same underwriting classification as term product will apply
- No medical evidence is required

Free Look

- Policy includes a Free Look period during which policy may be reviewed and returned for a full refund
- Free Look period varies by state; but is never less than 10 days

Product features, riders and availability may vary by state.

Payment guarantees are based on the claims-paying ability of the issuing company.

1. Annual renewable term premiums will be materially higher than premiums during the term period. See policy's schedule pages.
2. Modal factors (portion of annual premium): Annual = 1, Semi-annual = 0.5125, Quarterly = 0.2625, Monthly = 0.0863

Accelerated Benefit Rider Frequently Asked Questions

1. What is an Accelerated Death Benefit Rider for critical, chronic or terminal illness?

These riders give the client the option to accelerate, or take a portion of the death benefit early, in the event of a covered illness or condition. Clients may accelerate any amount up to 95% of the death benefit.

2. What conditions qualify under the Accelerated Death Benefit Riders?

- **Critical Illness:** heart attack, stroke, cancer, kidney failure, major organ transplant, ALS
- **Chronic Illness:** unable to perform without substantial assistance for at least 90 days at least 2 of the 6 activities of daily living (bathing, continence, dressing, eating, toileting, transferring) or a severe cognitive impairment.
- **Terminal Illness:** terminally ill with a life expectancy of 12 months or less

Note: Diagnosis must be certified in writing by a licensed physician

3. What is the benefit amount a client will receive?

The actual benefit amount will be less than the amount accelerated, to reflect that a portion of the death benefit is being paid early. There is not a predetermined benefit amount. The benefit paid will be determined based on the health condition of the insured and their life expectancy at the time of claim. Generally, the more severe the condition, the shorter the life expectancy, and therefore the greater the potential benefit. An administrative charge of \$200 per election and an adjustment for future unpaid policy premiums will also apply.

4. Can a client decline the benefit offered?

Yes. When making a claim under the rider, the client will be provided with an offer of a specified benefit amount. The client may decide at that time whether to accelerate their benefit or not.

5. What happens to the death benefit upon rider exercise?

If a client exercises the rider, the death benefit will be reduced by the amount accelerated. For example, if the client accelerates 90% of the death benefit, they will have 10% of their death benefit remaining. Important note: the client's future premiums are based on the new lower death benefit and must continue to be paid to keep remaining death benefit in force.³

6. Can a client qualify for both critical and chronic illness benefits?

The client may qualify under the terms of the policy for critical and chronic illness. However, the policy owner must choose which benefit they wish to file for at the time of claim.

3. Premiums reduced proportionally to remaining death benefit, but annual policy fee remains the same.

7. Are multiple benefit elections allowed?

Yes, multiple elections are available under the Critical and Chronic Illness riders. If the policy owner only elects a partial election and later has another qualifying critical or chronic illness, a subsequent benefit election is allowed. For chronic illness, only one election may be made per calendar year. For critical illness, 180 days must elapse between benefit elections. The Terminal Illness rider may only be exercised once, and this will terminate the Chronic and Critical Illness riders. There is an administrative charge of \$200 per election.

8. Is there a waiting period to exercise these riders?

There is no waiting period for any of the benefits – critical, chronic or terminal.

9. What can the benefit amount be used for?

The benefit amount is paid to the policy owner and there are no restrictions on how it can be used – quality of life expenditures, medical procedures, experimental treatments, reimbursing a loved one for assistance, etc.

10. What else should I know about the riders?

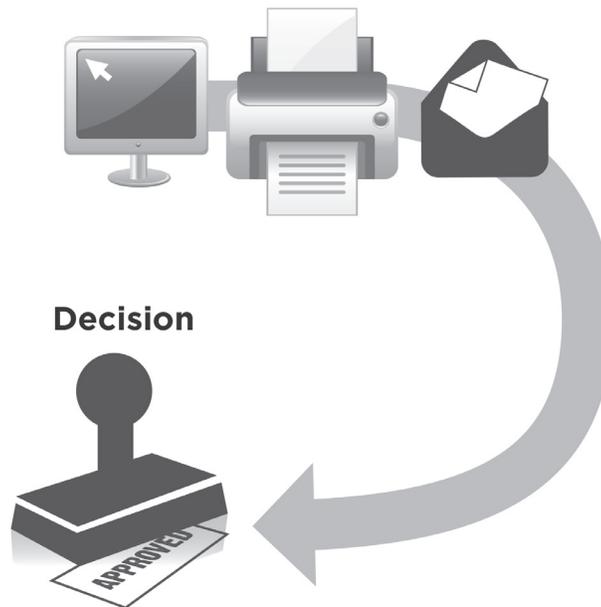
In some situations the benefit may be subject to taxation. Prior to making a claim under the riders, a client should consult with a qualified tax advisor to discuss the possible tax consequences. Benefit amounts received may affect eligibility for public assistance programs.

Quotes

Generate personalized examples online using Nassau Re's dynamic quoting tool.

| | |
|--|--|
| | To launch the quote tool, go to https://salesnet.nsre.com/ , log in and select Quotes from the Quick Links menu on the right side of the screen. |
| | Select Safe Harbor Term. |
| | Complete the open fields at the top of your screen. |
| | Select Generate Quote to generate a personalized example for your client, including coverage and premium detail. |

Application/Materials Submission - email, fax, regular mail



Mobile Quotes

Nassau Safe Harbor Term's mobile quote tool (at right) will provide monthly and annual premium amounts for 100% lump-sum death benefit policies. Simply complete a few simple fields and click calculate.

Mobile Quoting URL

<https://phx.insurancetechnologiespos.com/Mobile/Main/autologin.aspx>

The screenshot shows a blue mobile quoting interface with the following fields and options:

- State: Florida (dropdown)
- Issue Age: 50 (input field)
- Gender: Male (dropdown)
- Product: Safe Harbor Term (dropdown)
- Risk Class: Standard Non-Tobacco (dropdown)
- Radio buttons for "Face Amount" and "Monthly Premium Amount" (with "Monthly Premium Amount" selected)
- Amount: \$200,000 (input field) with "Minimum: \$50,000" and "Maximum: \$500,000" labels
- Accidental DB: No (dropdown)
- A "CALCULATE" button at the bottom.

Completing the Application

Log in to <https://salesnet.nsre.com/> to download state-specific applications and forms. Contracted agents may also access eApp or order printed forms from the online Marketing Catalog.

Two Easy Ways to Apply

1 eApp

Complete our convenient online application on your tablet or computer. Intelligent data entry, error indicators and two options for e-Signature make eApp a breeze!

How it works:

- eApp will generate the proper forms based on the state of issue, product and information inputted on the application
- Complete the Application Parts 1 and 2, and other required forms
- Use a touchscreen or mouse to sign in the meeting or send an email to request your client's signature
- After signatures are completed, submit the application
- Nassau Re will review the application and communicate the underwriting decision to you. In certain cases, Nassau Re may call the agent to clarify an answer on the application

2 PAPER

For an all-paper submission, complete the full application and required forms and submit.

How it works:

- Complete and sign the Application Part 1, Application Part 2, required forms and HIPAA authorization and submit them to Nassau Re
- Nassau Re will review the application and communicate the underwriting decision to you
- In certain cases, Nassau Re may call the agent to clarify an answer on the application

Helpful Tips for eApp

- Make sure you and your client have a valid email address
- **eApp for Safe Harbor Term Express now includes medical detail questions to help you gather critical information and eliminate follow-up calls to clients.**
- Clients will need a driver's license or other valid form of identification for the e-signature process.

Helpful Tips for Paper Applications

- Any changes or corrections on the application must be initialed by the proposed insured (and owner if different). Errors covered with correction fluid will not be accepted.
- All necessary signatures must be on the application at the time of submission or the application will be returned.
- HIPAA forms must be fully completed including date of birth and insured's signature.

Requirements for Application & Payment

Depending on state law, an agent may be required to be contracted with Nassau Re before taking an application.

Prior to applying for life insurance coverage, it is important to understand who may have an insurable interest in the individual who is being insured, as this could have a bearing on the acceptability of the owner, premium payer and beneficiary(ies) that are chosen.

Insurable Interest

Any application submitted with a questionable insurable interest may be reviewed and the Underwriter may request additional information to clarify or explain the beneficiary or ownership arrangement. If the explanation does not meet state regulation or Nassau Re guidelines, the application may be withdrawn or the ownership or beneficiary may be changed by the underwriter to meet the necessary requirements.

Any policy approved with misrepresentation of the insurable interest of the owner, payor or beneficiary made on the application may be subject to the entire contract and incontestability clauses in the contract.

Determination of the Beneficiary's Insurable Interest

Courts and state laws have established guidelines for those persons and entities presumed to have insurable interest.

People generally have an insurable interest in the lives of their spouses and dependents. Based on this relationship, the general rule of thumb is:

- Spouse
- Civil Union Partner
- Parents and children (including adopted children)
- Grandparents
- Siblings

- Fiancée
- Stepchildren and stepparents
- Estate

No Apparent Insurable Interest

- Other relatives by marriage
- Nieces and nephews
- Cousins
- Uncles and aunts
- Grandchildren
- Godparents and Godchildren

Determination of the Owner Insurable Interest

If the policy owner is someone other than the proposed insured, that individual must have a vested interest in the life of the proposed insured. Part of the underwriting process is to determine whether there is reasonable interest in the life of the proposed insured and that there will be financial loss or burden to the owner in the event of the insured's untimely death.

Insurable Interest Owner Relationships

- Self
- Spouse
- Civil Union Partner⁴
- Immediate Family Member (e.g. sibling)⁴
- Fiancée⁴
- Trustee
- Parent⁴
- Child⁴
- Grandparent⁴

4. Additional information may be required to validate relationship or insurable interest.

Example follow up questions when an owner is someone other than what is listed above:

1. Why is the owner someone other than the insured?
2. What is the purpose/need of the coverage?
3. What is the financial loss to the owner upon death of the insured (e.g. is there a current financial dependency between the parent/child)

Premium Payer

If the premium payer is going to be someone other than the proposed insured or owner, please be prepared to provide the rationale for that individual being named as the premium payer and the relationship between the proposed insured and premium payer.

Example follow up questions when a premium payer is someone other than the proposed insured or premium payer:

1. Why is the premium payer someone other than the proposed insured and/or owner?
2. Is the proposed insured not able to afford the coverage?
3. Is the owner not able to afford the coverage?

Insured Consent

ALL applications must have the consent and signature of the Proposed Insured.

Replacement

We will permit replacements as long as the replacement is in the best interest of the client and the appropriate state replacement forms are submitted with the application. However, Section 1035 Exchanges are not permitted.

Nassau Re does not condone the systematic or deliberate replacement of existing life insurance as a marketing practice. Please refer to our Company Position on Replacements (G5081B) for more information on prohibited sales practices.

Backdating

Backdating will be allowed in cases where the Insured's age changes between the application signature date and the date of policy issue.

Payment

Personal checks from the client made payable to Nassau Re or monthly Electronic Funds Transfer (EFT) from the client's checking account will be accepted for premiums. No agent or agency checks, CODs or money orders will be accepted for premium payment.

Non-Resident Sales

When a person purchases a life insurance policy or annuity in a state that is different from their primary residence state, it is considered a Non-Resident Sale. Generally, insurance products should be solicited in the state where the applicant resides. However, sales may be permitted when the applicant has a significant connection to the non-resident state where they are purchasing the product. All Non-Resident applications must be submitted with form OL4840. Non-Resident Sales are not permitted if the applicant is a resident of AR, MA, MN, MS, NY, UT, WA or WI. For more information, please refer to our FAQ on Non-Resident Sales (G5081C).

Application Submission & Policy Issue

How To Submit An Application

Up to 10 new applications at a time may be submitted **via fax to 1-816-527-0053 or via email to life.newbusiness@nsre.com.**

For faxes, identify the number of pages including the cover sheet. A copy of the premium check should be included with each application (if initial payment is not a bank draft). Mail initial premium checks to:

Nassau Re
PO Box 219361
Kansas City, MO 64121-9361

Application Processing and Policy Issue

Application materials will be reviewed and processed promptly within receipt. The agent will be notified via email of the policy number and any outstanding questions. Once the application is "In Good Order," and payment has been received, the policy will be issued and mailed to the agent or owner.

Pending case information can be found by logging in to <https://salesnet.nsre.com/>, and clicking on My Business Reports. Data is current as of the close of business on the prior day.

Policy Delivery

On the application, the agent has the option of electing the policy delivery method:

- The policy is mailed directly to the owner
- The policy is mailed to the agent. If this method is selected, a Policy Acceptance form must be signed by the insured and owner (if other than insured) and returned to Nassau Re within 30 days.

In certain instances, the Policy must be mailed to the agent and a signed Policy Acceptance form must be signed by the

client and returned to Nassau Re within 30 days, including:

- When amendments are made to the policy prior to issue

Important Dates

Application Date – Applications must be dated the day the application is completed.

Application Receipt – Applications must be received at Nassau Re's processing location within 10 days of the application date.

Policy Effective Date – The policy will be placed in force on the policy issue date. If a signed Policy Acceptance Form is required, the policy effective date will be the date it is received by Nassau Re.

Specific Draft Dates – Initial premium will be drafted upon policy issue. Requests for a specific date for monthly bank draft must be requested on the application.

Post-issue Policy Changes

Certain changes may be made to a policy after issue:

- Policy Owner(s) and Beneficiary(ies)
- Conversion to permanent insurance (see page 2 for details)
- Face amount reductions in increments of \$1,000, subject to a minimum remaining face amount
- Free Look, within the Free Look period

The following changes cannot be accommodated:

- Term duration changes
- Face amount increases
- Premium amount adjustments (not related to face amount reduction)

Field Underwriting

Underwriting is based on your client’s answers on the application. There are no medical examinations, tests or fluid collection.

Part 1 of the application is completed with your client. This form includes a series of screening questions. If your client answers “yes” to any of these questions, coverage will not be available.

Part 2 of the application contains underwriting questions used to determine if your client is eligible for coverage.

Please impress upon your client the need to ensure that their answers on the application are full, true and complete. Application answers will be validated against data received from third-party sources including: electronic search records, motor vehicle reports, Rx database, and MIB (insurance activity). Coverage may not be available if application responses conflict with data we receive from these sources.

Screening Questions

If the client answers “yes” to any of the questions in Section 3 of application Part 1, no coverage will be available and the application should not be submitted.

Risk Classes

This product has 2 risk classes:

- Standard Non-Tobacco
- Tobacco

Nassau Safe Harbor Term Express is designed

to absorb risks up to table 4 (200%). Clients with mortality assessments over table 4 will be declined.

Nassau Safe Harbor Term offers substandard ratings up to table 8.

Tobacco Definition

In the last 12 months the use of tobacco or nicotine in any form including: Cigarettes, cigars or pipes (more than 12 times a year), smokeless tobacco, nicotine substitutes, including patches and gum, electronic (smokeless) cigarettes, and vaping.

Underwriting Based On Underlying Cause

Nassau Re’s practice is to underwrite based on the underlying cause of an impairment. For example, if a proposed insured experiences shortness of breath as a result of Chronic Obstructive Pulmonary Disease (COPD), the underwriting determination will follow the rules for COPD. In the Guide to Impairments that follows, such impairments include a notation, “Rate for Cause.” In such cases, we will seek to understand the cause of the condition in order to make an underwriting assessment on the case.

Attending Physician Statement (APS)

In certain circumstances, an Attending Physician’s Statement (APS) may be requested for non-Express applications before and after issue. See Guide to Impairments for conditions that require an APS.

| Ages | 18-50 | 51-60 | 61-64 | 65-70 | 70+ |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| Face Amount \$0-\$99,000 | Individual Consideration | Individual Consideration | Individual Consideration | Individual Consideration | APS Required |
| Face Amount \$100,000 - \$500,000 | Individual Consideration | Individual Consideration | Individual Consideration | APS Required | APS Required |

*Please note, insureds ages 70+ must have had a physical within the past 12 months and for ages 61-69, the insured must have had a physical within the past 24 months.

Underwriting Quick Quotes — Available only on Nassau Safe Harbor Term (non-Express)

Our Underwriting Quick Quote provides you with a tentative offer within 3 business days. The minimum face amount is \$100,000. Attachments should be limited to 1 page. Quick Quote e-mail address: SIMPLEUW@nsre.com

To ensure the most timely and accurate tentative underwriting offer, please include the following information:

- Producer / Agency Name
- Date of Birth (DOB) / Age
- Product / Plan
- Medical history
- Proposed Insured’s Last Name
- Gender
- Face Amount
- Lifestyle and risk factors

Click here or go to nassau.re/quickquote for a template to submit your quick quote request All quick quote tentative underwriting offers made are subject to a complete review by Nassau Re of third-party data, age and amount requirements, and a Nassau Re formal application.

Field Underwriting (continued)

Height & Weight Chart

These charts provide the maximum height/weight combinations for each product. If your client is near the high end of these limits and has other medical history, they may not qualify for coverage.

Phoenix Safe Harbor Term

| Height (in.) | Weight (lbs) | | |
|--------------|--------------|--------------------|-----------------------|
| | Minimum | Maximum (Standard) | Maximum (Substandard) |
| 4' 8" | < 74 | 159 | 237 |
| 4' 9" | 79 | 166 | 220 |
| 4' 10" | 81 | 173 | 228 |
| 4' 11" | 84 | 180 | 236 |
| 5' 0" | 87 | 187 | 244 |
| 5' 1" | 90 | 194 | 252 |
| 5' 2" | 93 | 201 | 260 |
| 5' 3" | 96 | 208 | 268 |
| 5' 4" | 99 | 215 | 276 |
| 5' 5" | 102 | 222 | 285 |
| 5' 6" | 105 | 229 | 294 |
| 5' 7" | 109 | 236 | 303 |
| 5' 8" | 112 | 243 | 312 |
| 5' 9" | 115 | 250 | 321 |
| 5' 10" | 118 | 257 | 330 |
| 5' 11" | 122 | 264 | 339 |
| 6' 0" | 125 | 271 | 349 |
| 6' 1" | 129 | 278 | 359 |
| 6' 2" | 132 | 285 | 369 |
| 6' 3" | 136 | 292 | 379 |
| 6' 4" | 140 | 299 | 389 |
| 6' 5" | 143 | 306 | 399 |
| 6' 6" | 147 | 313 | 409 |
| 6' 7" | 151 | 320 | 419 |

Phoenix Safe Harbor Term Express

| Height (in.) | Weight (lbs) | |
|--------------|--------------|--------------------|
| | Minimum | Maximum (Standard) |
| 4' 8" | < 74 | 193 |
| 4' 9" | 79 | 199 |
| 4' 10" | 81 | 206 |
| 4' 11" | 84 | 213 |
| 5' 0" | 87 | 220 |
| 5' 1" | 90 | 227 |
| 5' 2" | 93 | 234 |
| 5' 3" | 96 | 241 |
| 5' 4" | 99 | 248 |
| 5' 5" | 102 | 256 |
| 5' 6" | 105 | 264 |
| 5' 7" | 109 | 272 |
| 5' 8" | 112 | 280 |
| 5' 9" | 115 | 288 |
| 5' 10" | 118 | 296 |
| 5' 11" | 122 | 304 |
| 6' 0" | 125 | 312 |
| 6' 1" | 129 | 321 |
| 6' 2" | 132 | 330 |
| 6' 3" | 136 | 339 |
| 6' 4" | 140 | 348 |
| 6' 5" | 143 | 357 |
| 6' 6" | 147 | 366 |
| 6' 7" | 151 | 372 |

List of Concerning Medications

The following list provides some examples of medications that may not be eligible for coverage.

| Medications | Impairment |
|--------------------|---|
| Amiodarone HCL | Arrhythmia |
| Anastrozole | Cancer |
| Anoro Ellipta | Serious COPD |
| Antabuse | Alcohol/Drugs |
| Aricept | Dementia/Cognitive Disorder |
| Arimidex | Cancer |
| Benlysta | Systemic Lupus |
| Bevespi Aerosphere | Serious COPD |
| Bidil | CHF |
| Calcitriol | Kidney Disease/Failure |
| Carbidopa-Levodopa | Parkinson's |
| Casodex | Cancer |
| Clopidogrel | Heart Disease, Stroke/TIA, PVD/PAD |
| Daliresp | Serious COPD |
| Digoxin | Heart Failure/Arrhythmias |
| Donepezil HCL | Dementia/Cognitive Disorder |
| Effient | Heart Disease, Stroke/TIA, PVD/PAD |
| Enbrel | Rheumatoid Arthritis/Ankylosing Spondylitis/Psoriatic Arthritis |
| Exelon | Dementia/Cognitive Disorder |

| Medications | Impairment |
|-------------------------------|---|
| Femara | Cancer |
| Furosemide | CHF |
| Geodon | Psychotic Disorder |
| Haloperidol | Psychotic Disorder |
| Humira | Rheumatoid Arthritis / Ankylosing Spondylitis / Psoriatic Arthritis |
| Hydralazine | Severe Hypertension |
| Hydrea | Cancer |
| Imuran | Organ Transplant |
| Inspra | CHF |
| Invirase | HIV |
| Isosorbide | Angina |
| Lanoxin | Heart Failure/Arrhythmias |
| Lupron | Cancer |
| Methadone | Opiate dependency |
| Methyldopa | Severe Hypertension |
| Namenda | Anti-Dementia |
| Nitrostat/Nitro/Nitroglycerin | Angina/Chest pain |
| Pegasys | Hepatitis |
| Plavix | Heart Disease, Stroke/TIA, PVD/PAD |
| Pletal | Heart Disease, Stroke/TIA, PVD/PAD |
| Prochlorperazine | Psychotic Disorder |

| Medications | Impairment |
|------------------|---|
| Quetiapine | Psychotic Disorder |
| Ranexa | Angina/Chest pain |
| Remicade | Rheumatoid Arthritis/Ankylosing Spondylitis/Psoriatic Arthritis |
| Ribavirin | Hepatitis |
| Rilutek | ALS |
| Risperidone | Psychotic Disorder |
| Sensipar | Kidney Disease/Failure |
| Serzone | Psychotic Disorder |
| Sinemet | Parkinson's |
| Stiolto Respimat | Serious COPD |
| Suboxone | Opiate dependency |
| Tamoxifen | Cancer |
| Trelegy Ellipta | Serious COPD |
| Utibron Neohaler | Serious COPD |
| Zemplar | Kidney Disease/Failure |
| Zyprexa | Psychotic Disorder |

Guide to Impairments

Some medical impairments cannot be considered for coverage. Please see this section for guidance.

The underwriting approach is designed to accommodate the likelihood of multiple medical conditions. Conditions are evaluated in a manner which takes into account varying degrees of severity, treatment and age. Note that the presence of either numerous or significant medical conditions may result in decline. The following are some examples:

- Chronic kidney disease with high blood pressure.
- Depressive and/or anxiety problems in combination with alcohol abuse.
- Diabetes in combination with Coronary Artery Disease (CAD), Cardiovascular Disease (CVD), or kidney disease.
- Diabetes with insulin, tobacco use, and current age 30-40.
- Any history of cancer with more than one occurrence in the same location or metastasis (spreading).
- Chronic pain history with opioid and benzodiazepine prescriptions may be unacceptable.

Guide to Impairments (continued)

| Impairment | Nassau Safe Harbor Term | | Nassau Safe Harbor Term Express |
|---|---|--------------|---|
| | Decision | APS Required | |
| Addison's Disease | Standard to Decline | | Accept |
| Attention Deficit Disorder (ADD/ADHD) | Standard | | Accept |
| Activities of Daily Living (ADL's) requires assistance | Decline | | Decline |
| Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) | Decline | | Decline |
| Alcohol use (refer to Alcohol section) | Standard to Decline | X | Possible Accept |
| Alzheimer's Disease | Decline | | Decline |
| Amputation | Caused by injury, Standard Due to disease within 1 year, Decline Otherwise, rate for cause | X | Caused by injury, Accept Due to disease within 1 year, Decline Otherwise, Decline |
| Amyotrophic Lateral Sclerosis (ALS) | Decline | | Decline |
| Anemia, Iron Deficiency | Standard to Decline | X | Accept to Decline |
| Aneurysm | Standard to Decline | X | Decline |
| Angina Pectoris | See Coronary Artery Disease | X | Decline |
| Ankylosing Spondylitis | Mild to Moderate, Standard Severe, Decline | X | Accept |
| Anorexia Nervosa | Fully recovered without treatment in the past 2 years, Standard to Decline | | Fully recovered without treatment in the past 2 years, possible Accept to Decline |
| Anxiety Disorders | Standard, if taking < 3 medications and does not have a history of hospitalization or suicide attempt, at any point in the past Otherwise, possible Rating to Decline | | Accept If taking 3 or more medications, Decline Suicide attempts or hospitalization within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline |
| Aortic Aneurysm | Standard to Decline | X | Decline |
| Aortic Murmur/Insufficiency | Standard to Decline | X | Decline |
| Aplastic Anemia | Standard to Decline | X | Decline |
| Asthma | Standard, if no tobacco use within the past 12 months and does not require chronic steroid treatment (i.e. greater than 5 times per year) Table 2 to 4, if current tobacco use or use within the past year or if prescribed steroid treatment more than 5 times in the past year Decline, if hospitalization for more than 10 days for this condition with in the past year | | Accept Hospitalization for 10+ days within the past year and/or frequent use of oral steroids, Decline |
| Atrial Fibrillation | Standard, if age 50+ and diagnosed > 2 years ago Table 2 to 4, if prescribed chronic anti-coagulation treatment (i.e. warfarin or Coumadin), and otherwise within acceptable limits based on age and onset Decline if rated for other cardiovascular disease | X | Accept, if diagnosed over 2 years ago and current age 50 or older Otherwise, Decline |
| Autism | Highly functioning and living independently, Standard Otherwise, Decline | X | Highly functioning and living independently, Accept Otherwise, Decline |
| Bankruptcy - not discharged | Decline | | Decline |
| Barlow's Syndrome/Mitral Valve Prolapse (MVP) | Standard | | Accept |
| Barrett's Esophagus | No history of dysplasia, Standard Otherwise, Table 4 to Decline | | No history of dysplasia, Accept Otherwise, Decline |
| Basal Cell Carcinoma (BCC) | Decline | | Possible Accept |
| Benign Prostatic Hypertrophy | Standard | | Accept |
| Berger's Disease (IgA Nephropathy) | Standard to Decline | | Decline |
| Bipolar Disorder | Standard, if taking < 3 medications and does not have a history of hospitalization or suicide attempt, at any point in the past Otherwise, possible Rating to Decline | X | Accept If taking 3 or more medications, Decline Hospitalized within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline Any history of suicide attempts, Decline |
| Breast Cancer | Standard, if treatment completed over 5 years ago, and no evidence of recurrence (Current Tamoxifen use is acceptable) | | Diagnosed and all treatment completed over 5 years ago, Accept Otherwise, Decline (Tamoxifen use within the past 5 yrs, Decline) |

Guide to Impairments (continued)

| Impairment | Nassau Safe Harbor Term | | Nassau Safe Harbor Term Express |
|---|---|--------------|--|
| | Decision | APS Required | |
| Bronchiectasis | Standard | X | Decline |
| Bronchitis (Acute) | Standard | | Accept |
| Bronchitis (Chronic) | See COPD ratings | | Accept |
| Bundle Branch Block (Left) | Must be diagnosed over age 45 Table 4 if diagnosed within the past two years Table 2 to 3 if diagnosed within the past 2 to 5 years Standard, if diagnosed over 5 years ago and no other evidence of rate-able conditions | X | Decline |
| Bundle Branch Block (Right) | Standard | | Accept |
| CABG/Bypass Surgery | With tobacco use, Decline Under age 45, Decline Age 46-50, Table 6 to Decline Age 51-60, Table 4 to Decline Age 61+, Standard to Decline | X | Decline |
| Cancer | Treatment completed over 5 years ago, with no history of recurrence, metastasis, or recommended treatment, possible Standard to Decline | X | Treatment completed over 5 years ago, with no history of recurrence or metastasis, Accept |
| Cancer - Metastatic (spreading) | Decline | | Decline |
| Cardiac Ablation (see medical impairment) | Standard to Decline | X | Possible Accept |
| Cardiac Pacemaker (Artificial) | Current age > 50, Standard Otherwise, Table 2 to Decline | X | Decline |
| Cardiac Regurgitation (refer to specific impairment. Ex: Mitral Insufficiency, Aortic Murmur/Insufficiency, | Standard to Decline | X | Decline |
| Cardiac stent | See Coronary Artery Disease | X | Decline |
| Cardiomyopathy | Likely Decline | X | Decline |
| Carotid Bruit | No evidence of carotid disease, Standard to Table 2 Otherwise, rate for Carotid disease | X | Possible Accept |
| Carotid Disease | Mild to Moderate disease, Table 2 to 4 Otherwise, Table 4 to Decline | X | Accept to Decline |
| Celiac Disease | Standard | | Accept |
| Cerebral Palsy | Mild, no mobility limitations, no cognitive dysfunction, Standard Otherwise, Standard to Decline | X | Decline |
| Cerebrovascular Accident | Age 45-69, possible Table 4 to Decline Age 70+, possible Table 2 to Decline | X | Decline |
| Chest Pain (cardiac) | See Angina | | Decline |
| Chronic Obstructive Pulmonary Disease (COPD) | Standard, if older than age 40, and considered mild based on absence of tobacco use in any form in past 2 years, and no indication of chronic and/or progressive symptoms, such as shortness of breath at rest, and no history of co-existing asthma or other rate-able conditions Table 3 or higher if under age 40, and classified as mild, based on above description Table 4 to Decline for moderate to severe COPD, such as chronic steroid treatment or oxygen required, tobacco use within the past 2 years, or co-existing asthma history and/or other rate-able conditions | X | Accept Possible reasons for Decline includes current tobacco use, or use within the past 12 months; current oxygen treatment; or chronic oral steroids required |
| Cirrhosis | Decline | | Decline |
| Cocaine | Current use, Decline Treatment completed > 5 years ago and no history of relapse, possible Standard to Decline | X | Current use, Decline Treatment completed > 5 years ago and no history of relapse, possible Accept to Decline |
| Colon Polyps | Removed, no evidence of cancer, Standard Otherwise, Standard to Decline | | If removed, no cancer, Accept Otherwise, Decline |
| Congestive Heart Failure | Decline | | Decline |
| Connective Tissue Disease | Mild, Table 2 to 4 Moderate to Severe, Table 4 to Decline | X | Usually Decline |

Guide to Impairments (continued)

| Impairment | Nassau Safe Harbor Term | | Nassau Safe Harbor Term Express |
|---|---|--------------|---|
| | Decision | APS Required | |
| Coronary Artery Disease | Under Age 45, Decline Age 46-50, Table 6 to Decline Age 51-60, Table 4 to Decline Age 61 and up, Standard to Decline | X | Decline |
| Crohn's Disease | Mild-Moderate, Standard to Table 6 Severe, Table 6 to Decline | X | Mild-Moderate, Accept Hospitalization or complications within the past year or surgical operations, Decline |
| Cystic Fibrosis | Decline | | Decline |
| Defibrillator | Decline | | Decline |
| Depression | Standard, if taking < 3 medications and does not have a history of hospitalization or suicide attempt at any point in the past Otherwise, possible Rating to Decline | | Accept If taking 3 or more medications, Decline Hospitalized within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline Any history of suicide attempts, Decline |
| Diabetes (please refer to Diabetes Guidelines page 17) | NIDDM/IDDM: Under Age 30, Decline Age 31 and up, Mild-Moderate, non-tobacco user, Standard to Table 8 Severe, Table 3 to Decline | | Type 1 or 2, Possible Accept Under age 30, Decline |
| Diabetes with Heart Disease and/or Cerebral Vascular Disease (stroke/TIA, etc) | Decline | | Decline, Consult Diabetes Mellitus section on page 17 for details |
| Dialysis | Decline | | Decline |
| Diverticulitis/Diverticulosis | Resolved, no complications, Standard Otherwise, possible postponement | | Accept |
| Down's Syndrome | Age 20 and older, independent, possible Standard Otherwise, Table 4 to Decline | X | Decline |
| Drug Addiction | Treatment completed > 5 years ago, possible Standard Otherwise, Decline | | Less than 5 years from end of use/treatment, Decline After 5 years, Accept |
| Emphysema | See COPD | | See COPD |
| Epilepsy | Mild, Standard to Table 2 Moderate, Table 2 to Table 6 Severe, Decline Last attack < 6 months ago, postponement | X | Unless diagnosed within past year or hospitalized within past 2 years, Accept Severe, Decline |
| Felony in past 5 years (please refer to Criminal Activity Guidelines) | Standard to Decline | | Decline |
| Fibromyalgia | Standard | | Accept |
| Fibrosis | Decline | | Decline |
| Gastric Bypass (surgery greater than six months ago - refer to weight loss surgery) | Standard to Decline (rate for build) | | Possible Accept |
| Gastric Sleeve (surgery greater than six months ago -refer to weight loss surgery) | Standard to Decline (rate for build) | | Possible Accept |
| Gastroesophageal Reflux Disorder (GERD) | Standard | | Accept |
| Gestational Diabetes | Standard | | Fully recovered, no treatment, Accept |
| Glomerulonephritis (Acute) | Standard | | Standard |
| Glomerulonephritis (Chronic) | Substandard to Decline | X | Decline |
| Goiter/Graves Disease | Standard | | Accept |
| Gout | Standard | | Accept |
| Heart Attack (Myocardial Infarction) | See Coronary Artery Disease | X | Decline |
| Heart Disease | Refer to specific condition | X | Decline |
| Heart Failure (Chronic) | Decline | | Decline |
| Heart Transplant | Decline | | Decline |
| Hemophilia | Decline | | Decline |
| Hepatitis A (Acute) | Fully recovered, Standard Otherwise, Decline | X | Fully recovered, Accept Otherwise, Decline |
| Hepatitis B (Chronic) | Standard to Decline | X | Possible Accept |
| Hepatitis C | Standard to Decline | X | Decline |
| High Blood Pressure | Standard | | Accept |
| Hodgkins Disease | Treatment completed > 5 years ago, possible Standard Otherwise, Decline | | Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline |

Guide to Impairments (continued)

| Impairment | Nassau Safe Harbor Term | | Nassau Safe Harbor Term Express |
|--|--|--------------|--|
| | Decision | APS Required | |
| Hodgkin's Lymphoma | Treatment completed > 5 years ago, Standard to Decline | X | Decline |
| Huntington's Chorea | Decline | | Decline |
| Hyperlipidemia | Standard | | Accept |
| Hypertension | Standard | | Accept |
| Hyperthyroidism | Standard | | Accept |
| Hypothyroidism | Standard | | Accept |
| Hysterectomy (benign) | Standard | | Accept |
| Inflammatory Bowel Disease (see Crohn's or Ulcerative Colitis) | (see Crohn's or Ulcerative Colitis) | X | (see Crohn's or Ulcerative Colitis) |
| Irritable Bowel Syndrome (spastic colitis) | Standard | | Accept |
| Juvenile Rheumatoid Arthritis (see Rheumatoid Arthritis) | See Rheumatoid Arthritis | | Accept If treated with Enbrel, Remicade, Humira, Decline |
| Kidney Dialysis | Decline | | Decline |
| Kidney Disease | Standard to Decline | X | Decline |
| Kidney Insufficiency | Decline | | Decline |
| Kidney Stones | Standard | | Accept |
| Kidney Transplant | Decline | | Decline |
| Leukemia | Decline | | Decline |
| Liver Disease | Standard to Decline | X | Decline |
| Liver Transplant | Decline | | Decline |
| Lou Gehrig's (ALS) | Decline | | Decline |
| Lung Transplant | Decline | | Decline |
| Lupus (Discoid) | Standard | | Accept |
| Lupus (Systemic) Erythematosus | Standard to Decline | X | Decline |
| Lymphoma | Table D to Decline | X | Decline |
| Marfan's Syndrome | Decline | X | Decline |
| Marijuana | Accept; Possible Tobacco rates | | Accept; Possible Tobacco rates |
| Melanoma | Treatment completed > 5 years ago, possible Standard Otherwise, Decline | X | Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline |
| Meningitis | Fully recovered, Standard Otherwise, Decline | X | Diagnosed >1 year ago and no current treatment, Accept Otherwise, Decline |
| Mental Retardation | Highly functioning and living independently, Standard Otherwise, Decline | X | Highly functioning and living independently, Accept Otherwise, Decline |
| Migraines/Headaches | Standard | | Accept |
| Mitral Insufficiency | Standard to Decline | X | Decline |
| Mitral Stenosis | Standard to Decline | X | Decline |
| Mitral Valve Prolapse | No evidence of mitral valve disease or insufficiency, Standard | | Accept |
| Mononucleosis | If fully recovered Standard Otherwise Decline | | If fully recovered Standard Otherwise Decline |
| Multiple Myeloma | Decline | | Decline |
| Multiple Sclerosis (MS) | Mild, Standard to Table 2 Moderate, Table 2 to Decline Severe, Decline Age < 45, Decline | X | Under Age 45, Decline Age 45 and up, Possible Accept |
| Murmur (heart) | Rate for cause | | Accept |
| Muscular Dystrophy (MD) | Decline | | Decline |
| Myocardial Infarction | See Coronary Artery Disease | | Decline |
| Narcolepsy | Mild, Standard Moderate, Table 2 to 4 Severe, Decline | X | Accept |
| Narcotic and/or Opiate Use | Doctor-prescribed: 3+ in past year, Decline Otherwise, Accept Not doctor-prescribed within past 5 years, Decline | X | Doctor-prescribed: 3+ in past year, Decline Otherwise, Accept Not doctor-prescribed within past 5 years, Decline |

Guide to Impairments (continued)

| Impairment | Nassau Safe Harbor Term | | Nassau Safe Harbor Term Express |
|---|---|--------------|--|
| | Decision | APS Required | |
| Nervous Disorder | See Anxiety Disorder | | See Anxiety Disorder |
| Neuropathy | Standard to Decline | X | Accept |
| Non-Hodgkin's Lymphoma | Decline | | Decline |
| Osteoarthritis | Standard | | Accept |
| Osteoporosis | Mild-Moderate, age > 45, Standard Severe (multiple fractures, limited mobility), or age < 45, Decline | | Under Age 45, Decline Age 45 and up, Accept 2+ bone fractures and/or falls, Decline |
| Pacemaker (Artificial) | See Cardiac Pacemaker | X | Decline |
| Palpitations | Standard, if no other evidence of cardiovascular impairment(s) or rate-able conditions. Otherwise, rating will depend on underlying cause | | Accept |
| Pancreatitis (Acute) | Single episode, fully recovered, no evidence of alcohol abuse, Standard Otherwise, Decline | X | Single episode, fully recovered, no evidence of alcohol abuse, Accept Otherwise, Decline |
| Pancreatitis (Chronic) | Decline | | Decline |
| Paraplegia | Standard to Decline | X | Decline |
| Parkinson's Disease | Standard to Decline | X | Possible Accept |
| Pending Surgery | Postpone 6 months AND until released from all follow up | | Postpone 6 months AND until released from all follow up |
| Pericarditis | Single episode, fully recovered, no surgery, Standard Otherwise, Table 2 to Decline | X | Single episode, fully recovered, Accept Otherwise, Decline |
| Peripheral Vascular Disease | Standard to Decline | X | Accept If surgically corrected and/or in multiple limbs, or tobacco use, Decline |
| Polycystic Kidney Disease | Decline | | Decline |
| Polycythemia (Vera) | Table 4 to Decline | X | Decline |
| Prostate Cancer | Standard to Decline | X | Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline |
| Prostate Enlarged/BPH (Benign Prostatic hyperplasia) with normal PSA (prostate specific antigen) levels | Standard to Decline | | Accept |
| Prostatitis | Standard | | Accept |
| Proteinuria | Standard to Decline | | Possible Accept (rate for cause) |
| Psoriasis | Standard | | Accept |
| Psoriatic Arthritis | See Rheumatoid Arthritis | X | See Rheumatoid Arthritis |
| PTSD (Post Traumatic Stress Disorder) | Standard, if taking < 3 medications and does not have a history of hospitalization or suicide attempt at any point in the past Otherwise, possible Rating to Decline | X | Accept If taking 3 or more medications, Decline Suicide attempts or hospitalization within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline |
| Pulmonary Embolism | Two or fewer episodes, fully recovered, Standard Otherwise, Decline | X | Two or fewer episodes, fully recovered, Accept Otherwise, Decline |
| Pulmonary Fibrosis | Decline | | Decline |
| Pulmonary Hypertension | Decline | | Decline |
| Pyelonephritis | Standard to Decline | X | Decline |
| Quadriplegia | Decline | | Decline |
| Renal Dialysis | Decline | | Decline |
| Renal Failure | Decline | | Decline |
| Renal Insufficiency | Decline | | Decline |
| Renal Transplant | Decline | | Decline |
| Rheumatic Fever | No current treatment, Standard Otherwise, Decline | X | Current treatment, Decline Otherwise, Accept |
| Rheumatoid Arthritis | Mild to Moderate, Standard to Table 2 Severe, Table 4 to Decline | X | Accept If treated with Enbrel, Remicade, Humira, Decline |
| Sarcoidosis | Mild (stage 0 - 1), Standard Moderate to Severe, Table 2 to Decline | X | Mild (stage 0 - 1, asymptomatic), Accept Moderate to Severe, Decline |

Guide to Impairments (continued)

| Impairment | Nassau Safe Harbor Term | | Nassau Safe Harbor Term Express |
|---|--|--------------|---|
| | Decision | APS Required | |
| Schizophrenia | Decline | | Decline |
| Seizure/Convulsion | Mild, Standard to Table 2 Moderate, Table 2 to 6 Severe, Decline Last attack < 6 months ago, postponement | X | See Epilepsy |
| Shortness of Breath | Rate for cause | | Possible Accept (Rate for cause) |
| Sickle Cell Anemia | Decline | | Decline |
| Sickle Cell Trait | Standard | | Accept |
| Sleep Apnea | Mild-Moderate (treated), Standard Severe (treated), Table 4 to Decline Severe (untreated), Decline | | Accept |
| Squamous Cell Carcinoma (SCC) | Standard to Decline | X | Possible Accept |
| Stroke | Age 45-69, possible Table 4 to Decline Age 70+, possible Table 2 to Decline | X | Decline |
| Suicide Attempt | Less than 5 years since occurrence, Decline Otherwise, Standard to Decline | X | Decline |
| Systemic Lupus Erythematosus (SLE) | Mild-Moderate, Standard Severe, Decline Diagnosis < 1 year ago, postponement | X | Decline |
| Transient Ischemic Attack | Single episode > 6 months ago, Standard to Table 4 Otherwise, Decline | X | Decline |
| Tuberculosis | Diagnosed over 6 months ago and with normal chest x-ray, Standard to Decline | X | If on current treatment, Decline Otherwise possible Accept |
| Ulcer | No complications in past year, Standard | | No complications in past year, Accept |
| Ulcerative Colitis | See Crohn's Disease | X | See Crohn's Disease |
| Weight loss surgery: Gastric Bypass/ Gastric Sleeve (surgery greater than six months ago) | Standard to Decline (rate for Build) | | Possible Accept |

Diabetes Mellitus base rate (Safe Harbor Term Express):

Current age less than 30 = Decline

Current age 30-40, diagnosed within 10 years = Table D

Current age 30-40, diagnosed over 10 years = Table C

Current age 41-50, diagnosed within the past 10 years = Table C

Current age 41-50, diagnosed over 10 years ago = Table B

Current age 51+, diagnosed within the past 10 years = Table B

Current age 51+, diagnosed over 10 years ago = Standard

Additional diabetes risk factors may increase the overall rating (i.e. build, tobacco use, insulin use)

Examples:

Male, age 51 diagnosed within ten years, prescribed insulin, and currently uses tobacco = Decline

Female, age 41 diagnosed within ten years, prescribed oral medication, and a non-tobacco user = Table C

Diabetes Mellitus base rate (Safe Harbor Term):

Current age less than 30 = Decline

Current Age 31+: Mild-Moderate, non-tobacco user, Standard to Table 8 (Table determination from medical reports)

Current Age 31+: Severe, Table 3 to Decline (Table determination from medical reports)

Marijuana Use:

Non-medical

Up to twice per week standard non-tobacco rates. More often than twice per week may be Rated to Decline.

Medical

Acceptable, decision will be based on the medical diagnosis that requires this prescription. APS is required for Safe Harbor Term.

Alcohol Use:

25 drinks or less per week acceptable at Standard rates.

More than 25 drinks per week, Rated to Decline. *Alcohol questionnaire may be required.*

Criminal Activity Guidelines:

Applicants convicted or pled guilty to any felony within the past five years or is currently on probation or parole at the time of application or have any current pending charges or there's known or suspected connection with organized crime (including gangs), coverage will be denied.

Foreign Risk Guidelines

Insured must have a permanent visa (green card) and reside in the U.S. for a minimum of 2 years from the original issue date on the permanent visa / green card. Temporary visa holders are not eligible.

Coverage may not be available to individuals traveling to any country where a U.S. State Department travel warning, advisory, or alert has been issued. Military deployment to a war zone will not be considered.

Occupations such as foreign correspondent, diplomat, missionary, security personnel, independent contractors, and foreign aid worker will not be considered

Coverage is not available for applicants planning to reside in a foreign country indefinitely. Foreign risk guidelines are subject to state regulations.

Level of Care for Insureds Ages 60+

Insureds ages 70+ must have had a physical within the past 12 months. For ages 61-69, the insured must have had a physical within the past 24 months.

Financial Guidelines

The minimum annual income for the person making premium payments is \$15,000. Premium may not exceed 10% of the payor's annual income. For underwriting purposes, annual income represents the amount of money a person earns in one year from all sources before taxes. Net worth as requested on the application should be calculated as all assets owned (cash and investments, home(s) and real estate, cars and anything else of value) minus any debts owed by the client. The total amount of coverage available is subject to the total amount of coverage the applicant has in force with other insurers.

| Employed Insured | Maximum Face Amount | Non-working/Retired Insured | Maximum Face Amount |
|------------------|---------------------|-----------------------------|---------------------|
| Age 18-50 | 25x income | Age 18-50 | 15x income |
| Age 51-70 | 15x income | Age 51-64 | 10x income |
| Age 71 and up | 10x income | Age 65 and up | 7x income |

Motor Vehicle History Guidelines

Types of risks that would result in a decline:

- Current suspension or revocation of a drivers license
- Single DUI or reckless driving convictions within the last 3 years
- Multiple DUI or reckless driving convictions or suspensions with any duration
- Multiple violations in the last 3 years (may results in a flat extra or decline)

Aviation

Most cases are acceptable risks and eligible for this product. Types of aviation risks that would result in a Decline, include, but are not limited to, 1.) past (last 2 years) or planned (next 2 years) flying as a student pilot less than 50 solo hours or over 300 hours (excluding commercial airline pilot);

2.) experimental aircraft; 3.) crop dusting, 4.) aerobatic pilot, or Search and Rescue; or 5.) have any aviation-related accident or violation.

Aviation Exclusion Rider: Not available.

Avocation

Most cases are acceptable risks and eligible for this product. The following avocation risks performed within the past 2 years, or planned within the next 2 years, are uninsurable:

1.) scuba diving greater than 100 ft or more than 10 dives per year; 2.) mountain climbing (excluding recreational or less than 1 day duration); 3.) auto racing; 4.) motorboat racing; or 5.) motorcycle racing.

Avocation Exclusion Rider: Not available.

Agent Resources

Website

Visit our agent Website, <https://salesnet.nsre.com/> for:

- product availability by state
- quotes and illustrations
- marketing materials
- eApp
- pending case status
- compensation statements
- inforce account values
- and much more!

For mobile quotes, please save this link to your bookmarked sites:

<https://phx.insurancetechnologiespos.com/Mobile/Main/autologin.aspx>

Live Support

Call for live assistance Monday through Friday, except major holidays.

Product Information, Marketing Fulfillment and Application Help:

Sales Desk 1-888-794-4447
Available Monday through Friday,
8 a.m. – 6 p.m. Eastern Time

New Business Questions

Life New Business: 1-800-417-4769, option 2,
option 3

Available 8:30 a.m. – 5 p.m. Eastern Time

More Information

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) combats waste, fraud and abuse in the insurance industry. HIPAA guidelines have specific disclosure requirements that prohibit unauthorized persons from viewing or receiving confidential medical information. As a result, strict HIPAA regulations prohibit us from divulging or discussing with the agent any medical information obtained during underwriting.

Medical Information Bureau, Inc.

The Medical Information Bureau (MIB) is a membership association of life insurance companies. The primary mission of the MIB is to provide an alert to its member insurance companies against omissions and fraud. This helps MIB member companies to protect their interests and leads to cost savings which can be passed on to the insurance consumer.

The authorization sections on the application authorize Nassau Re to access the MIB and to obtain any necessary medical records for the Proposed Insured during the underwriting process. Please note that the MIB is used as an alert. Actual underwriting decisions are not based on MIB inquiry results alone.

With a tradition dating to 1851, Nassau Re helps people protect their families and provide for the income they will need in retirement. And, as needs change, we are right there with new solutions.



NASSAU RE

Guarantees are based on the claims-paying ability of the issuing company.

Product features, riders and availability may vary by state.

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