



WORKPLACE SOLUTIONS

prepared for:
Hamilton County Board of Education

proposed coverages:
Accident Assure, Active Care, Cancer Solutions, Pulse Protection, Critical Solutions, Hospital Assure, Wage Guard and Worksite UL2

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Table of Contents

About PMA USA	3
About Washington National Insurance Company	4
Accident Assure®	5
Washington National Active Care®	10
Washington National Solutions® Cancer.....	16
Pulse Protection Series SM	18
Washington National Critical Solutions®	24
Hospital Assure®	32
Hospital Assure®HSA.....	39
Wage Guard®	42
Worksite UL2® + Living Benefit.....	49





Representing Washington National
Insurance Company

About PMA USA

COMPANY HISTORY

Headquartered in Carmel, Indiana, **PMA USA** is a national insurance marketing company with **over 30 years'** experience delivering a platform of value-added services and products. Representing Washington National Insurance Company, our independent agents help individuals and families **protect their assets** and enjoy greater peace of mind through a **comprehensive selection** of supplemental health and life insurance.

THE MARKETS WE SERVE

PMA USA's Worksite Marketing Division **specializes in the administration and communication** of employee benefits. Private sector employers, schools and government organizations of all types and sizes work with us to **implement engaging benefit enrollments** designed to meet both the needs of the company and the employee. We serve the **middle-income American worker** who wants and needs products that allow them to take more control over their financial well-being.

PMA USA AGENTS

Our agents understand that the role they play in your **business success** is an important one. In addition to **professional licensing** and **continuing education** required of all agents, PMA USA invests heavily in providing product, service, market education and training to ensure our agents stay current. You can count on your PMA USA agent to work closely with you to build a **successful voluntary benefits program**.

ENROLLMENT SUPPORT

Effective and successful enrollments are those in which **each employee** is able to learn about the coverage available and to **make a decision best for them**. Success is not judged by the number that purchases coverage; those who need coverage will apply; those who don't need it probably won't. The objective is to ensure your employees understand **that the company is looking out for them**. Using our **proven implementation process** along with the administrative expertise of Washington National, your employees will come to appreciate the company's efforts on their behalf.

THE PRODUCTS WE OFFER

Representing Washington National, we are proud to offer:

- Accident Assure, Active Care, Cancer Solutions, Pulse Protection, Critical Solutions, Hospital Assure, Hospital Assure HSA, Wage Guard and Worksite UL2



Representing Washington National
Insurance Company

About Washington National Insurance Company

COMPANY HISTORY

Washington National Insurance Company was founded in 1911 and is headquartered in Carmel, Indiana. Acquired by CNO Financial Group in 1997, Washington National provides protection to nearly **1 million policyholders** and **25,000 employer groups** throughout America.

FINANCIAL STRENGTH

Washington National Insurance Company is financially strong, with more than **\$4.6 billion** of invested assets, **\$3.4 billion** of policy reserves and **\$610 million** of annual premiums¹.

In all, Washington National has paid out more than **\$4.7 billion** in benefits to our policyholders—more than **\$1.4 billion** in supplemental health claims, **\$1.1 billion** in life insurance claims, and more than \$2.2 billion through our premium return benefits².

POLICYHOLDER SERVICES

As our policyholder, you have access to **around-the-clock online service** or dedicated and personal service. Our knowledgeable customer service representatives will provide answers to your insurance policy and account management needs.

For 24-hour service, policyholders can visit our website - **WashingtonNational.com** - It's loaded with tools, tips and information to help understand and achieve financial goals.

EMPLOYER GROUP ADMINISTRATION

Dedicated support: Your PMA USA agent works with you and dedicated Washington National Worksite Services associates to answer questions and manage business issues.

Billing and claims information: Your billing information is easily accessed online; and updates on claims status is as easy as a calling (800) 458-9156

Service for Success: Business administration is hassle-free!

- Supplemental health applications are processed within 2 days
- Life insurance applications are processed within 5 days
- Premium service team = single point of contact for payroll administrators

¹The financial numbers are as of December 31, 2014.

²The return of premium (ROP) or cash value (CV) (in MO, "cash return") benefit is subject to state and product availability. The benefit has an additional charge and may pay minus claims or regardless of claims based on the policy selected. The policy must remain in force until the end of the ROP/CV period for the benefit to be paid. The premium-return amount is based on ROP/CV payments to Washington National policyholders from January 1, 1995, through December 21, 2014

Policies underwritten by Washington National Insurance Company, home office Carmel, IN. These policies have limitations and exclusions. For costs and complete details of coverage, contact your agent.

Accident Assure®

accidental injury & disability income insurance

Key benefits

- Two coverage levels
- Emergency room¹ and ambulance benefits
- Inpatient hospital confinement and ICU benefits
- Transportation and family lodging benefits
- Follow-up doctor and physical therapy visits
- Specified injury benefits for fractures, dislocations, lacerations, paralysis and burns
- Accidental death benefits up to \$150,000 (based on level 2 coverage)
- Accidental dismemberment benefits up to \$40,000 (based on level 2 coverage)

Two optional accident disability benefits²:

- **Off-the-job accident short-term disability**—covers employees when an accident occurs away from work, rendering them disabled for up to 12 months and up to \$2,000 per month³.
- **24-hour accident short-term disability**—covers employees 24 hours a day, even while at work, for up to 12 months and up to \$2,000 per month³.

Optional riders⁵

- **Sickness Disability rider⁴**—Benefits are payable up to \$2,000 per month⁷ when the insured is disabled due to sickness for up to 12 months. Benefits begin on the 15th day of sickness and can be added only when accident disability coverage is purchased.
- **Waiver of Premium rider²**—Premiums are waived for the base policy and all riders beginning the first of the month a disability begins and continuing to the first of the month after the disability ends. The rider can be added only when accident disability coverage is purchased.
- **Physician's Office Additional Benefit rider⁶**—Benefits provide the flexibility to receive treatment in a number of nonemergency-room medical facilities, such as a physician's office, dentist's office or urgent/immediate care center.
The benefit pays in addition to the base policy and is payable in one of two ways:
 - 1) A \$200 benefit payable to diagnose and treat injuries not covered by the base policy, such as emergency dental work to natural teeth, sprains, first degree burns and other non-covered injuries.

OR

 - 2) When the physician's office benefit is paid along with other benefits that are covered in the base policy, this rider pays an additional \$50 (instead of \$200).
- **Public Safety rider**—A \$2,000 benefit is available for law enforcement officers, corrections officers, EMTs, paramedics and firefighters, payable if a gunshot wound is received in the line of duty.
- **Return of Premium/Cash Value rider⁷**—This feature returns the policy premiums after a specified period of time.

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

Coverage availability

- Individual
- Individual and child
- Individual and spouse
- Family

Issue ages

- Ages 18–69

Underwriting

- Simple yes/no questions
- Applicant must be employed with current employer for 90 days and work at least 18 hours per week to purchase disability benefits
- Disability coverage can be purchased up to 66 2/3% of the employee's gross monthly income
- Applicants must meet height/weight guidelines for Sickness Disability rider
- Individually owned policies
- Portable

¹Benefits are reduced for children.

²Disability benefits and sickness disability rider are subject to state availability, are available to the employee only, and guaranteed renewable to age 70. The policyowner must be disabled within 90 days of a covered accident, be cared for on a regular basis by a physician (at least monthly), be employed at least 18 hours per week at the time of the covered accident and not be engaged in any employment or occupation for pay, benefit or profit. (In South Carolina, "not be engaged in your own occupation for pay benefit or profit.") If the policyowner becomes totally disabled again due to the same type of bodily injury within six months of the end of a period during which the policyowner was totally disabled, we will treat this disability as the same disability. Not available in MT.

³Available coverage levels depend on employee's income. Premiums are based on the coverage level selected.

⁴A 12/12 pre-existing condition limitation applies to sickness disability rider. Pre-existing condition means having an injury or conditions not otherwise excluded by name or specific description which was diagnosed by or for which the employee consulted^a a physician within 12^b months prior to the date he or she become insured under the policy.

^aIn MT, received medical advice from.

^bIn Idaho and Nevada, 6 months.

⁵Riders are subject to state availability and have an additional cost.

⁶The injury must be the result of an accident in order for the physician's office visit benefit and the Physician's Office Additional Benefit rider to be payable. Benefits are not payable for loss contributed to, caused by or resulting from the employee's treatment for dental care or dental procedures, unless treatment is the result of a covered accident. Dental procedures that result from a covered accident are limited to natural teeth. Other benefits may be payable under the policy and may vary by the type of covered accident.

⁷Return of premium and cash value riders vary by state and are not available in all states. See Return of Premium/Cash Value rider for details. Premiums are returned minus claims incurred.

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Accident benefits¹

	LEVEL 1	LEVEL 2
Inpatient hospital² confinement <i>pays a daily amount for up to 365 days when admitted to a hospital for 24 or more hours within 30 days of a covered accident³</i>	\$300 per day	\$500 per day
Intensive care unit <i>payable for up to 15 days per covered accident</i>	\$600 per day	\$1,000 per day
Ambulance <i>pays one lump sum for each covered accident within 72⁴ hours of the covered accident</i>		
Ground ambulance:	\$150	\$250
Air ambulance:	\$1,000	\$1,500
Emergency room <i>pays one amount per 24-hour period within 72⁴ hours of the covered accident</i>		
Adult:	\$300	\$500
Child(ren):	\$200	\$350
Transportation <i>helps cover the costs when an insured person must travel to receive care more than 100 miles from the accident site or his/her residence; the benefit is payable for up to three trips per insured each calendar year</i>	\$400	\$600
Family lodging <i>payable for one hotel room for an immediate family member for up to 30 days when an insured is confined more than 100 miles from his/her residence</i>	\$100 per day	\$125 per day
Physician's office visit <i>including chiropractor; pays up to two visits when a charge is made per insured for each covered accident</i>	\$30 per visit	\$50 per visit
Physical therapy <i>helps cover expenses for up to eight visits per insured for each covered accident</i>	\$30 per visit	\$50 per visit
Medical imaging <i>for CT, MRI and EEG exams; pays a one-time benefit per insured for each covered accident</i>	\$150	\$200
Medical appliances <i>for wheelchairs, walkers, crutches, leg braces or back braces; is payable one time per insured for each covered accident</i>	\$100	\$125
Prostheses <i>pays the insured when the required item is obtained within three years of a covered accident; maximum benefit is specified per device, per covered accident, per insured</i>	\$500	\$750
Blood and plasma <i>available one time per covered accident, regardless of the number of units received</i>	\$100	\$200

¹Benefits are based on level of coverage selected.

²A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place primarily for providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.^b

^b A facility for the care and treatment of mental disease or mental disorders is not applicable in ME

³In South Dakota, the 24-hour period doesn't apply.

⁴In Utah, or as soon as reasonably possible.

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Specific injury benefits

To qualify for these benefits, the injury must be due to a covered accident and be diagnosed and treated by a physician within 90 days of the covered accident (within 72 hours⁴ for lacerations and burns; within 60 days for a ruptured disc, torn cartilage or hernia).

INJURY TYPE		LEVEL 1	LEVEL 2
Fracture	Hip or thigh	\$2,400	\$3,200
	Vertebrae	\$2,200	\$2,900
	Pelvis	\$2,000	\$2,550
	Skull (depressed)	\$1,800	\$2,400
	Leg	\$1,500	\$2,000
	Foot, ankle or kneecap	\$1,200	\$1,600
	Forearm or hand	\$1,200	\$1,600
	Lower jaw	\$1,000	\$1,300
	Shoulder blade, collar bone or sternum	\$1,000	\$1,300
	Skull (simple)	\$900	\$1,200
	Upper arm or upper jaw	\$900	\$1,200
	Facial bones	\$750	\$1,000
	Vertebral processes	\$500	\$750
	Coccyx, rib, finger, toe or nose	\$200	\$250
	Dislocation	Hip	\$2,200
Knee (not kneecap)		\$1,600	\$2,100
Shoulder		\$1,200	\$1,600
Foot or ankle		\$1,000	\$1,300
Hand		\$900	\$1,200
Lower jaw		\$750	\$1,000
Wrist		\$600	\$800
Elbow		\$500	\$650
Finger or toe		\$200	\$250
Laceration requiring sutures	More than 5 inches	\$300	\$400
	2 to 5 inches	\$150	\$200
	Up to 2 inches	\$75	\$100
Injuries requiring surgery	Eye injury	\$150	\$200
	Tendon or ligament		
	Single	\$600	\$800
	Multiple	\$900	\$1,200
	Ruptured disc		
	During first year of coverage	\$150	\$200
	After first year of coverage	\$600	\$800
	Torn cartilage		
	During first year of coverage	\$150	\$200
	After first year of coverage	\$600	\$800
	Hernia		
During first year of coverage	\$150	\$200	
After first year of coverage	\$300	\$400	
Paralysis	Paraplegia	\$5,000	\$10,000
	Quadriplegia	\$6,250	\$12,500
Burn	Second- or third-degree burn	\$900	\$1,200

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Accident Assure[®] POLICY QUOTE

Issue state: TN
Desired effective date: 08/01/2021
Policy: Accident Assure

Coverage:	Plan 1	Plan 2	Plan 3
Payment mode	26-pay	26-pay	26-pay
Job class	1	1	1
Accident coverage	Level 1	Level 1	Level 1
Cash Value	Yes	Yes	Yes
Physician's Office Additional Benefits Rider	Yes	Yes	Yes
Off the Job Disability	\$1000	\$2000	No
Sickness Disability Rider	Optional	Optional	No
Waiver of Premium Rider	Yes	Yes	No

Included Coverage

Age	Plan 1				Plan 2				Plan 3			
	Individual	Ind + Child(ren)	Ind + Spouse	Family	Individual	Ind + Child(ren)	Ind + Spouse	Family	Individual	Ind + Child(ren)	Ind + Spouse	Family
18-69	\$20.46	\$27.20	\$26.28	\$34.71	\$24.61	\$31.43	\$30.47	\$38.86	\$16.15	\$22.84	\$21.93	\$30.28

Optional coverage:

Sickness Disability Rider with Cash Value - Off the Job Disability for Plan 1 and 2

Age	\$500	\$1,000	\$1,500	\$2,000
18-69	\$7.25	\$14.49	\$21.74	\$28.99

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

When requesting a quote for coverage that includes the Cash Value rider, the actual rate will vary based upon the optional benefits selected. The agent should run a final quote, indicating the optional riders the individual selects, before submitting the application.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Washington National Active Care[®]

supplemental health insurance

Key benefits

- Indemnified benefits and lump-sum payments up to \$100,000 for major critical illnesses
 - Recurrence benefits for ongoing coverage after major critical illnesses
- Benefits for Alzheimer's disease, diabetes complications, TIAs, skilled-care facilities and bypass surgeries
- Fully customizable to work for your group

Key coverage types

- **Cancer**—a lump-sum benefit for cancer diagnosis or carcinoma in-situ.² Also includes benefits for skin cancer, hospital stays and annual care
- **Radiation and Injected Chemotherapy**^{1,8} — provides a benefit of \$200 per day; up to \$5,000 per calendar year³
- **Oral Chemotherapy**^{1,5,8} — provides a benefit of \$300 per month⁴
- **Heart and Stroke**—a lump-sum benefit for diagnosis of heart attack or stroke, bypass,² angioplasty,² stents,² and TIAs.² Also includes coverage for hospital stays and annual care
- **Critical Conditions**^{1,8}—a lump-sum benefit for a major organ transplant, coma, paralysis, blindness, Alzheimer's disease,² deafness,² diabetic amputation² and end-stage renal failure.² Also includes coverage for hospital stays
- **Hospital**^{1,6,7,8}—benefits for doctor office wellness visits, accidental injuries and sicknesses. Benefits are paid in addition to the “hospital stays” benefit in the cancer and/or heart and stroke coverage
- **Accident**^{1,8}—benefits that help pay costs associated with accidental injuries such as accidental death, dismemberment, injuries, emergency room and urgent care visits
- **Return of Premium or Cash Value**^{1,8}—a premium-back feature that returns clients' premiums after a specified period of time

Coverage availability

- Individual
- Individual and spouse
- Individual and child
- Family

Issue ages⁸

- 18–75 with Return of Premium or Cash Value
- 18–85 without Return of Premium of Cash Value

Underwriting

- Simple knockout questions for selected coverage
- Unisex tobacco and nontobacco rates
- 30-day waiting period⁹
- 5-year look-back for cancer and heart conditions

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¹Benefit is offered through optional rider.

²A reduced lump sum benefit amount is paid on this condition.

³No lifetime maximum on this benefit.

⁴The lifetime maximum is 36 months.

⁵In NH, permanent blindness, permanent deafness, coma or paralysis are not covered.

⁶Not available in AK, CO, KS, MT and VT.

⁷A hospital is not a bed, unit or facility that functions as a/an: skilled nursing facility; nursing home; extended care facility; convalescent home; rest home or a home for the aged; sanatorium; rehabilitation center; place primarily providing care for alcoholics or drug addicts; or, facility for the care and treatment of mental disease or mental disorders.^{a,b}

⁸In Vermont, "a hospital is not a bed, unit or facility that functions as a/an: nursing home, convalescent home, rest home or home for the aged, sanatorium, rehabilitation center or place primarily providing care for alcoholics or drug addicts."

⁹In Missouri, a hospital is not a hospice, skilled nursing facility, nursing home, extended care facility, convalescent home, rest home or home for the aged, sanatorium, place for the treatment of substance abuse, or facility for the care and treatment of mental disease or mental disorders.

⁸Subject to state availability.

⁹The 30-day waiting period does not apply in MD, MO, MT and OK.

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Washington National Active Care[®]

POLICY QUOTE

Issue state: TN
 Desired effective date: 08/01/2021
 Policy: Active Care

Coverage:	Plan 1	Plan 2	Plan 3
Payment mode	26-Pay	26-Pay	26-Pay
Cancer	No	No	Yes
Heart & Stroke	Yes	Yes	No
Critical conditions	Yes	Yes	Yes
Lump Sum Benefit	\$5,000	\$10,000	\$20,000
Return of Premium/Cash Value	Yes	Yes	Yes
Radiation & chemotherapy upgrade	No	No	Optional

Included coverage:

	Age	Plan 1				Plan 2				Plan 3			
		You	You + spouse	You + Child(ren)	Family	You	You + spouse	You + Child(ren)	Family	You	You + spouse	You + Child(ren)	Family
Non-Tobacco	18-39	\$3.74	\$7.52	\$4.75	\$8.54	\$6.69	\$13.39	\$8.27	\$14.95	\$14.26	\$28.61	\$15.92	\$30.23
	40-44	\$5.40	\$10.80	\$6.37	\$11.77	\$9.56	\$19.11	\$11.12	\$20.68	\$19.71	\$39.37	\$21.32	\$41.03
	45-49	\$7.39	\$14.67	\$8.31	\$15.69	\$13.06	\$26.17	\$14.63	\$27.69	\$26.73	\$53.40	\$28.34	\$55.07
	50-54	\$9.46	\$18.97	\$10.43	\$19.94	\$16.80	\$33.65	\$18.37	\$35.22	\$34.57	\$69.09	\$36.18	\$70.75
	55-59	\$11.68	\$23.35	\$12.69	\$24.37	\$20.59	\$41.17	\$22.15	\$42.73	\$43.15	\$86.26	\$44.77	\$87.92
	60-64	\$14.12	\$28.25	\$15.14	\$29.26	\$24.74	\$49.47	\$26.30	\$51.05	\$52.80	\$105.55	\$54.42	\$107.17
	65-69	\$16.06	\$32.21	\$17.08	\$33.13	\$28.02	\$56.03	\$29.54	\$57.60	\$59.63	\$119.26	\$61.29	\$120.92
	70-74	\$19.94	\$39.83	\$20.91	\$40.84	\$34.39	\$68.77	\$35.95	\$70.34	\$70.15	\$140.36	\$71.81	\$141.97
	75	\$23.77	\$47.53	\$24.73	\$48.51	\$40.71	\$81.37	\$42.28	\$82.90	\$79.71	\$159.46	\$81.37	\$161.08
Tobacco	18-39	\$5.72	\$11.44	\$6.74	\$12.41	\$10.30	\$20.59	\$11.87	\$22.16	\$20.40	\$40.85	\$22.06	\$42.46
	40-44	\$8.26	\$16.48	\$9.23	\$17.50	\$14.95	\$29.91	\$16.52	\$31.48	\$28.52	\$57.05	\$30.18	\$58.61
	45-49	\$11.26	\$22.57	\$12.28	\$23.54	\$20.31	\$40.71	\$21.88	\$42.28	\$37.71	\$75.51	\$39.37	\$77.07
	50-54	\$14.63	\$29.26	\$15.60	\$30.24	\$26.22	\$52.48	\$27.78	\$54.00	\$49.11	\$98.21	\$50.73	\$99.83
	55-59	\$18.00	\$35.91	\$18.93	\$36.92	\$32.17	\$64.38	\$33.74	\$65.90	\$61.39	\$122.67	\$62.95	\$124.34
	60-64	\$21.46	\$42.97	\$22.48	\$43.94	\$38.31	\$76.66	\$39.88	\$78.18	\$74.08	\$148.16	\$75.74	\$149.82
	65-69	\$24.46	\$48.83	\$25.39	\$49.85	\$43.39	\$86.77	\$44.96	\$88.29	\$83.68	\$167.31	\$85.29	\$168.92
	70-74	\$29.17	\$58.34	\$30.14	\$59.31	\$51.23	\$102.42	\$52.80	\$103.99	\$95.77	\$191.49	\$97.34	\$193.11
	75	\$33.74	\$67.47	\$34.75	\$68.44	\$58.70	\$117.51	\$60.28	\$119.03	\$107.36	\$214.66	\$108.97	\$216.33

Optional coverage:

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Total premium including riders must be greater than or equal to \$15.00/mo or \$180.00/yr.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Active Care[®]

POLICY QUOTE

Radiation & Chemotherapy Rider with Return of Premium/Cash Value for Plan 3

	Age	You	You + spouse	You + Child(ren)	Family
Non-Tobacco	18-39	\$1.94	\$3.92	\$2.45	\$4.43
	40-44	\$2.68	\$5.40	\$3.18	\$5.86
	45-49	\$3.60	\$7.20	\$4.11	\$7.66
	50-54	\$4.43	\$8.82	\$4.89	\$9.32
	55-59	\$5.22	\$10.48	\$5.72	\$10.94
	60-64	\$6.05	\$12.09	\$6.55	\$12.60
	65-69	\$6.28	\$12.60	\$6.78	\$13.06
	70-74	\$6.92	\$13.89	\$7.43	\$14.40
	75	\$7.52	\$15.05	\$7.98	\$15.51
Tobacco	18-39	\$2.95	\$5.86	\$3.42	\$6.37
	40-44	\$4.02	\$7.98	\$4.48	\$8.49
	45-49	\$5.22	\$10.48	\$5.72	\$10.94
	50-54	\$6.46	\$12.92	\$6.92	\$13.38
	55-59	\$7.66	\$15.37	\$8.17	\$15.83
	60-64	\$8.91	\$17.82	\$9.42	\$18.28
	65-69	\$9.32	\$18.65	\$9.78	\$19.11
	70-74	\$10.29	\$20.58	\$10.80	\$21.09
	75	\$11.12	\$22.20	\$11.58	\$22.71

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Total premium including riders must be greater than or equal to \$15.00/mo or \$180.00/yr.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Active Care[®]

POLICY QUOTE

Issue state: TN
 Desired effective date: 08/01/2021
 Policy: Active Care

Coverage:	Plan 1	Plan 2	Plan 3
Payment mode	26-Pay	26-Pay	26-Pay
Cancer	Yes	No	Yes
Heart & Stroke	Yes	Yes	Yes
Critical conditions	Yes	Yes	Yes
Lump Sum Benefit	\$10,000	\$20,000	\$20,000
Return of Premium/Cash Value	Yes	Yes	Yes
Hospital	No	Optional	Optional
Radiation & chemotherapy upgrade	No	No	Optional

Included coverage:

	Age	Plan 1				Plan 2				Plan 3			
		You	You + spouse	You + Child(ren)	Family	You	You + spouse	You + Child(ren)	Family	You	You + spouse	You + Child(ren)	Family
Non-Tobacco	18-39	\$13.06	\$26.12	\$15.47	\$28.52	\$12.55	\$25.20	\$14.12	\$26.68	\$24.50	\$49.01	\$26.86	\$51.37
	40-44	\$18.56	\$37.07	\$20.91	\$39.47	\$17.91	\$35.77	\$19.47	\$37.33	\$34.71	\$69.46	\$37.11	\$71.81
	45-49	\$25.15	\$50.35	\$27.50	\$52.66	\$24.51	\$49.01	\$26.03	\$50.54	\$47.22	\$94.43	\$49.57	\$96.79
	50-54	\$32.49	\$65.03	\$34.89	\$67.43	\$31.57	\$63.04	\$33.09	\$64.61	\$60.97	\$121.89	\$63.32	\$124.24
	55-59	\$40.16	\$80.40	\$42.55	\$82.75	\$38.40	\$76.80	\$39.97	\$78.37	\$75.14	\$150.32	\$77.54	\$152.68
	60-64	\$48.41	\$96.87	\$50.81	\$99.24	\$46.01	\$91.98	\$47.54	\$93.55	\$90.46	\$180.88	\$92.77	\$183.23
	65-69	\$54.60	\$109.10	\$56.91	\$111.51	\$51.88	\$103.75	\$53.45	\$105.27	\$101.63	\$203.21	\$103.99	\$205.61
	70-74	\$63.56	\$127.11	\$65.91	\$129.46	\$63.28	\$126.65	\$64.84	\$128.17	\$117.60	\$235.29	\$120.00	\$237.60
	75	\$71.81	\$143.63	\$74.21	\$145.99	\$74.49	\$148.98	\$76.06	\$150.56	\$131.91	\$263.86	\$134.30	\$266.22
Tobacco	18-39	\$19.57	\$39.23	\$21.97	\$41.59	\$19.43	\$38.86	\$21.00	\$40.43	\$37.06	\$74.17	\$39.46	\$76.52
	40-44	\$28.10	\$56.22	\$30.46	\$58.57	\$28.34	\$56.72	\$29.91	\$58.24	\$53.26	\$106.52	\$55.66	\$108.87
	45-49	\$37.90	\$75.83	\$40.29	\$78.18	\$38.45	\$76.98	\$40.02	\$78.50	\$71.73	\$143.45	\$74.08	\$145.80
	50-54	\$49.02	\$98.03	\$51.41	\$100.38	\$49.43	\$98.86	\$51.00	\$100.43	\$92.50	\$184.94	\$94.85	\$187.34
	55-59	\$60.60	\$121.25	\$63.00	\$123.60	\$60.65	\$121.20	\$62.17	\$122.77	\$114.37	\$228.73	\$116.72	\$231.10
	60-64	\$72.69	\$145.43	\$75.09	\$147.78	\$71.96	\$143.91	\$73.52	\$145.48	\$136.89	\$273.83	\$139.29	\$276.19
	65-69	\$82.02	\$164.08	\$84.37	\$166.38	\$81.28	\$162.60	\$82.85	\$164.08	\$154.25	\$308.50	\$156.65	\$310.80
	70-74	\$93.46	\$186.93	\$95.81	\$189.28	\$95.35	\$190.71	\$96.88	\$192.23	\$174.65	\$349.34	\$177.00	\$351.70
	75	\$103.98	\$208.02	\$106.39	\$210.32	\$108.74	\$217.43	\$110.26	\$219.00	\$192.88	\$385.75	\$195.23	\$388.11

Optional coverage:

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Total premium including riders must be greater than or equal to \$15.00/mo or \$180.00/yr.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Active Care[®]

POLICY QUOTE

Hospital Indemnity Rider with Return of Premium/Cash Value for Plan 2 and 3

	Age	You	You + spouse	You + Child(ren)	Family
Non-Tobacco	18-39	\$12.51	\$25.02	\$18.97	\$31.43
	40-44	\$13.57	\$27.14	\$20.03	\$33.55
	45-49	\$15.51	\$31.06	\$21.97	\$37.48
	50-54	\$17.95	\$35.95	\$24.42	\$42.42
	55-59	\$21.32	\$42.65	\$27.78	\$49.11
	60-64	\$25.98	\$51.97	\$32.45	\$58.43
	65-69	\$30.97	\$61.94	\$37.43	\$68.35
	70-74	\$38.22	\$76.48	\$44.68	\$82.94
Tobacco	75	\$46.48	\$92.95	\$52.94	\$99.42
	18-39	\$18.46	\$36.92	\$24.92	\$43.38
	40-44	\$20.03	\$40.02	\$26.45	\$46.48
	45-49	\$22.94	\$45.92	\$29.40	\$52.38
	50-54	\$26.63	\$53.26	\$33.09	\$59.72
	55-59	\$31.52	\$63.05	\$37.98	\$69.51
	60-64	\$38.40	\$76.80	\$44.86	\$83.26
	65-69	\$45.74	\$91.48	\$52.20	\$97.94
70-74	\$56.45	\$112.89	\$62.91	\$119.35	
75	\$68.72	\$137.40	\$75.14	\$143.86	

Radiation & Chemotherapy Rider with Return of Premium/Cash Value for Plan 3

	Age	You	You + spouse	You + Child(ren)	Family
Non-Tobacco	18-39	\$1.94	\$3.92	\$2.45	\$4.43
	40-44	\$2.68	\$5.40	\$3.18	\$5.86
	45-49	\$3.60	\$7.20	\$4.11	\$7.66
	50-54	\$4.43	\$8.82	\$4.89	\$9.32
	55-59	\$5.22	\$10.48	\$5.72	\$10.94
	60-64	\$6.05	\$12.09	\$6.55	\$12.60
	65-69	\$6.28	\$12.60	\$6.78	\$13.06
	70-74	\$6.92	\$13.89	\$7.43	\$14.40
	75	\$7.52	\$15.05	\$7.98	\$15.51
Tobacco	18-39	\$2.95	\$5.86	\$3.42	\$6.37
	40-44	\$4.02	\$7.98	\$4.48	\$8.49
	45-49	\$5.22	\$10.48	\$5.72	\$10.94
	50-54	\$6.46	\$12.92	\$6.92	\$13.38
	55-59	\$7.66	\$15.37	\$8.17	\$15.83
	60-64	\$8.91	\$17.82	\$9.42	\$18.28
	65-69	\$9.32	\$18.65	\$9.78	\$19.11
	70-74	\$10.29	\$20.58	\$10.80	\$21.09
75	\$11.12	\$22.20	\$11.58	\$22.71	

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Total premium including riders must be greater than or equal to \$15.00/mo or \$180.00/yr.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Washington National Solutions® Cancer supplemental cancer insurance

Key benefits

- First-occurrence express payment up to \$10,000
- Four different levels of coverage¹
- Health Advocate
- Cancer-screening wellness benefit (available for plans B and D)
- Daily Hospital Confinement²
- Surgery and anesthesia
- Radiation and Chemotherapy
- Transportation and Family Lodging

Optional riders³

- **Cancer Preventative Care rider**—insured receives an annual care benefit, skin cancer diagnosis benefit, cancer screening wellness benefit and additional screening and treatment benefit
- **Cancer Death Benefit rider**—benefits are payable when the insured dies due to cancer, even when cancer is diagnosed after death⁴
- **Alternative Care rider**—benefits help cover natural approaches to cancer treatment, such as massage, acupuncture and yoga. This rider covers up to 60 treatments per year.
- **Hospital Intensive Care rider**—offers three coverage levels to provide for insureds' ICU needs
- **Return of Premium or Cash Value Rider**—A premium-back feature that returns the policy premiums after a specified period of time

Coverage availability

- Individual
- Single Parent
- Family

Issue ages⁵

- 18–75 with Return of Premium or Cash Value rider
- 18–85 without Return of Premium or Cash Value rider
- 18–65 with Hospital Intensive Care rider

Underwriting

- Simple yes/no health questions
- Individually owned policies
- Portable

Premiums are subject to level of coverage selected.

¹ *Subject to state availability; Plan A is not available in North Dakota.*

² *A hospital is not a bed, unit or facility that functions as a/an: skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place primarily providing care for alcoholics or drug addicts or facility for the care and treatment of mental disease or mental disorders.*

³ *Riders are subject to state availability.*

⁴ *For this benefit to be paid, the insured's death certificate must list cancer as the primary or a contributing cause of death.*

⁵ *May vary by state. Pre-existing condition: If any cancer is first diagnosed before your effective date of coverage under this certificate/policy or during the first 30 days after your effective date of coverage, we will only provide benefits for loss due to cancer commencing 24^{a,b} months after your effective date of coverage^c.*

^a *In Utah, 6 months.*

^b *In Vermont, 12 months.*

^c *In MT, If any cancer is diagnosed within 3 years preceding your effective date of coverage under this policy, we will only provide benefits for loss due to such cancer 12 months after your effective date of coverage.*

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.



Washington National Solutions[®] Cancer **POLICY QUOTE**

Issue state: TN
Desired effective date: 08/01/2021
Policy: Solutions Cancer

Coverage:	Plan 1	Plan 2
Payment mode	26-Pay	26-Pay
Cancer	Plan B	Plan C
Cancer Benefit Rider	None	None
Additional First Occurrence # of Units	Optional	Optional
Cash Value	Yes	Yes

Included coverage:

Plan 1			Plan 2		
Individual	Single Parent	Family	Individual	Single Parent	Family
\$15.46	\$18.78	\$28.15	\$13.20	\$16.20	\$24.32

Optional coverage:

Additional First Occurrence with Cash Value for Plan 1 and 2

Individual	Single Parent	Family
\$1.15	\$1.57	\$2.31

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

When requesting a quote that has rider coverage as optional, actual rates may vary slightly due to rounding

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Pulse Protection SeriesSM

heart disease, heart attack and stroke supplemental health insurance

Key benefits

- Surgery and Anesthesia
- Daily Hospital Confinement
- Inpatient attending physician
- Skilled nursing facility
- Transportation and lodging
- Heart Transplant

Optional riders

- **First Occurrence Benefit rider**—A one-time indemnity payment of either \$500 or \$1,000 to each covered insured when he or she is diagnosed for the first time with a heart attack or stroke or has surgery that cures or improves the heart disease
- **Hospital Intensive Care rider**—Intensive care coverage offers a choice of two levels of hospital ICU confinement (\$300 and \$550 per day). Both levels of basic ICU coverage are available either as a rider, or as a stand-alone policy. Available to the age of 65
- **Return of Premium or Cash Value¹**—Premium-back feature that returns premiums after a specified period of time.
- **Benefit Builder rider**—Dollar amounts for all base benefits (except the surgery, anesthesia, and heart transplant) will increase by 10% of the original amount shown in the benefit schedule per year for each complete year that this rider is in force. Benefits increase for a maximum of 10 years. This rider is not available if the heart/stroke policy is sold with a Return of Premium or Cash Value rider.

Coverage availability

- Individual
- Single parent
- Family

Issue ages

- 18–75 with Return of Premium or Cash Value
- 18–85 without Return of Premium or Cash Value

Underwriting

- Three simple yes/no health questions
- 30 day waiting period from the effective date of coverage before benefits can be used
- Pre-existing conditions² within 30 days of the policy effective date are not covered
- Individually owned policies
- Portable

See footnotes on the following page.

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¹Varies by state. Not available in all states. See Return of Premium rider or Cash Value rider for details

²This policy/certificate does not provide benefits for heart attack or stroke that occurs prior to 30 days^a after you become insured under the policy/certificate.^{b, c} This policy/certificate does not provide benefits for heart disease that manifests itself prior to 30 days^a after you become insured under the policy/certificate.^{b, c}

^aIn IA, OK and WI: 30 days does not apply

^bDoes not apply in Missouri

^cIn Alabama, this policy does not provide benefits for heart attack or stroke that occurs prior to 30 days after you become insured under the policy. This policy does not provide benefits for heart disease that manifests itself either during the five year period before you became insured under this policy or prior to 30 days after you become insured under the policy.

In AK, DE, IL and VA: Only members of Health Opportunity Through Partnership in Education (HOPE) can enroll. To become a member, a \$0.10 HOPE monthly fee is required. Remember to include the fee on the application. A separate HOPE application, HOPE-APP, is also required to enroll.

A hospital is not a hospice, skilled nursing facility, nursing home, extended-care facility, convalescent home, rest home or a home for the aged; sanatorium; rehabilitation center; place for the treatment of substance abuse; or a facility for the care and treatment of mental disease or mental disorders.

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Pulse Protection Series[®] **POLICY QUOTE**

Payment mode: 26-Pay
Issue state: TN
Desired effective date: 08/01/2021

Included coverage:
Heart Plan: Choice B Option 1
Cash Value: Yes

Optional coverage:
ICU Type: None

Included coverage: Heart Plan with Cash Value

	Total Premium		
	Individual	Single Parent	Family
Choice B Option 1	\$9.23	\$11.58	\$13.80

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Pulse Protection Series[®] **POLICY QUOTE**

Payment mode: 26-Pay
Issue state: TN
Desired effective date: 08/01/2021

Included coverage:
Heart Plan: Choice B Option 2
Cash Value: Yes

Optional coverage:
ICU Type: None

Included coverage: Heart Plan with Cash Value

	Total Premium		
	Individual	Single Parent	Family
Choice B Option 2	\$11.17	\$14.03	\$16.89

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Pulse Protection Series[®] **POLICY QUOTE**

Payment mode: 26-Pay
Issue state: TN
Desired effective date: 08/01/2021

Included coverage:
Heart Plan: Choice C Option 1
Cash Value: Yes

Optional coverage:
ICU Type: None

Included coverage: Heart Plan with Cash Value

	Total Premium		
	Individual	Single Parent	Family
Choice C Option 1	\$14.68	\$18.32	\$21.97

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Pulse Protection Series[®] POLICY QUOTE

Payment mode: 26-Pay
Issue state: TN
Desired effective date: 08/01/2021

Included coverage:
Heart Plan: Choice C Option 2
Cash Value: Yes

Optional coverage:
ICU Type: None

Included coverage: Heart Plan with Cash Value

	Total Premium		
	Individual	Single Parent	Family
Choice C Option 2	\$18.05	\$22.52	\$27.05

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Key benefits

three coverages—each with an A or B option

1. **Critical illness cancer only**
2. **Critical illness without cancer**
covers heart attack, stroke and end-stage renal failure
3. **Critical illness with cancer**
covers cancer, heart attack, stroke and end-stage renal failure

Benefits	Option A	Option B
Lump-sum benefit	✓	✓
Wellness benefit		✓
Hospital confinement		✓
Consultation benefit		✓
Radiation and chemotherapy		✓ ¹

lump-sum benefit

This benefit is paid for a first diagnosis² of cancer (except skin cancer), heart attack, stroke or end-stage renal failure—based on the coverage level selected—with acceptable proof of diagnosis. This benefit is payable once for each insured. Coverage for child(ren) is available at \$10,000.

- **\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000 or \$70,000**

wellness benefit

After a 30-day waiting period³, this benefit pays for covered preventative cancer or heart screenings. This benefit is limited to one test per person per calendar year. Covered screenings vary based on the selected coverage; please refer to the policy for a complete list of covered screenings. This benefit is paid whether or not a diagnoses of cancer, heart attack, stroke or end-stage renal failure is received.

- **\$50 per year for critical illness cancer only coverage**
- **\$50 per year for critical illness without cancer coverage**
- **\$100 per year for critical illness with cancer coverage**

hospital confinement—Including U.S. Government Hospitals⁴

Benefits are paid each day an insured person is confined to a hospital due to a covered critical illness.

- **\$200 per day, 1–30 days**
- **\$400 per day, 31+ days**

consultation benefit

This benefit is paid when an insured person is diagnosed with a covered critical illness and consults a physician or alternative care provider for a treatment plan. The benefit is paid once according to the coverage selected.

- **\$250 per specified critical illness diagnosis**

radiation and chemotherapy¹

This benefit is payable when a physician prescribes radiation or chemotherapy as part of a cancer treatment plan. Treatment may be performed on an inpatient or outpatient basis. At the time of administration, the treatment must be fully or investigationally approved by the U.S. Food and Drug Administration for cancer treatment.

- **Radiation: \$200 per day**
- **Chemotherapy, injected by medical personnel: \$200 per day**
Injections must be made by medical personnel in a physician's office, clinic or hospital.
- **Chemotherapy, self-administered: \$200 per drug**
This benefit is limited to \$1,600 per month.

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

Optional Premium Return rider⁵

- A premium-back feature that returns the policy premiums after a specified period of time.

Coverage availability

- Individual
- Individual and spouse
- Individual and children
- Individual, spouse and children

Issue ages⁶—guaranteed renewable for life

- 18–75 with Return of Premium or Cash Value⁵
- 18–85 without Return of Premium or Cash Value

Underwriting

- Simple yes/no health questions
- Applicants must meet height/weight guidelines
- Individually owned policies
- Portable
- 30 day waiting period from the effective date of coverage before benefits can be used
- Pre-existing conditions within first twelve (12)⁷ months of the policy effective date are not covered^{8, 9, 10}

¹Not applicable to critical illness without cancer plan.

²In Indiana, “first” is not applicable.

³In Oklahoma, the “30-day waiting period” is not applicable.

⁴A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place that primarily provides care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

⁵Varies by state. Not available in all states. See Return of Premium and Cash Value rider for details.

⁶Issue age applies to primary insured and spouse.

⁷In Idaho, six (6) months.

⁸Pre-existing condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the effective date of the coverage of the insured or a condition which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12) month period preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

⁹In Idaho, pre-existing condition is defined as a condition for which medical advice, care or treatment was recommended or received from a physician within the six (6) month period preceding the effective date of coverage of the insured.

¹⁰In North Carolina, pre-existing condition means those conditions for which medical advice, diagnosis, care or treatment was received or recommended within the 12 month period immediately preceding the effective date of coverage.

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.



Washington National Critical Solutions[®]

POLICY QUOTE

Payment mode: 26-Pay
 Issue state: TN
 Desired effective date: 08/01/2021

Included coverage:
 Coverage selection: Cancer Only
 Coverage option: Show all options

Optional coverage:
 Cash Value

Cancer Only - Option A

Age	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
	You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-39	\$1.89	\$2.82	\$3.78	\$5.63	\$5.68	\$8.45	\$7.57	\$11.26	\$9.46	\$14.08	\$11.35	\$16.89	\$13.25	\$19.71
40-49	\$4.43	\$6.55	\$8.86	\$13.11	\$13.29	\$19.66	\$17.72	\$26.21	\$22.15	\$32.77	\$26.58	\$39.32	\$31.01	\$45.88
50-59	\$7.62	\$11.26	\$15.23	\$22.52	\$22.85	\$33.78	\$30.46	\$45.04	\$38.08	\$56.31	\$45.69	\$67.57	\$53.31	\$78.83
60-64	\$10.52	\$15.55	\$21.05	\$31.11	\$31.57	\$46.66	\$42.09	\$62.21	\$52.61	\$77.77	\$63.14	\$93.32	\$73.66	\$108.87
65-69	\$12.23	\$18.05	\$24.46	\$36.09	\$36.69	\$54.14	\$48.92	\$72.18	\$61.15	\$90.23	\$73.38	\$108.27	\$85.61	\$126.32
70-74	\$13.52	\$19.98	\$27.05	\$39.97	\$40.57	\$59.95	\$54.09	\$79.94	\$67.61	\$99.92	\$81.14	\$119.90	\$94.66	\$139.89
75-79	\$14.35	\$21.23	\$28.71	\$42.46	\$43.06	\$63.69	\$57.41	\$84.92	\$71.77	\$106.15	\$86.12	\$127.38	\$100.47	\$148.61
80-85	\$14.86	\$21.97	\$29.72	\$43.94	\$44.58	\$65.91	\$59.44	\$87.87	\$74.30	\$109.84	\$89.17	\$131.81	\$104.03	\$153.78
Child(ren)	\$0.46													

Cancer Only - Option B

Age	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
	You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-39	\$4.38	\$5.77	\$6.28	\$8.58	\$8.17	\$11.40	\$10.06	\$14.21	\$11.95	\$17.03	\$13.85	\$19.85	\$15.74	\$22.66
40-49	\$8.17	\$11.35	\$12.60	\$17.91	\$17.03	\$24.46	\$21.46	\$31.01	\$25.89	\$37.57	\$30.32	\$44.12	\$34.75	\$50.67
50-59	\$12.65	\$17.95	\$20.26	\$29.21	\$27.88	\$40.48	\$35.49	\$51.74	\$43.11	\$63.00	\$50.72	\$74.26	\$58.34	\$85.52
60-64	\$16.57	\$23.68	\$27.09	\$39.23	\$37.61	\$54.78	\$48.14	\$70.34	\$58.66	\$85.89	\$69.18	\$101.44	\$79.70	\$117.00
65-69	\$18.60	\$26.63	\$30.83	\$44.68	\$43.06	\$62.72	\$55.29	\$80.77	\$67.52	\$98.81	\$79.75	\$116.86	\$91.98	\$134.90
70-74	\$20.45	\$29.35	\$33.97	\$49.34	\$47.49	\$69.32	\$61.01	\$89.30	\$74.54	\$109.29	\$88.06	\$129.27	\$101.58	\$149.26
75-79	\$21.74	\$31.24	\$36.09	\$52.47	\$50.44	\$73.70	\$64.80	\$94.93	\$79.15	\$116.16	\$93.50	\$137.39	\$107.86	\$158.62
80-85	\$22.43	\$32.31	\$37.29	\$54.27	\$52.15	\$76.24	\$67.01	\$98.21	\$81.87	\$120.18	\$96.73	\$142.15	\$111.60	\$164.12
Child(ren)	\$0.69													

Optional coverage:

Total premium must be greater than or equal to \$15/mo. Or \$180/yr. This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Critical Solutions[®]

POLICY QUOTE

Cash Value for Cancer Only - Option A

	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
Non-Tobacco	18-39	\$3.69	\$7.38	\$11.08	\$14.77	\$18.46	\$22.15	\$25.85
	40-49	\$8.72	\$17.45	\$26.17	\$34.89	\$43.61	\$52.34	\$61.06
	50-59	\$14.54	\$29.08	\$43.61	\$58.15	\$72.69	\$87.23	\$101.77
	60-64	\$20.54	\$41.08	\$61.61	\$82.15	\$102.69	\$123.23	\$143.76
	65-69	\$23.81	\$47.63	\$71.44	\$95.26	\$119.07	\$142.89	\$166.70
	70-74	\$26.40	\$52.80	\$79.20	\$105.60	\$131.99	\$158.39	\$184.79
Tobacco	18-39	\$5.45	\$10.89	\$16.34	\$21.78	\$27.23	\$32.68	\$38.12
	40-49	\$12.88	\$25.75	\$38.63	\$51.51	\$64.38	\$77.26	\$90.13
	50-59	\$21.46	\$42.92	\$64.38	\$85.84	\$107.30	\$128.76	\$150.22
	60-64	\$30.32	\$60.64	\$90.97	\$121.29	\$151.61	\$181.93	\$212.25
	65-69	\$35.17	\$70.34	\$105.50	\$140.67	\$175.84	\$211.01	\$246.17
	70-74	\$39.00	\$78.00	\$117.00	\$155.99	\$194.99	\$233.99	\$272.99
	Child(ren)	\$0.83						

Cash Value for Cancer Only - Option B

	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
Non-Tobacco	18-39	\$8.49	\$12.18	\$15.88	\$19.57	\$23.26	\$26.95	\$30.64
	40-49	\$16.01	\$24.74	\$33.46	\$42.18	\$50.91	\$59.63	\$68.35
	50-59	\$24.28	\$38.81	\$53.35	\$67.89	\$82.43	\$96.97	\$111.50
	60-64	\$32.31	\$52.84	\$73.38	\$93.92	\$114.46	\$134.99	\$155.53
	65-69	\$36.28	\$60.09	\$83.90	\$107.72	\$131.53	\$155.35	\$179.16
	70-74	\$39.88	\$66.27	\$92.67	\$119.07	\$145.47	\$171.87	\$198.27
Tobacco	18-39	\$11.21	\$16.66	\$22.11	\$27.55	\$33.00	\$38.44	\$43.89
	40-49	\$22.25	\$35.12	\$48.00	\$60.87	\$73.75	\$86.63	\$99.50
	50-59	\$34.34	\$55.80	\$77.26	\$98.72	\$120.18	\$141.64	\$163.10
	60-64	\$46.15	\$76.47	\$106.80	\$137.12	\$167.44	\$197.76	\$228.08
	65-69	\$51.92	\$87.09	\$122.26	\$157.42	\$192.59	\$227.76	\$262.93
	70-74	\$57.27	\$96.27	\$135.27	\$174.27	\$213.27	\$252.27	\$291.27
	Child(ren)	\$1.25						

Total premium must be greater than or equal to \$15/mo. Or \$180/yr. This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Critical Solutions[®]

POLICY QUOTE

Payment mode: 26-Pay
 Issue state: TN
 Desired effective date: 08/01/2021

Included coverage:
 Coverage selection: With Cancer
 Coverage option: Show all options

Optional coverage:
 Cash Value

With Cancer - Option A

Age	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
	You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-39	\$2.95	\$4.34	\$5.91	\$8.68	\$8.86	\$13.01	\$11.81	\$17.35	\$14.77	\$21.69	\$17.72	\$26.03	\$20.68	\$30.37
40-49	\$6.78	\$9.97	\$13.57	\$19.94	\$20.35	\$29.91	\$27.14	\$39.88	\$33.92	\$49.84	\$40.71	\$59.81	\$47.49	\$69.78
50-59	\$11.31	\$16.71	\$22.61	\$33.41	\$33.92	\$50.12	\$45.23	\$66.83	\$56.54	\$83.54	\$67.84	\$100.24	\$79.15	\$116.95
60-64	\$15.09	\$22.29	\$30.18	\$44.58	\$45.28	\$66.87	\$60.37	\$89.17	\$75.46	\$111.46	\$90.55	\$133.75	\$105.64	\$156.04
65-69	\$17.26	\$25.43	\$34.52	\$50.86	\$51.78	\$76.29	\$69.04	\$101.72	\$86.30	\$127.15	\$103.57	\$152.58	\$120.83	\$178.01
70-74	\$19.48	\$28.71	\$38.95	\$57.41	\$58.43	\$86.12	\$77.90	\$114.83	\$97.38	\$143.53	\$116.86	\$172.24	\$136.33	\$200.95
75-79	\$21.32	\$31.43	\$42.64	\$62.86	\$63.97	\$94.29	\$85.29	\$125.72	\$106.61	\$157.15	\$127.93	\$188.58	\$149.26	\$220.01
80-85	\$22.85	\$33.69	\$45.69	\$67.38	\$68.54	\$101.07	\$91.38	\$134.76	\$114.23	\$168.45	\$137.07	\$202.15	\$159.92	\$235.84
Child(ren)	\$0.69													

With Cancer - Option B

Age	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
	You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-39	\$7.15	\$9.23	\$10.11	\$13.57	\$13.06	\$17.91	\$16.01	\$22.25	\$18.97	\$26.58	\$21.92	\$30.92	\$24.88	\$35.26
40-49	\$12.88	\$17.58	\$19.66	\$27.55	\$26.45	\$37.52	\$33.23	\$47.49	\$40.01	\$57.46	\$46.80	\$67.43	\$53.58	\$77.40
50-59	\$19.48	\$27.28	\$30.78	\$43.98	\$42.09	\$60.69	\$53.40	\$77.40	\$64.71	\$94.10	\$76.01	\$110.81	\$87.32	\$127.52
60-64	\$24.92	\$35.31	\$40.01	\$57.60	\$55.11	\$79.89	\$70.20	\$102.18	\$85.29	\$124.47	\$100.38	\$146.76	\$115.47	\$169.05
65-69	\$27.78	\$39.41	\$45.04	\$64.84	\$62.31	\$90.27	\$79.57	\$115.70	\$96.83	\$141.13	\$114.09	\$166.56	\$131.35	\$191.99
70-74	\$31.24	\$44.54	\$50.72	\$73.24	\$70.20	\$101.95	\$89.67	\$130.66	\$109.15	\$159.36	\$128.63	\$188.07	\$148.10	\$216.78
75-79	\$34.20	\$48.87	\$55.52	\$80.30	\$76.84	\$111.73	\$98.17	\$143.16	\$119.49	\$174.59	\$140.81	\$206.02	\$162.13	\$237.45
80-85	\$36.14	\$51.78	\$58.98	\$85.47	\$81.83	\$119.16	\$104.67	\$152.86	\$127.52	\$186.55	\$150.36	\$220.24	\$173.21	\$253.93
Child(ren)	\$1.02													

Optional coverage:

Total premium must be greater than or equal to \$15/mo. Or \$180/yr. This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Critical Solutions[®]

POLICY QUOTE

Cash Value for With Cancer - Option A

	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
Non-Tobacco	18-39	\$5.68	\$11.35	\$17.03	\$22.71	\$28.38	\$34.06	\$39.74
	40-49	\$13.25	\$26.49	\$39.74	\$52.98	\$66.23	\$79.47	\$92.72
	50-59	\$21.69	\$43.38	\$65.07	\$86.77	\$108.46	\$130.15	\$151.84
	60-64	\$29.44	\$58.89	\$88.33	\$117.78	\$147.22	\$176.67	\$206.11
	65-69	\$33.64	\$67.29	\$100.93	\$134.58	\$168.22	\$201.87	\$235.51
	70-74	\$37.94	\$75.87	\$113.81	\$151.75	\$189.68	\$227.62	\$265.56
Tobacco	18-39	\$8.35	\$16.71	\$25.06	\$33.41	\$41.77	\$50.12	\$58.47
	40-49	\$19.52	\$39.04	\$58.57	\$78.09	\$97.61	\$117.13	\$136.66
	50-59	\$32.03	\$64.06	\$96.09	\$128.12	\$160.15	\$192.18	\$224.21
	60-64	\$43.43	\$86.86	\$130.29	\$173.72	\$217.15	\$260.57	\$304.00
	65-69	\$49.61	\$99.23	\$148.84	\$198.45	\$248.07	\$297.68	\$347.29
	70-74	\$55.98	\$111.96	\$167.95	\$223.93	\$279.91	\$335.89	\$391.88
	Child(ren)	\$1.25						

Cash Value for With Cancer - Option B

	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
Non-Tobacco	18-39	\$13.85	\$19.52	\$25.20	\$30.88	\$36.55	\$42.23	\$47.91
	40-49	\$25.11	\$38.35	\$51.60	\$64.84	\$78.09	\$91.33	\$104.58
	50-59	\$37.43	\$59.12	\$80.81	\$102.50	\$124.20	\$145.89	\$167.58
	60-64	\$48.60	\$78.04	\$107.49	\$136.93	\$166.38	\$195.82	\$225.27
	65-69	\$54.14	\$87.78	\$121.43	\$155.07	\$188.72	\$222.36	\$256.01
	70-74	\$60.87	\$98.81	\$136.75	\$174.69	\$212.62	\$250.56	\$288.50
Tobacco	18-39	\$17.81	\$26.17	\$34.52	\$42.88	\$51.23	\$59.58	\$67.94
	40-49	\$34.38	\$53.91	\$73.43	\$92.95	\$112.47	\$131.99	\$151.52
	50-59	\$52.43	\$84.46	\$116.49	\$148.52	\$180.55	\$212.58	\$244.61
	60-64	\$68.81	\$112.24	\$155.67	\$199.10	\$242.53	\$285.96	\$329.39
	65-69	\$76.94	\$126.55	\$176.16	\$225.78	\$275.39	\$325.00	\$374.62
	70-74	\$86.81	\$142.79	\$198.78	\$254.76	\$310.74	\$366.72	\$422.71
	Child(ren)	\$1.85						

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Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Critical Solutions[®]

POLICY QUOTE

Payment mode: 26-Pay
 Issue state: TN
 Desired effective date: 08/01/2021

Included coverage:
 Coverage selection: Without Cancer
 Coverage option: Show all options

Optional coverage:
 Cash Value

Without Cancer - Option A

Age	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
	You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-39	\$1.15	\$1.71	\$2.31	\$3.42	\$3.46	\$5.12	\$4.62	\$6.83	\$5.77	\$8.54	\$6.92	\$10.25	\$8.08	\$11.95
40-49	\$2.63	\$3.88	\$5.26	\$7.75	\$7.89	\$11.63	\$10.52	\$15.51	\$13.15	\$19.38	\$15.78	\$23.26	\$18.41	\$27.14
50-59	\$4.29	\$6.32	\$8.58	\$12.65	\$12.88	\$18.97	\$17.17	\$25.29	\$21.46	\$31.61	\$25.75	\$37.94	\$30.04	\$44.26
60-64	\$5.35	\$7.89	\$10.71	\$15.78	\$16.06	\$23.68	\$21.41	\$31.57	\$26.77	\$39.46	\$32.12	\$47.35	\$37.48	\$55.24
65-69	\$5.95	\$8.77	\$11.91	\$17.54	\$17.86	\$26.31	\$23.81	\$35.08	\$29.77	\$43.84	\$35.72	\$52.61	\$41.68	\$61.38
70-74	\$6.92	\$10.25	\$13.85	\$20.49	\$20.77	\$30.74	\$27.69	\$40.98	\$34.61	\$51.23	\$41.54	\$61.47	\$48.46	\$71.72
75-79	\$7.98	\$11.81	\$15.97	\$23.63	\$23.95	\$35.44	\$31.94	\$47.26	\$39.92	\$59.07	\$47.91	\$70.89	\$55.89	\$82.70
80-85	\$9.00	\$13.29	\$18.00	\$26.58	\$27.00	\$39.88	\$36.00	\$53.17	\$45.00	\$66.46	\$54.00	\$79.75	\$63.00	\$93.04
Child(ren)	\$0.23													

Without Cancer - Option B

Age	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000	
	You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse		You/Spouse	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-39	\$2.95	\$3.65	\$4.11	\$5.35	\$5.26	\$7.06	\$6.42	\$8.77	\$7.57	\$10.48	\$8.72	\$12.18	\$9.88	\$13.89
40-49	\$5.03	\$6.74	\$7.66	\$10.61	\$10.29	\$14.49	\$12.92	\$18.37	\$15.55	\$22.25	\$18.18	\$26.12	\$20.81	\$30.00
50-59	\$7.43	\$10.25	\$11.72	\$16.57	\$16.01	\$22.89	\$20.31	\$29.21	\$24.60	\$35.54	\$28.89	\$41.86	\$33.18	\$48.18
60-64	\$9.18	\$12.83	\$14.54	\$20.72	\$19.89	\$28.61	\$25.25	\$36.51	\$30.60	\$44.40	\$35.95	\$52.29	\$41.31	\$60.18
65-69	\$10.15	\$14.21	\$16.11	\$22.98	\$22.06	\$31.75	\$28.01	\$40.52	\$33.97	\$49.29	\$39.92	\$58.06	\$45.88	\$66.83
70-74	\$11.81	\$16.75	\$18.74	\$27.00	\$25.66	\$37.24	\$32.58	\$47.49	\$39.51	\$57.74	\$46.43	\$67.98	\$53.35	\$78.23
75-79	\$13.57	\$19.29	\$21.55	\$31.11	\$29.54	\$42.92	\$37.52	\$54.74	\$45.51	\$66.55	\$53.49	\$78.37	\$61.47	\$90.18
80-85	\$14.77	\$21.09	\$23.77	\$34.38	\$32.77	\$47.68	\$41.77	\$60.97	\$50.77	\$74.26	\$59.77	\$87.55	\$68.77	\$100.84
Child(ren)	\$0.37													

Optional coverage:

Total premium must be greater than or equal to \$15/mo. Or \$180/yr. This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Critical Solutions[®]

POLICY QUOTE

Cash Value for Without Cancer - Option A

	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
Non-Tobacco	18-39	\$2.22	\$4.43	\$6.65	\$8.86	\$11.08	\$13.29	\$15.51
	40-49	\$5.12	\$10.25	\$15.37	\$20.49	\$25.61	\$30.74	\$35.86
	50-59	\$8.26	\$16.52	\$24.78	\$33.04	\$41.31	\$49.57	\$57.83
	60-64	\$10.48	\$20.95	\$31.43	\$41.91	\$52.38	\$62.86	\$73.34
	65-69	\$11.58	\$23.17	\$34.75	\$46.34	\$57.92	\$69.50	\$81.09
	70-74	\$13.52	\$27.05	\$40.57	\$54.09	\$67.61	\$81.14	\$94.66
Tobacco	18-39	\$3.28	\$6.55	\$9.83	\$13.11	\$16.38	\$19.66	\$22.94
	40-49	\$7.52	\$15.05	\$22.57	\$30.09	\$37.61	\$45.14	\$52.66
	50-59	\$12.18	\$24.37	\$36.55	\$48.74	\$60.92	\$73.10	\$85.29
	60-64	\$15.41	\$30.83	\$46.24	\$61.66	\$77.07	\$92.49	\$107.90
	65-69	\$17.12	\$34.24	\$51.37	\$68.49	\$85.61	\$102.73	\$119.86
	70-74	\$19.98	\$39.97	\$59.95	\$79.94	\$99.92	\$119.90	\$139.89
	Child(ren)	\$0.42						

Cash Value for Without Cancer - Option B

	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
Non-Tobacco	18-39	\$5.68	\$7.89	\$10.11	\$12.32	\$14.54	\$16.75	\$18.97
	40-49	\$9.78	\$14.91	\$20.03	\$25.15	\$30.28	\$35.40	\$40.52
	50-59	\$14.35	\$22.61	\$30.88	\$39.14	\$47.40	\$55.66	\$63.92
	60-64	\$17.95	\$28.43	\$38.91	\$49.38	\$59.86	\$70.34	\$80.81
	65-69	\$19.75	\$31.34	\$42.92	\$54.51	\$66.09	\$77.67	\$89.26
	70-74	\$23.03	\$36.55	\$50.07	\$63.60	\$77.12	\$90.64	\$104.17
Tobacco	18-39	\$7.06	\$10.34	\$13.61	\$16.89	\$20.17	\$23.45	\$26.72
	40-49	\$13.06	\$20.58	\$28.11	\$35.63	\$43.15	\$50.67	\$58.20
	50-59	\$19.80	\$31.98	\$44.17	\$56.35	\$68.54	\$80.72	\$92.90
	60-64	\$25.06	\$40.48	\$55.89	\$71.30	\$86.72	\$102.13	\$117.55
	65-69	\$27.78	\$44.91	\$62.03	\$79.15	\$96.27	\$113.40	\$130.52
	70-74	\$32.63	\$52.61	\$72.60	\$92.58	\$112.56	\$132.55	\$152.53
	Child(ren)	\$0.65						

Total premium must be greater than or equal to \$15/mo. Or \$180/yr. This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Hospital Assure®

supplemental hospital indemnity insurance

Key benefits

Hospital confinement lump-sum

This benefit is paid on the first day when a covered person is hospital confined as an inpatient due to a covered accident or covered sickness for 23 hours or more. Limited to one day per calendar year per covered person. Premiums are based on the benefit level selected.

- **\$1,000, \$2,000, \$3,000, \$4,000¹ or \$5,000¹**

Hospital outpatient

This benefit is paid for a hospital, observation unit, or ambulatory surgical facility stay of less than 23 hours due to a covered accident or covered sickness. Limited to 2 days per calendar year per covered person.

- **\$100 per day**

Emergency Room

This benefit is paid for treatment in a hospital emergency room for a covered accident or covered sickness and is limited to 2 days per calendar year per covered person.

- **\$100 per day**

Rehabilitation Facility²

This benefit is paid for a rehabilitation facility stay by physicians order due to a covered accident or covered sickness. Limited to 15 days per confinement and 30 days per calendar year per covered person.

- **\$100 per day**

Waiver of premium

After the policyowner is hospitalized for a covered accident or covered sickness, for a period of more than 30 consecutive days, this benefit will begin on the 31st day for any period of uninterrupted continuation of that inpatient hospital confinement. Any premium payments that fall during this waiver period, on a month by month basis, will be waived. This waiver period will end on the earlier of, discharge or at the end of 12 months of uninterrupted continuous hospital confinement, at which point premium payments must be resumed.

Optional riders³

- **Wellness and diagnostic rider⁴**
 - **Physician office visit benefit** – this benefit is payable for visits (including telemedicine) to a physician’s office - **\$25 per day^{5,6}**
 - **Lab test and x-ray** – this benefit is payable for any day a covered person has laboratory testing or x-rays - **\$50 per day.⁶**
 - **Imaging exams** – this benefit is payable for the following exams: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thalium stress test, myelogram, angiogram or arteriogram - **\$100 per day⁶**
 - **Diagnostic exams** – this benefit is payable for the following exams: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy - **\$100 per day⁶**

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

- **Supplemental benefits rider**

Description	Plan 1	Plan 2	Plan 3
Additional hospital confinement lump sum – payable for the first day of any subsequent hospital confinement after the hospital confinement lump sum benefit under the base policy pays. Limited to 3 days, per covered person, per calendar year.	\$100 per day	\$200 per day	\$300 per day
Daily hospital confinement – when hospital confined for 23 or more hours, payable per day per covered person, for up to 365 days per confinement.	\$50 per day	\$100 per day	\$150 per day
ICU confinement – payable when a covered person is confined to an ICU. Limited to 30 days per hospital confinement.	\$50 per day	\$100 per day	\$150 per day
Additional hospital outpatient – payable in addition to the \$100 per day hospital outpatient provided by the base policy.	\$50 per day	\$100 per day	\$150 per day
Additional rehabilitation facility² – payable in addition to the \$100 per day rehabilitation facility benefit provided by the base policy.	\$50 per day	\$100 per day	\$150 per day
Surgical procedure – payable for a covered surgery performed in a hospital, U.S. Government hospital, or an ambulatory surgical facility. This benefit is limited to one surgical procedure in a 24-hour period per covered person.	\$100-\$1,000 per surgery	\$100-\$1,000 per surgery	\$100-\$1,000 per surgery
Ambulance^{2,7} – payable if a licensed surface or air ambulance service transports a covered person to or from a hospital.	\$200 ground, \$2,000 air	\$200 ground, \$2,000 air	\$200 ground, \$2,000 air

- **Premium return rider³** – This feature returns the policy premiums after a specified period of time, minus claims incurred during that period.

Coverage availability

- Individual
- Individual and spouse
- Individual and child(ren)
- Family

Issue ages

- 18–69

Underwriting

- Guarantee issue available based on group size
- Simple yes/no health questions
- 30 day waiting period from the effective date of coverage before benefits can be used⁹
- Pre-existing conditions within the first 12 months of the policy effective date are not covered⁸
- Individually owned policies
- Portable

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

¹\$4,000 and \$5,000 amounts are not available for Guarantee Issue (GI).

²This benefit is not available in Kansas.

³Subject to state availability.

⁴In Kansas, the Wellness and Diagnostic rider is payable only when hospital confined.

⁵In Kansas, this is the attending physician benefit. This benefit is payable when hospital confined and incurs a charge for a visit from an attending.

⁶Individual coverage limited to 3 days per calendar year. All other coverage levels limited to 3 days per covered person, up to 6 days, per calendar year.

⁷Individual coverage limited to 3 one-way trips per calendar year. All other coverage levels limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.

⁸Pre-existing condition^{e,d} means the existence of symptoms that would cause an ordinarily prudent^a person to seek diagnosis, care or treatment within a 12-month period^b preceding the effective date of the coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a 12-month period preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

^a In District of Columbia, "an ordinarily prudent" does not apply.

^b In New Mexico, the existence of a condition that manifested itself within six (6) months prior to the effective date of coverage that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a six (6) month period preceding the effective date of coverage for that covered person.

^cIn North Carolina, pre-existing condition means a condition for which medical advice, diagnosis, care or treatment was received or recommended within a twelve (12) month period preceding the effective date of coverage for that covered person.

^dIn Wyoming, pre-existing condition means the existence of symptoms that would cause any covered person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the effective date of coverage for that covered person. A pre-existing condition can exist even though a diagnosis has not yet been made.

⁹ This policy contains a thirty (30) day waiting period^{d,e} for any covered sickness. We will not pay benefits for the first twelve (12) months^b of coverage for a covered person that is diagnosed, treated or produces a clear or obvious symptom during the first thirty (30) days of coverage for that covered person. Benefits for that sickness, if a covered sickness will only be provided for care or treatment that begins more than twelve (12) months^b after the effective date of coverage for that covered person. There is not a waiting period for any covered accident.

^aIn Oklahoma, not applicable.

^b In New Mexico, this period is shortened to six (6) months.

^cIn Kansas, not applicable.

A hospital is not a bed, unit or facility that functions as a/an: skilled nursing facility, nursing home, extended care facility, convalescent home, rest home or a home for the aged, sanatorium, rehabilitation center, place primarily for providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

Pre-existing condition limitation^b: No benefits are payable for a covered person with a pre-existing condition during the first twelve (12)^a months after the effective date of coverage for that covered person.

^aIn New Mexico, no benefits are payable for a covered person with a pre-existing condition during the first 6 months.

^bIn North Carolina, if you are age 65 or older on the date you become insured under the policy, no claims for loss incurred after such date will be reduced or denied due to a disease or physical condition not excluded by name or specific description in the application.

Waiting period limitation^{a,b}: No benefits are payable for any covered sickness that is diagnosed, treated or produces a clear or obvious symptom during the waiting period for the first twelve (12)^c months after the effective date of coverage for that covered person.

^aNot applicable in Oklahoma.

^bNot applicable in Kansas.

^cIn New Mexico, the first six (6) months.

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HospitalAssure POLICY QUOTE

Payment mode: 26-pay
Issue state: TN
Desired effective date: 08/01/2021

Included coverage:
Underwriting Type: Simplified Issue
Coverage Plan: Plan 4 (Non-HSA)
Benefit Options: ALL

Optional coverage:
Wellness and Diagnostic Benefit Rider
Supplemental Benefits Rider

Plan 4

Age	\$1,000				\$2,000				\$3,000				\$4,000				\$5,000			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$9.23	\$16.27	\$11.75	\$19.36	\$15.23	\$26.85	\$19.39	\$31.93	\$21.64	\$38.13	\$27.54	\$45.35	\$28.26	\$49.81	\$35.98	\$59.24	\$35.11	\$61.89	\$44.71	\$73.60
50-59	\$12.06	\$21.38	\$14.66	\$24.43	\$20.18	\$35.82	\$24.57	\$40.93	\$28.58	\$50.72	\$34.79	\$57.96	\$37.13	\$65.88	\$45.19	\$75.28	\$45.84	\$81.30	\$55.76	\$92.90
60-64	\$17.44	\$30.53	\$20.93	\$34.89	\$29.96	\$52.43	\$35.95	\$59.92	\$42.48	\$74.34	\$50.98	\$84.96	\$55.00	\$96.25	\$66.00	\$110.00	\$67.52	\$118.16	\$81.02	\$135.03
65-69	\$23.90	\$41.82	\$28.67	\$47.79	\$41.66	\$72.91	\$49.99	\$83.32	\$59.43	\$104.00	\$71.31	\$118.85	\$77.19	\$135.09	\$92.63	\$154.38	\$94.96	\$166.18	\$113.95	\$189.92

Optional coverage:

Wellness and Diagnostic Benefit Rider

Age	You	You+ Spouse	You+ Children	Family
18-49	\$6.89	\$11.73	\$8.46	\$13.94
50-59	\$8.90	\$15.66	\$10.74	\$17.89
60-64	\$9.97	\$17.45	\$11.96	\$19.94
65-69	\$10.42	\$18.24	\$12.51	\$20.85

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



HospitalAssure POLICY QUOTE

Supplemental Benefit Rider

Age	1				2				3			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$5.07	\$8.74	\$6.27	\$10.34	\$7.89	\$13.58	\$9.74	\$16.08	\$10.72	\$18.42	\$13.21	\$21.81
50-59	\$7.51	\$13.32	\$9.14	\$15.23	\$11.78	\$20.91	\$14.34	\$23.89	\$16.05	\$28.49	\$19.54	\$32.55
60-64	\$11.06	\$19.35	\$13.27	\$22.12	\$17.45	\$30.54	\$20.94	\$34.91	\$23.85	\$41.73	\$28.61	\$47.69
65-69	\$15.25	\$26.69	\$18.30	\$30.50	\$24.26	\$42.46	\$29.12	\$48.53	\$33.28	\$58.23	\$39.93	\$66.55

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



HospitalAssure POLICY QUOTE

Issue state: TN
Desired effective date: 08/01/2021
Policy: HospitalAssure

Coverage:	Plan 1	Plan 2	Plan 3
Wellness and Diagnostic Benefits Rider	Optional	Optional	Optional
Supplemental Benefits Rider	Optional	Optional	Optional
Cash Value	Yes	Yes	Yes

Included Coverage

Age	Plan 1 \$1,000				Plan 2 \$2,000				Plan 3 \$3,000			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$15.69	\$27.66	\$19.98	\$32.91	\$25.89	\$45.65	\$32.96	\$54.28	\$36.79	\$64.82	\$46.82	\$77.10
50-59	\$20.50	\$36.35	\$24.92	\$41.53	\$34.31	\$60.89	\$41.77	\$69.58	\$48.59	\$86.22	\$59.14	\$98.53
60-64	\$29.65	\$51.90	\$35.58	\$59.31	\$50.93	\$89.13	\$61.12	\$101.86	\$72.22	\$126.38	\$86.67	\$144.43
65-69	\$40.63	\$71.09	\$48.74	\$81.24	\$70.82	\$123.95	\$84.98	\$141.64	\$101.03	\$176.80	\$121.23	\$202.05

Optional coverage:

Wellness and Diagnostic Benefit Rider with Cash Value for all plans

Age	You	You+ Spouse	You+ Children	Family
18-49	\$11.71	\$19.94	\$14.38	\$23.70
50-59	\$15.13	\$26.62	\$18.26	\$30.41
60-64	\$16.95	\$29.67	\$20.33	\$33.90
65-69	\$17.71	\$31.01	\$21.27	\$35.45

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



HospitalAssure POLICY QUOTE

Supplemental Benefit Rider with Cash Value for all plans

Age	1				2				3			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$8.62	\$14.86	\$10.66	\$17.58	\$13.41	\$23.09	\$16.56	\$27.34	\$18.22	\$31.31	\$22.46	\$37.08
50-59	\$12.77	\$22.64	\$15.54	\$25.89	\$20.03	\$35.55	\$24.38	\$40.61	\$27.29	\$48.43	\$33.22	\$55.34
60-64	\$18.80	\$32.90	\$22.56	\$37.60	\$29.67	\$51.92	\$35.60	\$59.35	\$40.55	\$70.94	\$48.64	\$81.07
65-69	\$25.93	\$45.37	\$31.11	\$51.85	\$41.24	\$72.18	\$49.50	\$82.50	\$56.58	\$98.99	\$67.88	\$113.14

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Key benefits¹

Hospital confinement lump-sum

This benefit is paid on the first day when a covered person is hospital confined as an inpatient due to a covered accident or covered sickness for 23 hours or more. Limited to one day per calendar year per covered person. Premiums are based on the benefit level selected.

- **\$1,000, \$2,000, \$3,000, \$4,000² or \$5,000²**

Daily hospital confinement

This benefit is paid when a covered person is hospital confined due to a covered accident or covered a sickness for 23 hours or more, for up to 365 days. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.

- **\$100 per day**

ICU confinement

This benefit is paid when a covered person is confined to an intensive care unit, for up to 30 days. It is paid in addition to the daily hospital confinement benefit. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.

- **\$150 per day (\$50 ICU + \$100 daily hospital confinement)**

Waiver of premium

After the policyowner is hospitalized for a covered accident or covered sickness, for a period of more than 30 consecutive days, this benefit will begin on the 31st day for any period of uninterrupted continuation of that inpatient hospital confinement. Any premium payments that fall during this waiver period, on a month by month basis, will be waived. This waiver period will end on the earlier of, discharge or at the end of 12 months of uninterrupted continuous hospital confinement, at which point premium payments must be resumed.

Coverage availability

- Individual
- Individual and spouse
- Individual and child(ren)
- Family

Issue ages

- 18–69

Underwriting

- Guarantee issue available based on group size
- Simple yes/no health questions
- 30 day waiting period from the effective date of coverage before benefits can be used³
- Pre-existing conditions within the first 12 months of the policy effective date are not covered⁴
- Individually owned policies
- Portable

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

¹Subject to state availability

²\$4,000 and \$5,000 amounts are not available for Guarantee Issue (GI).

³This policy contains a thirty (30) day waiting period^{a,b,c} for any covered sickness. We will not pay benefits for the first twelve (12) months of coverage for any sickness for a covered person that is diagnosed, treated or produces a clear or obvious symptom during the first thirty (30) days of coverage for that covered person. Benefits for that sickness, if a covered sickness, will only be provided for care or treatment that begins more than twelve (12) months after the effective date of coverage for that covered person. There is not a waiting period for any covered accident.

^aIn Oklahoma, not applicable.

^bIn New Mexico, this period is shortened to six (6) months.

^cIn Kansas, not applicable.

⁴Pre-existing condition^{a,d,e} means the existence of symptoms that would cause an ordinarily prudent^{a,s} person to seek diagnosis, care or treatment within a 12-month period^{b,f} preceding the effective date of the coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a 12-month period preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

^a In District of Columbia, "an ordinarily prudent" does not apply.

^b In New Mexico, the existence of a condition that manifested itself within six (6) months prior to the effective date of coverage that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician for for which prescription drugs were prescribed within a six (6) month period preceding the effective date of coverage for that covered person.

^cIn North Carolina, pre-existing condition means a condition for which medical advice, diagnosis, care or treatment was received or recommended within a twelve (12) month period preceding the effective date of coverage for that covered person.

^dIn Nebraska, a pre-existing condition means a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs are prescribed within twelve (12) month period preceding the effective date of coverage for that covered person.

^eIn Nevada, a pre-existing condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a six (6) month period preceding the effective date of coverage for that covered person. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

^fIn Wyoming it is a 6 month period.

^sIn Wyoming an ordinarily prudent person is changed to any person.

A hospital is not a bed, unit or facility that functions as a/an: skilled nursing facility, nursing home, extended care facility, convalescent home, rest home or a home for the aged, sanatorium, rehabilitation center, place primarily for providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

Pre-existing condition limitation^a: No benefits are payable for a covered person with a pre-existing condition during the first twelve (12)^b months after the effective date of coverage for that covered person.

^aIn North Carolina, if you are age sixty-five (65) or older on the date you become insured under the policy, no claims for loss incurred after such date will be reduced or denied due to a disease or physical condition not excluded by name or specific description in the application.

Waiting period limitation^{a,b}: No benefits are payable for any covered sickness that is diagnosed, treated or produces a clear or obvious symptom during the waiting period for the first twelve (12)^c months after the effective date of coverage for that covered person.

^aNot applicable in Oklahoma.

^bNot applicable in Kansas.

^cIn New Mexico this is 6 months.

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HospitalAssure POLICY QUOTE

Payment mode: 26-pay
 Issue state: TN
 Desired effective date: 08/01/2021

Included coverage:
 Underwriting Type: Simplified Issue
 Coverage Plan: Plan 2H (HSA)
 Benefit Options: ALL

Plan 2H

Age	\$1,000				\$2,000				\$3,000				\$4,000				\$5,000			
	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family	You	You+ Spouse	You+ Children	Family
18-49	\$9.18	\$16.00	\$11.54	\$19.01	\$15.19	\$26.58	\$19.18	\$31.59	\$21.59	\$37.85	\$27.32	\$44.99	\$28.21	\$49.52	\$35.75	\$58.87	\$35.06	\$61.59	\$44.47	\$73.22
50-59	\$13.27	\$23.59	\$16.18	\$26.96	\$21.40	\$38.03	\$26.09	\$43.46	\$29.80	\$52.94	\$36.31	\$60.49	\$38.35	\$68.11	\$46.72	\$77.83	\$47.06	\$83.54	\$57.30	\$95.46
60-64	\$20.69	\$36.20	\$24.83	\$41.38	\$33.21	\$58.11	\$39.85	\$66.41	\$45.73	\$80.02	\$54.87	\$91.45	\$58.24	\$101.93	\$69.89	\$116.49	\$70.76	\$123.83	\$84.91	\$141.52
65-69	\$29.65	\$51.89	\$35.58	\$59.30	\$47.42	\$82.98	\$56.90	\$94.84	\$65.18	\$114.07	\$78.22	\$130.37	\$82.95	\$145.16	\$99.54	\$165.90	\$100.71	\$176.25	\$120.86	\$201.43

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.

Key benefits

- Weekly benefit amounts of \$70 up to \$1,700 (\$700/week limit for guarantee-issue)
- Initial rates are guaranteed for two years
- Premium payments are waived while the employee is receiving short-term disability benefits
- Maternity disability benefits are available
- Survivor benefit is payable to an eligible beneficiary if an employee dies while he or she is receiving disability benefits¹
- Partial disability benefits are provided at 50% of the regular weekly benefit for up to 13 weeks
- Compatible with Section 125 cafeteria plans
- A limited benefit for pre-existing conditions may be paid for up to four weeks equal to 25% of the employee's regular weekly benefit
- Mental illness is covered up to a lifetime maximum of 52 weeks²
- Drug or alcohol-dependency disorders are covered up to a lifetime maximum of 52 weeks²

Plan variations:

	Plan 1	Plan 2
Maximum benefit percentage³	Pretax: 70%, Post-tax: 65%, Statutory states: 25%	Pretax: 65%, Post-tax: 60%, Statutory states: 25%
Coverage type	Non-occupational or 24-hour	Non-occupational or 24-hour
Benefit periods—weeks per disability period	13 weeks, 26 weeks, 52 weeks or 104 weeks	13 weeks, 26 weeks, 52 weeks or 104 weeks
Elimination period⁴	0/7, 7/7, 0/14, 14/14, 30/30 or 90/90	0/7, 7/7, 0/14, 14/14, 30/30 or 90/90
Rate structure	Issue age	Attained age

Coverage availability

- Individual only

Issue ages

- 18+

¹Available only when the 52 or 104 week benefit period is selected. For this sum to be paid, the employee must have been disabled at least 180 consecutive days and be eligible for policy benefits

²Available only with the 104-week benefit period

³24-hour voluntary disability benefits integrate with workers' compensation benefits. State variations may apply.

⁴In the elimination period options, the first number refers to a disability related to an accident, and the second is for a disability due to sickness (e.g., 0/7 indicates a 0-day elimination period for an accident-related disability and a 7-day period for a sickness disability). The number of available elimination periods is based on the size of your group. Not all elimination periods are available with all benefit periods.

⁵Restrictions apply

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

Underwriting

- Underwriting is not required for takeover business if the previous coverage was less than or equal to stated benefit limits
- Guaranteed issue is available with minimum participation of the greater of 25% or 6 insureds
- Rates are based on Standard Industry Class (SIC) codes
- Benefits coordinate with other insurance and worker's compensation
- "Disability" is defined as being unable to perform own occupation for up to 12 months
- Standard 12/12 pre-existing limitation⁶
- Medical underwriting required for late entrants, amounts above guaranteed issue limit or groups which do not meet participation (minimum group size is 3 lives with 3 policies issued)

⁶"Pre-existing condition" means any condition for which you have done, or for which an ordinarily prudent person would ordinarily have done, in the 12 months prior to the effective dates of coverage, whether or not that condition is diagnosed at all for which the insured:

1. Received medical treatment or consultation;
2. Taken or were prescribed drugs or medicine; or
3. Received care or services, including diagnostic measures.

Pre-existing condition limitation: If your disability begins in the first 12 months following the effective date of your coverage and your disability is caused by, contributed to or the result of a condition, whether or not that condition is diagnosed at all, for which:

1. You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 12 months just prior to the effective date of coverage; or
2. You had symptoms for which an ordinarily prudent person would have consulted a doctor in the 12 months just prior to your effective date of coverage.

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.



Wage Guard[®] POLICY QUOTE

Premium mode: 26 Pay
Group Situs state: TN
Group effective date: 08/01/2021

Included coverage:
Industry Class: B
SIC Code: 8211 - Schools - Elementary or Secondary
(bus drivers, janitors, security, cafeteria workers and cooks only)
Benefit period: 26 Weeks
Elimination Period: 14/14
Plan Level: Plan 1
Coverage Type : Non-Occupational

Included coverage:

Weekly Benefit	Age 18-39	Age 40-49	Age 50-59	Age 60+
70	\$3.06	\$3.38	\$4.61	\$5.83
80	\$3.50	\$3.87	\$5.27	\$6.67
90	\$3.94	\$4.35	\$5.93	\$7.50
100	\$4.37	\$4.83	\$6.58	\$8.33
110	\$4.81	\$5.32	\$7.24	\$9.17
120	\$5.25	\$5.80	\$7.90	\$10.00
130	\$5.68	\$6.28	\$8.56	\$10.83
140	\$6.12	\$6.77	\$9.22	\$11.67
150	\$6.56	\$7.25	\$9.88	\$12.50
160	\$7.00	\$7.73	\$10.53	\$13.33
170	\$7.43	\$8.22	\$11.19	\$14.17
180	\$7.87	\$8.70	\$11.85	\$15.00
190	\$8.31	\$9.19	\$12.51	\$15.83
200	\$8.75	\$9.67	\$13.17	\$16.67
210	\$9.18	\$10.15	\$13.83	\$17.50
220	\$9.62	\$10.64	\$14.48	\$18.33
230	\$10.06	\$11.12	\$15.14	\$19.17
240	\$10.49	\$11.60	\$15.80	\$20.00
250	\$10.93	\$12.09	\$16.46	\$20.83
260	\$11.37	\$12.57	\$17.12	\$21.67
270	\$11.81	\$13.05	\$17.78	\$22.50
280	\$12.24	\$13.54	\$18.44	\$23.34
290	\$12.68	\$14.02	\$19.09	\$24.17
300	\$13.12	\$14.50	\$19.75	\$25.00
310	\$13.56	\$14.99	\$20.41	\$25.84
320	\$13.99	\$15.47	\$21.07	\$26.67
330	\$14.43	\$15.95	\$21.73	\$27.50
340	\$14.87	\$16.44	\$22.39	\$28.34
350	\$15.30	\$16.92	\$23.04	\$29.17
360	\$15.74	\$17.40	\$23.70	\$30.00
370	\$16.18	\$17.89	\$24.36	\$30.84

This quote is based on information provided to Washington National Insurance Company. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Wage Guard[®] POLICY QUOTE

Weekly Benefit	Age 18-39	Age 40-49	Age 50-59	Age 60+
380	\$16.62	\$18.37	\$25.02	\$31.67
390	\$17.05	\$18.85	\$25.68	\$32.50
400	\$17.49	\$19.34	\$26.34	\$33.34
410	\$17.93	\$19.82	\$26.99	\$34.17
420	\$18.37	\$20.30	\$27.65	\$35.00
430	\$18.80	\$20.79	\$28.31	\$35.84
440	\$19.24	\$21.27	\$28.97	\$36.67
450	\$19.68	\$21.75	\$29.63	\$37.50
460	\$20.11	\$22.24	\$30.29	\$38.34
470	\$20.55	\$22.72	\$30.95	\$39.17
480	\$20.99	\$23.20	\$31.60	\$40.00
490	\$21.43	\$23.69	\$32.26	\$40.84
500	\$21.86	\$24.17	\$32.92	\$41.67
510	\$22.30	\$24.65	\$33.58	\$42.50
520	\$22.74	\$25.14	\$34.24	\$43.34
530	\$23.18	\$25.62	\$34.90	\$44.17
540	\$23.61	\$26.10	\$35.55	\$45.00
550	\$24.05	\$26.59	\$36.21	\$45.84
560	\$24.49	\$27.07	\$36.87	\$46.67
570	\$24.92	\$27.56	\$37.53	\$47.50
580	\$25.36	\$28.04	\$38.19	\$48.34
590	\$25.80	\$28.52	\$38.85	\$49.17
600	\$26.24	\$29.01	\$39.50	\$50.00
610	\$26.67	\$29.49	\$40.16	\$50.84
620	\$27.11	\$29.97	\$40.82	\$51.67
630	\$27.55	\$30.46	\$41.48	\$52.50
640	\$27.99	\$30.94	\$42.14	\$53.34
650	\$28.42	\$31.42	\$42.80	\$54.17
660	\$28.86	\$31.91	\$43.45	\$55.00
670	\$29.30	\$32.39	\$44.11	\$55.84
680	\$29.73	\$32.87	\$44.77	\$56.67
690	\$30.17	\$33.36	\$45.43	\$57.50
700	\$30.61	\$33.84	\$46.09	\$58.34
710	\$31.05	\$34.32	\$46.75	\$59.17
720	\$31.48	\$34.81	\$47.41	\$60.00
730	\$31.92	\$35.29	\$48.06	\$60.84
740	\$32.36	\$35.77	\$48.72	\$61.67
750	\$32.80	\$36.26	\$49.38	\$62.50
760	\$33.23	\$36.74	\$50.04	\$63.34
770	\$33.67	\$37.22	\$50.70	\$64.17
780	\$34.11	\$37.71	\$51.36	\$65.00
790	\$34.54	\$38.19	\$52.01	\$65.84

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Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Wage Guard[®] POLICY QUOTE

Weekly Benefit	Age 18-39	Age 40-49	Age 50-59	Age 60+
800	\$34.98	\$38.67	\$52.67	\$66.67
810	\$35.42	\$39.16	\$53.33	\$67.50
820	\$35.86	\$39.64	\$53.99	\$68.34
830	\$36.29	\$40.12	\$54.65	\$69.17
840	\$36.73	\$40.61	\$55.31	\$70.01
850	\$37.17	\$41.09	\$55.96	\$70.84
860	\$37.61	\$41.57	\$56.62	\$71.67
870	\$38.04	\$42.06	\$57.28	\$72.51
880	\$38.48	\$42.54	\$57.94	\$73.34
890	\$38.92	\$43.02	\$58.60	\$74.17
900	\$39.35	\$43.51	\$59.26	\$75.01
910	\$39.79	\$43.99	\$59.92	\$75.84
920	\$40.23	\$44.47	\$60.57	\$76.67
930	\$40.67	\$44.96	\$61.23	\$77.51
940	\$41.10	\$45.44	\$61.89	\$78.34
950	\$41.54	\$45.93	\$62.55	\$79.17
960	\$41.98	\$46.41	\$63.21	\$80.01
970	\$42.42	\$46.89	\$63.87	\$80.84
980	\$42.85	\$47.38	\$64.52	\$81.67
990	\$43.29	\$47.86	\$65.18	\$82.51
1000	\$43.73	\$48.34	\$65.84	\$83.34
1010	\$44.16	\$48.83	\$66.50	\$84.17
1020	\$44.60	\$49.31	\$67.16	\$85.01
1030	\$45.04	\$49.79	\$67.82	\$85.84
1040	\$45.48	\$50.28	\$68.47	\$86.67
1050	\$45.91	\$50.76	\$69.13	\$87.51
1060	\$46.35	\$51.24	\$69.79	\$88.34
1070	\$46.79	\$51.73	\$70.45	\$89.17
1080	\$47.23	\$52.21	\$71.11	\$90.01
1090	\$47.66	\$52.69	\$71.77	\$90.84
1100	\$48.10	\$53.18	\$72.42	\$91.67
1110	\$48.54	\$53.66	\$73.08	\$92.51
1120	\$48.97	\$54.14	\$73.74	\$93.34
1130	\$49.41	\$54.63	\$74.40	\$94.17
1140	\$49.85	\$55.11	\$75.06	\$95.01
1150	\$50.29	\$55.59	\$75.72	\$95.84
1160	\$50.72	\$56.08	\$76.38	\$96.67
1170	\$51.16	\$56.56	\$77.03	\$97.51
1180	\$51.60	\$57.04	\$77.69	\$98.34
1190	\$52.04	\$57.53	\$78.35	\$99.17
1200	\$52.47	\$58.01	\$79.01	\$100.01
1210	\$52.91	\$58.49	\$79.67	\$100.84

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Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Wage Guard[®] POLICY QUOTE

Weekly Benefit	Age 18-39	Age 40-49	Age 50-59	Age 60+
1220	\$53.35	\$58.98	\$80.33	\$101.67
1230	\$53.78	\$59.46	\$80.98	\$102.51
1240	\$54.22	\$59.94	\$81.64	\$103.34
1250	\$54.66	\$60.43	\$82.30	\$104.17
1260	\$55.10	\$60.91	\$82.96	\$105.01
1270	\$55.53	\$61.39	\$83.62	\$105.84
1280	\$55.97	\$61.88	\$84.28	\$106.67
1290	\$56.41	\$62.36	\$84.93	\$107.51
1300	\$56.85	\$62.84	\$85.59	\$108.34
1310	\$57.28	\$63.33	\$86.25	\$109.17
1320	\$57.72	\$63.81	\$86.91	\$110.01
1330	\$58.16	\$64.30	\$87.57	\$110.84
1340	\$58.59	\$64.78	\$88.23	\$111.67
1350	\$59.03	\$65.26	\$88.89	\$112.51
1360	\$59.47	\$65.75	\$89.54	\$113.34
1370	\$59.91	\$66.23	\$90.20	\$114.18
1380	\$60.34	\$66.71	\$90.86	\$115.01
1390	\$60.78	\$67.20	\$91.52	\$115.84
1400	\$61.22	\$67.68	\$92.18	\$116.68
1410	\$61.66	\$68.16	\$92.84	\$117.51
1420	\$62.09	\$68.65	\$93.49	\$118.34
1430	\$62.53	\$69.13	\$94.15	\$119.18
1440	\$62.97	\$69.61	\$94.81	\$120.01
1450	\$63.40	\$70.10	\$95.47	\$120.84
1460	\$63.84	\$70.58	\$96.13	\$121.68
1470	\$64.28	\$71.06	\$96.79	\$122.51
1480	\$64.72	\$71.55	\$97.44	\$123.34
1490	\$65.15	\$72.03	\$98.10	\$124.18
1500	\$65.59	\$72.51	\$98.76	\$125.01
1510	\$66.03	\$73.00	\$99.42	\$125.84
1520	\$66.47	\$73.48	\$100.08	\$126.68
1530	\$66.90	\$73.96	\$100.74	\$127.51
1540	\$67.34	\$74.45	\$101.39	\$128.34
1550	\$67.78	\$74.93	\$102.05	\$129.18
1560	\$68.21	\$75.41	\$102.71	\$130.01
1570	\$68.65	\$75.90	\$103.37	\$130.84
1580	\$69.09	\$76.38	\$104.03	\$131.68
1590	\$69.53	\$76.86	\$104.69	\$132.51
1600	\$69.96	\$77.35	\$105.35	\$133.34
1610	\$70.40	\$77.83	\$106.00	\$134.18
1620	\$70.84	\$78.31	\$106.66	\$135.01
1630	\$71.28	\$78.80	\$107.32	\$135.84

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Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Wage Guard[®] POLICY QUOTE

Weekly Benefit	Age 18-39	Age 40-49	Age 50-59	Age 60+
1640	\$71.71	\$79.28	\$107.98	\$136.68
1650	\$72.15	\$79.76	\$108.64	\$137.51
1660	\$72.59	\$80.25	\$109.30	\$138.34
1670	\$73.02	\$80.73	\$109.95	\$139.18
1680	\$73.46	\$81.22	\$110.61	\$140.01
1690	\$73.90	\$81.70	\$111.27	\$140.84
1700	\$74.34	\$82.18	\$111.93	\$141.68

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Worksite UL2® + Living Benefit supplemental universal life insurance

Key benefits

- Face amounts from \$5,000 to \$150,000 or up to \$250,000 with the Automatic Benefit Increase rider.
- Money purchase design—weekly premiums¹ of \$4, \$5, \$6, \$7, \$10 or \$12
- Spouse policies may be purchased up to \$25,000 with no spouse signature required in most states.
- Child and grandchild policies² as low as \$3 per week.
- Cash value accumulation—guaranteed minimum interest rate of 3% annually.
- Employee does not have to participate to purchase policies for family members.

One FREE rider²

- **Terminal Illness Accelerated Death Benefit rider**—pays an advance policy benefit up to 75% of the policy's death benefit when the insured is diagnosed with a terminal illness.

Optional riders²

- **Living Benefit Chronic Illness Accelerated Death Benefit rider³** – pays an advanced policy death benefit for certified claims of permanent chronic illness that begins in year four or later. Policyholders can choose a 70% lump-sum advance of the death benefit⁴, with no waiting periods. Or policy holders can choose a monthly advance of 4% of the death benefits.^{4,5} Certified claims of permanent chronic illness that begin in years three or earlier, the advanced percentages will be less.
- **Accidental Death Benefit rider**—provides an additional benefit equal to the face amount of the policy in the event the insured dies as the result of a covered accident.
- **Children's Level Term Insurance rider**—provides level term coverage of either \$5,000 to \$10,000 on all the insured's children between the ages of 15 days through 23 years or until the insured parent reaches age 65.
- **Automatic Benefit Increase rider**—allows the insured to increase the face amount of the policy through annual premium increases for limited number of years without underwriting requirements. Maximum \$250,000
- **Waiver of Stipulated Premium rider**—waives the policy's monthly stipulated premium when the insured is disabled for more than 6 consecutive months.

Partial withdrawals

- Partial withdrawals are available.
- Cannot exceed the policy's cash surrender.

Policy loans

- Loans against the policy's cash value are at 6% interest. Interest rates may vary by state.

Surrender charge

- 15 year period

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.

Death Benefit option

- Option A: level

Coverage availability

- Employee
- Spouse
- Child
- Grandchild

Issue ages

- Employee and spouse: 18 years through 70 years
- Child: 15 days through 23 years
- Grandchild: 15 days through 18 years

Underwriting

- **Guaranteed issue groups²**
 1. Participation is based on group size
 2. No health questions to answer
- **Groups not meeting GI requirements³**
 1. Health questions required
 2. Medical Information Bureau report
 3. Medical underwriting requirements vary by face amount
 4. Height/Weight guidelines apply

¹The weekly premium is the minimum planned premium amount required to maintain the corresponding insurance amount for 10 years, assuming no loans or withdrawals. It is not guaranteed to pay for that insurance amount after such time period.

²Subject to state availability.

³If applied for and underwritten, the Living Benefit rider requires a prescription drug check and phone interview may be required.

⁴Certified claims for permanent chronic illness that begin earlier than four years from the rider issue date may receive a lump-sum advance equal to 20% of the death benefit or monthly advance equal to 1% of the death benefit.

⁵Monthly option requires annual recertification from a licensed healthcare practitioner.

Note: This piece cannot be used in Pennsylvania.

For use with producers and brokers or for presentation to employers only. Not for use with consumer sales. The features of the products in this proposal are subject to state availability. These policies have limitations and exclusions. For costs and complete details of coverage, please review the policy with your agent. Benefits available may vary based on plan selected. Premiums are based on the level of coverage selected.



Washington National Worksite UL2[®]

POLICY QUOTE

Group effective date: 08/01/2021
 Issue State: TN
 Premium Mode: 26-pay

Included coverage:
 Face Amount or Weekly Premium: Face Amount
 Enter Amount: \$25000

Optional coverage:
 Accidental Death Benefit Rider
 Child Term Insurance Rider

Included coverage:

Age	\$25,000 Face Amount				ADB	
	Weekly Premium		Modal Premium		Weekly Premium	Modal Premium
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco		
18	\$4.13	N/A	\$8.26	N/A	N/A	N/A
19	\$4.24	N/A	\$8.48	N/A	N/A	N/A
20	\$4.35	N/A	\$8.70	N/A	N/A	N/A
21	\$4.45	N/A	\$8.90	N/A	N/A	N/A
22	\$4.56	N/A	\$9.12	N/A	N/A	N/A
23	\$4.67	N/A	\$9.34	N/A	N/A	N/A
24	\$4.78	N/A	\$9.56	N/A	N/A	N/A
25	\$4.89	\$4.00	\$9.78	\$8.00	\$0.57	\$1.14
26	\$5.17	\$4.10	\$10.34	\$8.20	\$0.57	\$1.14
27	\$5.45	\$4.18	\$10.90	\$8.36	\$0.57	\$1.14
28	\$5.73	\$4.35	\$11.46	\$8.70	\$0.57	\$1.14
29	\$6.00	\$4.51	\$12.00	\$9.02	\$0.57	\$1.14
30	\$6.28	\$4.69	\$12.56	\$9.38	\$0.57	\$1.14
31	\$6.55	\$4.86	\$13.10	\$9.72	\$0.57	\$1.14
32	\$6.83	\$5.04	\$13.66	\$10.08	\$0.57	\$1.14
33	\$7.11	\$5.22	\$14.22	\$10.44	\$0.57	\$1.14
34	\$7.39	\$5.39	\$14.78	\$10.78	\$0.57	\$1.14
35	\$7.67	\$5.56	\$15.34	\$11.12	\$0.57	\$1.14
36	\$8.08	\$5.82	\$16.16	\$11.64	\$0.57	\$1.14
37	\$8.48	\$6.08	\$16.96	\$12.16	\$0.57	\$1.14
38	\$8.88	\$6.34	\$17.76	\$12.68	\$0.57	\$1.14
39	\$9.29	\$6.60	\$18.58	\$13.20	\$0.57	\$1.14
40	\$9.69	\$6.86	\$19.38	\$13.72	\$0.57	\$1.14
41	\$10.10	\$7.11	\$20.20	\$14.22	\$0.57	\$1.14
42	\$10.50	\$7.37	\$21.00	\$14.74	\$0.57	\$1.14
43	\$10.90	\$7.75	\$21.80	\$15.50	\$0.57	\$1.14
44	\$11.31	\$8.06	\$22.62	\$16.12	\$0.57	\$1.14
45	\$11.71	\$8.37	\$23.42	\$16.74	\$0.57	\$1.14
46	\$12.37	\$8.97	\$24.74	\$17.94	\$0.57	\$1.14
47	\$13.03	\$9.51	\$26.06	\$19.02	\$0.57	\$1.14
48	\$13.62	\$10.07	\$27.24	\$20.14	\$0.63	\$1.26
49	\$14.22	\$10.62	\$28.44	\$21.24	\$0.63	\$1.26
50	\$14.87	\$11.17	\$29.74	\$22.34	\$0.63	\$1.26
51	\$15.53	\$11.72	\$31.06	\$23.44	\$0.63	\$1.26

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Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Worksite UL2[®] POLICY QUOTE

Age	\$25,000 Face Amount				ADB	
	Weekly Premium		Modal Premium		Weekly Premium	Modal Premium
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco		
52	\$16.25	\$12.27	\$32.50	\$24.54	\$0.63	\$1.26
53	\$16.99	\$12.82	\$33.98	\$25.64	\$0.69	\$1.38
54	\$17.69	\$13.37	\$35.38	\$26.74	\$0.69	\$1.38
55	\$18.35	\$13.92	\$36.70	\$27.84	\$0.69	\$1.38
56	\$19.40	\$14.69	\$38.80	\$29.38	\$0.69	\$1.38
57	\$20.45	\$15.46	\$40.90	\$30.92	\$0.69	\$1.38
58	\$21.49	\$16.23	\$42.98	\$32.46	\$0.75	\$1.50
59	\$22.55	\$17.07	\$45.10	\$34.14	\$0.75	\$1.50
60	\$23.60	\$17.91	\$47.20	\$35.82	\$0.75	\$1.50
61	\$24.80	\$18.87	\$49.60	\$37.74	\$0.75	\$1.50
62	\$26.09	\$19.84	\$52.18	\$39.68	\$0.75	\$1.50
63	\$27.41	\$20.92	\$54.82	\$41.84	\$0.75	\$1.50
64	\$28.79	\$22.00	\$57.58	\$44.00	\$0.75	\$1.50
65	\$30.25	\$23.08	\$60.50	\$46.16	\$0.75	\$1.50
66	\$31.76	\$24.16	\$63.52	\$48.32	\$0.00	\$0.00
67	\$33.22	\$25.25	\$66.44	\$50.50	\$0.00	\$0.00
68	\$34.66	\$26.40	\$69.32	\$52.80	\$0.00	\$0.00
69	\$36.10	\$27.64	\$72.20	\$55.28	\$0.00	\$0.00
70	\$37.54	\$29.04	\$75.08	\$58.08	\$0.00	\$0.00

Optional coverage:

Child Term Insurance Rider

Coverage Amount	Child Term Rider	
	Weekly Premium	Modal Premium
\$5,000	\$0.57	\$1.14
\$10,000	\$1.15	\$2.30

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Prepared on 07/16/2021. A new quote is needed after 10/14/2021.



Washington National Worksite UL2[®] POLICY QUOTE

Group effective date: 08/01/2021
Issue State: TN
Premium Mode: 26-pay

Included coverage:
Face Amount or Weekly Premium: Face Amount
Enter Amount: \$50000

Optional coverage:
Accidental Death Benefit Rider

Included coverage:

Age	\$50,000 Face Amount				ADB	
	Weekly Premium		Modal Premium		Weekly Premium	Modal Premium
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco		
18	\$6.89	\$5.51	\$13.78	\$11.02	\$1.15	\$2.30
19	\$7.10	\$5.66	\$14.20	\$11.32	\$1.15	\$2.30
20	\$7.31	\$5.80	\$14.62	\$11.60	\$1.15	\$2.30
21	\$7.52	\$5.95	\$15.04	\$11.90	\$1.15	\$2.30
22	\$7.75	\$6.09	\$15.50	\$12.18	\$1.15	\$2.30
23	\$7.97	\$6.24	\$15.94	\$12.48	\$1.15	\$2.30
24	\$8.19	\$6.42	\$16.38	\$12.84	\$1.15	\$2.30
25	\$8.41	\$6.62	\$16.82	\$13.24	\$1.15	\$2.30
26	\$8.97	\$6.82	\$17.94	\$13.64	\$1.15	\$2.30
27	\$9.51	\$6.98	\$19.02	\$13.96	\$1.15	\$2.30
28	\$10.07	\$7.31	\$20.14	\$14.62	\$1.15	\$2.30
29	\$10.62	\$7.65	\$21.24	\$15.30	\$1.15	\$2.30
30	\$11.18	\$8.00	\$22.36	\$16.00	\$1.15	\$2.30
31	\$11.73	\$8.34	\$23.46	\$16.68	\$1.15	\$2.30
32	\$12.28	\$8.70	\$24.56	\$17.40	\$1.15	\$2.30
33	\$12.83	\$9.05	\$25.66	\$18.10	\$1.15	\$2.30
34	\$13.40	\$9.40	\$26.80	\$18.80	\$1.15	\$2.30
35	\$13.97	\$9.74	\$27.94	\$19.48	\$1.15	\$2.30
36	\$14.77	\$10.25	\$29.54	\$20.50	\$1.15	\$2.30
37	\$15.58	\$10.77	\$31.16	\$21.54	\$1.15	\$2.30
38	\$16.39	\$11.29	\$32.78	\$22.58	\$1.15	\$2.30
39	\$17.20	\$11.81	\$34.40	\$23.62	\$1.15	\$2.30
40	\$18.00	\$12.33	\$36.00	\$24.66	\$1.15	\$2.30
41	\$18.81	\$12.84	\$37.62	\$25.68	\$1.15	\$2.30
42	\$19.62	\$13.36	\$39.24	\$26.72	\$1.15	\$2.30
43	\$20.43	\$14.12	\$40.86	\$28.24	\$1.15	\$2.30
44	\$21.24	\$14.74	\$42.48	\$29.48	\$1.15	\$2.30
45	\$22.04	\$15.36	\$44.08	\$30.72	\$1.15	\$2.30
46	\$23.37	\$16.55	\$46.74	\$33.10	\$1.15	\$2.30
47	\$24.68	\$17.65	\$49.36	\$35.30	\$1.15	\$2.30
48	\$25.85	\$18.75	\$51.70	\$37.50	\$1.26	\$2.52
49	\$27.06	\$19.86	\$54.12	\$39.72	\$1.26	\$2.52
50	\$28.35	\$20.96	\$56.70	\$41.92	\$1.26	\$2.52
51	\$29.69	\$22.06	\$59.38	\$44.12	\$1.26	\$2.52

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Washington National Worksite UL2[®] POLICY QUOTE

Age	\$50,000 Face Amount				ADB	
	Weekly Premium		Modal Premium		Weekly Premium	Modal Premium
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco		
52	\$31.12	\$23.16	\$62.24	\$46.32	\$1.26	\$2.52
53	\$32.60	\$24.26	\$65.20	\$48.52	\$1.38	\$2.76
54	\$33.99	\$25.36	\$67.98	\$50.72	\$1.38	\$2.76
55	\$35.32	\$26.47	\$70.64	\$52.94	\$1.38	\$2.76
56	\$37.42	\$28.00	\$74.84	\$56.00	\$1.38	\$2.76
57	\$39.52	\$29.54	\$79.04	\$59.08	\$1.38	\$2.76
58	\$41.60	\$31.08	\$83.20	\$62.16	\$1.50	\$3.00
59	\$43.73	\$32.76	\$87.46	\$65.52	\$1.50	\$3.00
60	\$45.82	\$34.45	\$91.64	\$68.90	\$1.50	\$3.00
61	\$48.23	\$36.37	\$96.46	\$72.74	\$1.50	\$3.00
62	\$50.79	\$38.29	\$101.58	\$76.58	\$1.50	\$3.00
63	\$53.44	\$40.46	\$106.88	\$80.92	\$1.50	\$3.00
64	\$56.21	\$42.62	\$112.42	\$85.24	\$1.50	\$3.00
65	\$59.13	\$44.78	\$118.26	\$89.56	\$1.50	\$3.00
66	\$62.15	\$46.95	\$124.30	\$93.90	\$0.00	\$0.00
67	\$65.05	\$49.11	\$130.10	\$98.22	\$0.00	\$0.00
68	\$67.94	\$51.42	\$135.88	\$102.84	\$0.00	\$0.00
69	\$70.82	\$53.90	\$141.64	\$107.80	\$0.00	\$0.00
70	\$73.71	\$56.71	\$147.42	\$113.42	\$0.00	\$0.00

This quote is based on information provided to Washington National Insurance Company and does not guarantee coverage. Final rates and benefits are subject to verification of all information submitted for this quote.

Prepared on 07/16/2021. A new quote is needed after 10/14/2021.