

Welcome to Credit Union-Approved 50-Plus Term Life Insurance

**Print out this kit for everything you need to decide
if this coverage is right for you:**

- 50-Plus Term Life Insurance introduction and highlights
- Full rate tables, showing the economical costs for this coverage
- Your application, if you decide to apply, ready to complete and mail to:

**LifeHelp
6724 Lockheed Drive, Suite 1
Redding, CA 96002-9004**

You have two options for completing your application:

1. Print out the form, fill in your information, sign and mail
2. Fill in your information electronically, print out the form, sign and mail
(please note that the filled-in form cannot be saved if you are using Acrobat Reader)

That's it. It's that easy.

50-Plus Term Life Insurance

- ✓ Pays a tax-free cash benefit to your loved ones – up to \$100,000
- ✓ No medical exam typically required*
- ✓ Easy automatic payment from your Credit Union Account
- ✓ Economical group rates for Credit Union Members
- ✓ Coverage to age 95 – you can't be canceled due to changes in health
- ✓ Just complete and mail the application included in this kit

*Issuance of a Certificate of Insurance or payment of benefits may depend upon the answers given in the application and the truthfulness of those answers.

If you have any questions, please call LifeHelp toll-free at 1-800-894-8908
6 a.m. to 5 p.m. Pacific Time, Monday through Friday

This is pure Term Life, the simplest form of life insurance.

No expensive bells or whistles. You pay an economical premium, and provide your loved ones the protection of a tax-free cash payment when it would be most needed.

This coverage has been reviewed and recommended by your credit union.

Q. Who can apply for this plan?

- A. Credit union members and their spouses or domestic partners ages 50 through 74 may apply for this economical term life insurance. Your spouse or domestic partner may apply even if you do not.

Q. Do I have to take a medical exam to apply?

- A. No, simply answer the brief health questions on the application. Issuance of a Certificate of Insurance or payment of benefits may, of course, depend upon the answers given in the application and the truthfulness of those answers.

Q. Will I have to pay more if my health changes?

- A. No, you can never be singled out for a rate increase even if your health changes – premiums may be increased only on a class-wide basis. Your premiums are based on your attained age on the date your policy is effective, and increase as you enter a new five-year age band.

Q. Do I need to include a check with my application?

- A. No, your premium will be conveniently deducted from the credit union account you specify on the application.

Q. Are there any exclusions?

- A. The only exclusion is if the death is due to suicide during the first two years the plan is in effect (benefits will then be limited to the premiums paid).

Q. How long can I keep this policy?

- A. This policy can provide you with lifetime insurance protection. You can renew this group term life insurance policy up to age 95, at which time you can convert the policy within 31 days to a permanent individual life insurance plan for a comparable benefit – without taking a medical exam. Coverage will never be canceled before age 95 as long as premiums are paid when due and the group policy remains in force. Benefits reduce at age 75 to 50% of the original benefit, or \$20,000, whichever is less, with a corresponding reduction in premium.

Q. Are there circumstances under which I could receive benefits while living?

- A. Yes, if you are under age 70, and are diagnosed with a terminal illness with less than six months to live, you can receive up to 60% of your life insurance benefit. This provision is activated after your coverage has been in force for 180 days. This benefit may be taxable; consult your tax advisor.

Q. When does my coverage start?

- A. Your coverage will begin on the first day of the month following the approval of your application and receipt of your first premium payment. You'll receive a Certificate of Insurance upon approval. Members must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status, on the date insurance is to take effect; otherwise, insurance will take effect when you resume such activities. If a spouse is hospitalized on the date insurance is to take effect, insurance will take effect on the day after he or she is discharged.

The sponsoring Credit Union incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. The sponsoring Credit Union, or its affiliate, also receives a fee in connection with the plan.

The Insurance Company is not an affiliate of the Credit Union. While the Credit Union endorses the product offered, the Credit Union does not accept any liability for the product offered.

This is an offer for insurance. It is 1) not a deposit, 2) not an obligation of or guaranteed by any credit union, and 3) not insured by the NCUA. The purchase of insurance will not affect the extension of credit in any way.

This credit union-approved plan is underwritten by The United States Life Insurance Company in the City of New York.

Find Your Economical Monthly Premium

Term Life Insurance Exclusively for Members

Male	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Age										
50-54	\$8.58	\$16.67	\$24.75	\$32.83	\$40.92	\$49.00	\$57.08	\$65.17	\$73.25	\$81.33
55-59	11.50	22.50	33.50	44.50	55.50	66.50	77.50	88.50	99.50	110.50
60-64	15.58	30.67	45.75	60.83	75.92	91.00	106.08	121.17	136.25	151.33
65-69	22.00	43.50	65.00	86.50	108.00	129.50	151.00	172.50	194.00	215.50
70-74	32.17	63.83	95.50	127.17	158.83	190.50	222.17	253.83	285.50	317.17

Female	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Age										
50-54	\$4.17	\$7.83	\$11.50	\$15.17	\$18.83	\$22.50	\$26.17	\$29.83	\$33.50	\$37.17
55-59	5.17	9.83	14.50	19.17	23.83	28.50	33.17	37.83	42.50	47.17
60-64	6.67	12.83	19.00	25.17	31.33	37.50	43.67	49.83	56.00	62.17
65-69	10.33	20.17	30.00	39.83	49.67	59.50	69.33	79.17	89.00	98.83
70-74	16.75	33.00	49.25	65.50	81.75	98.00	114.25	130.50	146.75	163.00

Your spouse may also apply, for even stronger family protection! This is a popular option.

Economical group premiums are based on your attained age on the date your policy is effective and increase as you enter a new five-year age band. Premiums shown include a \$0.50 monthly administrative fee per insured. You can never be singled out for a rate increase, even if your health changes – premiums may only be increased on a class-wide basis. Benefits reduce at age 75 to 50% of the original benefit amount, or \$20,000, whichever is less, with a corresponding reduction in your premium. You can renew your coverage to age 95.

Final expenses can be more of a burden to your survivors than you may realize:

- **Many people in the U.S. overestimate what the government pays after a death...** The current Social Security death benefit is only \$255 – and not everyone qualifies.¹
- **...and underestimate burial costs...** The average cost of a funeral and burial in the U.S. can easily reach \$10,000.²
- **45% of widows and 37% of widowers in America say their spouse was inadequately insured.** One to two years after a spouse's death, half the widows and one-third of widowers are just getting by financially.³

¹ U.S. Social Security Administration Web site, 3/2008

² Federal Trade Commission, Facts for Consumers, 3/2008

³ LIMRA International Web site, 3/2008

Questions?

Call LifeHelp toll-free: 1-800-894-8908
6 a.m. to 5 p.m. Pacific Time
Monday through Friday

The reliable company behind your plan:

**The United States Life Insurance Company
in the City of New York**
New York, New York

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility.

This is a brief summary of benefits and is subject to the terms, conditions, limitations and exclusions of group policy number G-610,168, form no. G-19000. Coverage may vary and may not be available in all states.

*Issuance of a Certificate of Insurance or payment of benefits may depend upon the answers given in the application and the truthfulness of those answers.

Application for 50-Plus Group Term Life Insurance

The United States Life Insurance Company in the City of New York (Herein called the Company)

Application Page 1

Please print or type

Member Information

Name of Credit Union				
Name First Middle Last			Email Address	
Address Number Street City State Zip				
Home Phone No. ()		Work Phone No. ()		Social Security #
Beneficiary			Relationship	
Name and Address of Member's Physician				
Age	Date of Birth (MM/DD/YY)	Place of Birth	Height ft. in.	Weight lbs. Sex <input type="checkbox"/> M <input type="checkbox"/> F

*(Unless otherwise requested, your spouse, if living, will be the beneficiary.
Otherwise, your beneficiary will be your children, parents, siblings, or estate, in that order.)*

Spouse/Domestic Partner* Information

Name First Middle Last			Email Address	
Home Phone No. ()		Work Phone No. ()		Social Security #
Beneficiary			Relationship	
Name and Address of Member's Physician				
Age	Date of Birth (MM/DD/YY)	Place of Birth	Height ft. in.	Weight lbs. Sex <input type="checkbox"/> M <input type="checkbox"/> F

(Unless otherwise requested, the member will be the beneficiary of any spouse/domestic partner insurance applied for.)

Application for 50-Plus Group Term Life Insurance

The United States Life Insurance Company in the City of New York (Herein called the Company)

Application Page 2

Please print or type

Check Life Insurance plan(s) desired

Life Insurance for Member:

- \$100,000 \$90,000 \$80,000 \$70,000 \$60,000 \$50,000 \$40,000 \$30,000 \$20,000 \$10,000
 Other amount \$ _____ (\$5,000 - \$100,000, in \$5,000 increments)

Life Insurance for Spouse:

- \$100,000 \$90,000 \$80,000 \$70,000 \$60,000 \$50,000 \$40,000 \$30,000 \$20,000 \$10,000
 Other amount \$ _____ (\$5,000 - \$100,000, in \$5,000 increments)

I wish to pay:

- Quarterly Monthly (A \$1.00 monthly processing fee will be charged per insured for monthly billing option.)

Credit Union Account Number:

- Checking Savings

Please answer these brief questions

- | | Member | Spouse |
|--|---|---|
| 1. Has the member or spouse, if applying, ever had, been diagnosed with, or been treated for: chest pain; disease or disorder of the heart, liver, kidneys, blood or lungs; high blood pressure; stroke or other neurological disorder; mental/nervous disorder; drug or alcohol abuse; diabetes; cancer or tumor; Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? | 1. <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Has the member or spouse, if applying, during the past 5 years consulted any physician or other practitioner, or been confined or treated in any hospital or similar institution, for any reason other than those stated above? | 2. <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is the member or spouse, if applying, now taking prescription medication or receiving medical attention? | 3. <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. <input type="checkbox"/> YES <input type="checkbox"/> NO |

For "Yes" answers to questions 1-3 above, please provide details in the space provided below. If more space is needed, use a separate sheet of paper, signed and dated. If additional information is attached, check "Yes" in the box at the right.

YES NO

Question #	Member	Spouse	Condition	Date Occurred	Duration	Degree of Recovery	Name and Address of Physicians, Hospitals or Clinics Consulted
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

Existing and pending insurance section

Life Insurance In Force and/or Pending on Proposed Insured's Life, including Business Insurance: (If none, check "None.")

NONE

Member	Spouse	Name of Company	Type of Coverage	Life Amount	Year Issued	Do you plan to replace this coverage?	
						Yes	No
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Application for 50-Plus Group Term Life Insurance

The United States Life Insurance Company in the City of New York (Herein called the Company)

Application Page 3

Please read the following, then sign and date below to apply

AUTHORIZATION AND DECLARATION OF EACH PERSON GIVING A STATEMENT OF INSURABILITY: I hereby authorize any licensed physician, medical practitioner, pharmacy, pharmacy benefit manager and other sources, hospital, clinic, or other medical or medically related facility, insurance company, the MIB Inc., formerly known as the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Company or its reinsurers any such information. Such information will pertain to my employment, or other insurance coverage and medical care, advice, treatment or supplies for any physical or mental condition. This includes information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s). To facilitate the rapid submission of such information, I authorize all said sources, except the MIB Inc., to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand that this information will be used by the Company solely to determine eligibility for insurance. I understand that I may revoke this authorization at anytime by giving written notice to the Company. I agree that such revocation will not affect any action that any source has taken in reliance upon this authorization. I understand this authorization will be valid for 24 months from the effective date of coverage, if not revoked earlier. I know that I should retain a copy of this authorization for my records. I agree that a photocopy of this authorization is as valid as the original. To the best of my knowledge and belief, all statements made above are true and complete. I understand that my application for group insurance will be accepted or declined on the basis of these statements. Insurance will take effect only if a certificate is issued based on this application and the first premium is paid in full (a) during the lifetime of all proposed insureds; and (b) while there is no change in the insurability or health of such person from that stated in the application.

*Wherever the term spouse appears will read as Domestic Partner throughout the application.

As an account owner, I hereby authorize my Credit Union to deduct from my account such premium as may be required and to pay such amounts on my behalf to the Plan Administrator. I authorize the Plan Administrator to transmit my payments to the Insurance Company. I also authorize my Credit Union to provide or confirm my account number to the Plan Administrator to enable these deductions. This authorization shall continue until canceled by me in writing.

IMPORTANT NOTICE — Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Member's
Signature

Date

Spouse/Domestic Partner's
Signature

Date

Application for 50-Plus Group Term Life Insurance

The United States Life Insurance Company in the City of New York (Herein called the Company)

Application Page 4

THESE NOTICES MUST BE RETAINED BY THE APPLICANT

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(s)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

MIB DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. The company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-88734.

The company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Canada, M5G 1R7, tel. no. 416-597-0590.

**Complete and mail the first three pages of this application to:
LifeHelp®, 6724 Lockheed Drive, Suite 1, Redding, CA 96002-9004**

Send no money! Once your coverage is approved, your premiums will be conveniently deducted from your designated credit union account.

Questions?

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6 a.m. to 5 p.m. Pacific Time, Monday through Friday