

# UNDERWRITING GUIDE & RATE BOOK



**Insurance Coverage That Helps You Manage  
The Financial Risks Of This Random Disease**

HEARTLAND  NATIONAL  
PO Box 2878,  
Salt Lake City, Utah 84110-2878  
Life Insurance Company



## UNDERWRITING GUIDE & RATE BOOK

We understand the importance agents place on having applications approved and issued as soon as possible! The Underwriting Division is committed to this goal and we will work with you through every step of the Underwriting process, to achieve it.

Please review this Underwriting Guide carefully. It has been designed to help you to complete an application and to help you understand the process of Underwriting and the procedures used to underwrite a First Guardian Cancer Care policy.

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## UNINSURABLE MEDICATIONS (CONT.)

Mitoxantrone	Pemetrexed	Sutent	Triamcinolone
Mustargen	Photofrin		Triptorelin pamoate
Mutamycin	Plenaxis	Tamoxifen	Trisenox
Mylocel	Porfimer	Tarceva	Tykerb
Mylotarg	Prelone	Targretin	
	Procarbazine	Taxol	Uvadex
Navelbine	Proleukin	Taxotere	
Neosar	ProstaScint	Temodar	Vantas
Neulasta	Purinethol	Temozolomide	Velcade
Nexavar		Temsirolimus	VePesid
Nilandron	Quadramet	Teniposide	Vesanoid
Nilutamide		Teslac	Viadur
Nipent	Raloxifene	Testolactone	Vinblastine
Nizoral	Rheumatrex	Testopel	Vincasar
Nolvadex	Rituxan	TheraCys	Vincristine
Novantrone	Rituximab	Thiotepa	Vinorelbine
	Roferon	Thyrogen	Vumon
Octreotide	Rubex	Thyrolar	
Oncaspar		Thyrotropin	Xeloda
Ontak	Samarium	Tice BCG	
Onxol	Sensipar	Toposar	Zanosar
Oxaliplatin	Soltamox	Topotecan	Zevalin
	Sorafenib	Toremifene	Zoladex
Paclitaxel	Sprycel	Torisel	Zoledronic acid
Pamidronate	Stilphostrol	Trastuzumab	Zometa
Panretin	Streptozocin	Trelstar	
Paraplatin	Sunitinib	Tretinoin	
Pegfilgrastim	Supprelin	Trexall	

## RATES\*

MONTHLY BANK DRAFT BASE PLAN			
Issue Age	Individual	Single Parent	Family
18-49	9.00	11.00	16.50
50-54	12.00	14.75	22.00
55-59	14.75	18.00	27.00
60-64	18.00	22.00	33.00
65-69	21.00	25.50	38.50
70-74	23.75	29.00	43.50
75-79	24.25	29.50	44.50
80-85	26.00	31.75	47.50

MONTHLY BANK DRAFT BASE PLAN WITH RETURN OF PREMIUM			
Issue Age	Individual	Single Parent	Family
18-49	30.00	36.50	55.00
50-54	39.75	48.50	72.75
55-59	39.75	48.50	72.75
60-64	39.75	48.50	72.75
65-69	39.75	48.50	72.75
70-74	39.75	48.50	72.75
75-79	39.75	48.50	72.75
80-85	N/A	N/A	N/A

### PREMIUM MODAL FACTORS

Semi-Annual / Factor: 0.52 x Annual

Quarterly / Factor: 0.265 x Annual

\* A one time application fee of \$35 is also required.

## GENERAL INFORMATION

**Eligibility:** Age 18 through age 85. The age is determined as of the date the application was signed even if there is an age change before a policy is issued.

**Definition of Insured:** If a husband and wife are insured, the Primary Insured is the oldest spouse, and the Insured Spouse is the younger spouse.

**Age of the Application:** Applications must be received in the Home Office within fourteen (14) days of the date signed.

**Application Date:** The application date MUST be the date the application was signed. Backdated applications will NOT be accepted.

**Effective Dates:** Policy effective dates will usually be the application date. You may request effective dates up to sixty (60) days past the application date. No backdating is allowed (i.e., the effective date can never be before the application date.)

**Signature on the Application:** The agent MUST personally ask and record all of the answers to the application questions from each person applying for First Guardian Cancer Care Series coverage. No other person, including the spouse, may sign on behalf of an applicant. The agent must personally witness each applicant's signature. We do not accept Power of Attorney signatures.

**C.O.D Business:** Heartland does not accept C.O.D business.

## FEATURES AND PROCEDURES

### Return of Premium Rider

**The company will return a percentage of premiums paid, minus any claims paid, under the following circumstances:**

1. If the policy lapses, or if the Primary Insured dies, after the 15th policy anniversary, 80% of premiums less any claims will be returned; or
2. If the Primary Insured dies after the 5th policy anniversary and before the 15th policy anniversary, 50% of premiums less any claims will be returned.

If the Primary Insured dies before the 5th policy anniversary, the Return of Premium Benefit will terminate and no further premium for the rider will be due.

A Return of Premium Rider CANNOT be added after the policy is issued.

## TIPS FOR COMPLETING AN APPLICATION

It is important to complete the application in its entirety because it becomes the basis for the policy (which is a legal contract).

**If the applicant answers “Yes” to any of the medical questions, the policy will be declined; DO NOT SUBMIT the application.**

## TIPS FOR COMPLETING AN APPLICATION (CONT.)

### Always:

- Ask each question, exactly as written (don't paraphrase).
- Record each answer exactly as given.
- Complete the application legibly and in black ink.
- Have each applicant initial and date any corrections or mistakes.
- Use an additional sheet to record any pertinent information you feel would be helpful in evaluating the risk. Have the applicant sign and date any additional sheets.

### Never:

- Use “white out” or similar substances for corrections or mistakes.
- “Lead” the applicant when they are responding to a question.
- Ask a general question (i.e. “Are you in good health?”) and then answer all of the medical questions on the application as “No”.
- Complete an application by telephone or correspondence. The writing agent must be present at the time of application.
- Allow someone other than the applicant to answer the application questions, unless it is a parent speaking for a child.
- Answer questions with ditto marks (“) or dashes (-).
- Answer questions with “N/A” (not applicable).
- Use abbreviations unless you are sure they are correct.

## REPLACEMENT

If this policy is replacing any other Accident and Sickness or Long Term Care insurance policy, record the policy number and company name on the application, and complete and include a Replacement Notice with the application.

## SUBMITTING THE APPLICATION

The following is **REQUIRED** for the First Guardian Cancer Care policy application:

- **Application**
- **Premium** (including the \$35 application fee)
- **Replacement Form:** Necessary if a policy is replacing any Accident and Sickness or Long Term Care insurance policy (if required in your state)
- **MDN-Cancer:** Medicare Duplication Notice

There may be other forms not listed above that are required in your state.

## REINSTATEMENT PROCEDURES

All policies have a standard 31-day grace period followed by a 15-day conservation period. After 31 days, reinstatement applications will be accepted for up to one hundred and fifty (150) days from the date the policy lapsed. After one hundred and fifty (150) days, a new application will have to be completed and approved before a new policy will be issued.

For more information, contact the Policyowner Service at **866-916-7971**.

## UNINSURABLE MEDICATIONS

**If any applicant has taken any of the medications listed below for the treatment of cancer in the past ten (10) years, DO NOT SUBMIT the application.** Applicants who have taken any of these medications in the past ten (10) years are automatically declined.

Abarelix	Cerubidine	Estramustine	Ifosfamide
Abraxane	Cetuximab	Etopophos	Imatinib
Adriamycin	Cinacalcet	Etoposide	Interferon
Adrucil	Cisplatin	Eulexin	Intron
Aldesleukin	Cladribine	Exemestane	Iressa
Alferon	Clolar		Irinotecan
Alimta	Cosmegen	Fareston	
Alkeran	Cyclophosphamide	Faslodex	Ketoconazole
Altretamine	Cytarabine	Femara	
Anastrozole	Cytomel	Floxuridine	Lapatinib
Aredia	Cytosar	Fludara	Letrozole
Arimidex	Cytoxan	Fludarabine phosphate	Leucovorin
Aromasin		Fluoroplex	Leukeran
Arranon	Dacarbazine	Fluorouracil	Leuprolide
Arsenic trioxide	Dactinomycin	Flutamide	Leustatin
Asparaginase	Dasatinib	FUDR	Levamisole
Avastin	Daunorubicin	Fulvestrant	Liothyronine
	DaunoXome		Liotrix
BCG	Delatestryl	Gefitinib	Lomustine
Bevacizumab	Denileukin	Gemcitabine	Lupron
Bexarotene	Diftitox	Gemzar	Lysodren
Bexxar	DepoCyt	Gleevec	
Bicalutamide	Docetaxel	Gliadel	Matulane
BiCNU	Doxil	Goserelin	Mechlorethamine
Blenoxane	Doxorubicin		Megace
Bleomycin	DTIC-dome	Herceptin	Megestrol
		Hexalen	Melphalan
Campath	Efudex	Histrelin	Menest
Camptosar	Eligard	Hycamtin	Meprolone
Capecitabine	Ellence	Hydrea	Mercaptopurine
Capromab pendetide	Eloxatin	Hydroxyurea	Methitest
Carac	Elspar		Methotrexate
Carboplatin	Emcyt	Idamycin	Methoxsalen
Carmustine	Epirubicin	Idarubicin	Mithracin
Casodex	Erbitux	Ifex	Mitomycin
CeeNU	Erlotinib	Ifex/Mesnex	Mitotane

# RATES\* (CONT.)

ANNUAL BASE PLAN			
Issue Age	Individual	Single Parent	Family
18-49	108.00	132.00	198.00
50-54	144.00	177.00	264.00
55-59	177.00	216.00	324.00
60-64	216.00	264.00	396.00
65-69	252.00	306.00	462.00
70-74	285.00	348.00	522.00
75-79	291.00	354.00	534.00
80-85	312.00	381.00	570.00

ANNUAL BASE PLAN WITH RETURN OF PREMIUM			
Issue Age	Individual	Single Parent	Family
18-49	360.00	438.00	660.00
50-54	477.00	582.00	873.00
55-59	477.00	582.00	873.00
60-64	477.00	582.00	873.00
65-69	477.00	582.00	873.00
70-74	477.00	582.00	873.00
75-79	477.00	582.00	873.00
80-85	N/A	N/A	N/A

\* A one time application fee of \$35 is also required.

## NOTES

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**We're here to serve you!**

**Policyowner Service 866-916-7971**

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