

*Auto-Owners Insurance*

# **“No PROBLEM” LIFE INSURANCE**

SIMPLIFIED-ISSUE LIFE INSURANCE PROTECTION



**SAFE. SOUND. SECURE.®**

The availability of affordable life insurance is a common concern for many people, in particular mature adults. Medical exams and laboratory tests often create anxiety that may keep mature adults from applying for much needed financial protection. To address this concern, Auto-Owners is pleased to offer the “No Problem” Simplified-Issue Whole Life policy.

No physical exam or physician’s report is necessary when applying for “No Problem” life insurance. Only a few eligibility questions need to be answered on the attached application.

**The “No Problem” Simplified-Issue Whole Life policy makes long-term financial protection against death or unexpected events “no problem.”**

#### **The “No Problem” policy is recommended for**

- Final expenses
- Anyone who needs financial protection for their family
- Anyone who needs a cash reserve for emergencies, opportunities, or short-term money needs
- Any type of personal or business situation

#### **The “No Problem” policy features**

- Affordable and available life insurance coverage
- Issue ages 50 through 80
- Policy amounts from \$10,000 to \$50,000
- Premium payment options of annual, semiannual, quarterly, or monthly EFT (Electronic Funds Transfer)
- Payment of any number of annual premiums in advance

#### **Benefit payment options**

Benefit payments can be taken in one lump sum or under any of the following settlement optional arrangements:

- A checkbook program for total flexibility
- Proceeds may be left with the company to earn interest income
- Regular payments for any fixed amount or for any fixed period
- Guaranteed life income, with or without a minimum number of payments

# Determining the premium

## Annual premium per \$1,000 of coverage

Issue age	Non-smoker		Smoker		Issue age	Non-smoker		Smoker	
	Male	Female	Male	Female		Male	Female	Male	Female
50	\$26.35	\$19.75	\$34.50	\$24.85	66	\$57.31	\$44.43	\$76.14	\$52.61
51	27.57	20.77	36.32	26.16	67	61.26	47.56	80.49	55.79
52	28.79	21.79	38.14	27.47	68	65.56	50.98	85.10	59.29
53	30.01	22.81	39.96	28.78	69	70.15	54.73	90.02	63.11
54	31.23	23.83	41.78	30.09	70	75.00	58.80	95.30	67.30
55	32.45	24.85	43.60	31.40	71	79.96	63.13	100.93	71.80
56	34.03	26.09	45.60	32.89	72	85.07	67.71	106.87	76.59
57	35.73	27.40	47.62	34.43	73	90.53	72.65	113.15	81.76
58	37.54	28.80	49.75	36.03	74	96.54	78.04	119.77	87.37
59	39.48	30.29	52.10	37.72	75	103.30	84.00	126.75	93.50
60	41.55	31.90	54.75	39.50	76	110.83	90.70	133.95	100.26
61	43.65	33.55	57.71	41.29	77	118.98	98.07	141.36	107.59
62	45.77	35.23	60.92	43.07	78	127.75	105.84	149.20	115.34
63	48.07	37.05	64.37	44.99	79	137.10	113.74	157.67	123.36
64	50.68	39.14	68.07	47.15	80	147.00	121.50	167.00	131.50
65	53.75	41.60	72.00	49.70					

Policy fee \$20

### Example

65-year-old male, non-smoker, \$25,000 policy

$$\begin{array}{rcccccc} \underline{\$53.75} & \times & \underline{25} & + & \underline{\$20} & = & \underline{\$1,363.75} \\ \text{Annual premium per } \$1,000 & \times & \text{Number of } \$1,000\text{s} & + & \text{Policy fee} & = & \text{Total annual premium} \end{array}$$

### Premium payment factors:

Monthly EFT	.086
Quarterly	.265
Semiannual	.52

### Worksheet

\_\_\_\_-year-old male/female, non-smoker/smoker, \$\_\_\_\_,000 policy

$$\begin{array}{rcccccc} \$\underline{\hspace{1cm}} & \times & \underline{\hspace{1cm}} & + & \underline{\$20} & = & \$\underline{\hspace{1cm}} \\ \text{Annual premium per } \$1,000 & \times & \text{Number of } \$1,000\text{s} & + & \text{Policy fee} & = & \text{Total annual premium} \end{array}$$

## Simplified Whole Life Insurance Binding Receipt

Auto-Owners Life Insurance Company  
P.O. Box 30660  
Lansing, MI 48909

Received \_\_\_\_\_ Date \_\_\_\_\_

the sum of \$ \_\_\_\_\_ being the payment of \_\_\_\_\_ month(s) premium.

The insurance requested will start on the date of this application only if: (a) the first premium is paid (check or draft must be honored upon presentation or insurance is void); and (b) questions 2A, 2B, and 3 on the application are answered "No"; and (c) the health of the proposed insured is as described in the application for coverage. Should the application be declined, the amount paid will be refunded.

Agent's Signature \_\_\_\_\_ Agent's telephone number \_\_\_\_\_

**Make check payable to Auto-Owners Life Insurance Company. ALABAMA REQUIRES THAT ALL PREMIUM CHECKS MUST BE PAYABLE TO THE INSURANCE COMPANY – do not make check payable to the agent or leave payee blank.**

# AUTO-OWNERS LIFE INSURANCE COMPANY

PO BOX 30660, LANSING, MI 48909

## LIFE INSURANCE APPLICATION FOR SIMPLIFIED ISSUE WHOLE LIFE POLICY (EXCLUSIVELY FOR AGES 50-80)

PROPOSED INSURED \_\_\_\_\_ SEX  M  F AMOUNT APPLIED FOR

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  \$10,000

CITY \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  \$20,000

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  \$30,000

NAME OF BENEFICIARY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  \$40,000

CONTINGENT BENEFICIARY \_\_\_\_\_  \$50,000

PREMIUM RECEIVED WITH APPLICATION: \$ \_\_\_\_\_  A  S/A  Q  EFT (Monthly)  Other

DOES PROPOSED INSURED HAVE OTHER AUTO-OWNERS INSURANCE IN FORCE?  Yes  No  
(If "Yes", please list) \_\_\_\_\_ \$ \_\_\_\_\_  
(\$10,000 minimum, \$50,000 maximum aggregate simplified issue whole life insurance coverage per insured)

1. Have you smoked one or more cigarettes within the last 24 months? .....  Yes  No  
(If "Yes", smoker premiums apply to this policy.)

**IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES", COVERAGE CANNOT BE ISSUED UNDER THIS APPLICATION.**

2. **Do you have, or during the past 10 years, have you been diagnosed or treated for:**
- A. Alzheimer's Disease, Cancer (other than Basal Cell skin cancer), Liver Disease, Kidney Disease, Ulcerative Colitis, Diabetes, Mental or Nervous Disorder, Brain or Nervous System Disorder, Epilepsy, Seizures, Heart Attack, Congestive Heart Failure, any other Heart Disorder (other than controlled High Blood Pressure), Stroke, Chronic Lung Disorder, Emphysema, Alcoholism, or Drug Abuse?.....  Yes  No
- B. Acquired Immune Deficiency Syndrome (AIDS)?.....  Yes  No
3. Have you been advised by any physician or other practitioner, during the past 3 years, to have any surgery, hospital confinement, or nursing facility confinement, and have not yet done so? .....  Yes  No

I represent that the statements and answers recorded on this application are true and complete and agree that they will form a part of any insurance policy issued hereon. I also understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy Incontestability Provision. **I agree that the insurance requested above will start upon the date of this application only if: (a) the first premium is paid; and (b) questions 2A, 2B, and 3 are answered "No"; and (c) the health of the proposed insured is as described above.** Otherwise the insurance will not take effect until a policy is issued by the corporate office and the first premium is paid. Should the application be declined, the amount paid will be refunded. All statements made are representations not warranties.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud (as determined by a court of competent jurisdiction) against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

To the best of my knowledge the insurance applied for  will  will not replace any existing life insurance. If so, complete replacement form and provide company name and policy number(s).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the State of \_\_\_\_\_

X \_\_\_\_\_ **Automatic Premium Loan**  Yes  No  
Signature of Proposed Insured (Signature Mandatory)

X \_\_\_\_\_  
(Signature of Owner/Applicant – If Other Than Proposed Insured) (Social Security Number/FEIN)

I certify that the information supplied by the proposed insured has been truly and accurately recorded on the application and I have received the first full mode premium shown above. To the best of my knowledge the insurance applied for  will  will not replace any existing insurance.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Agent Print Agent Name Agency Code

## Authorized Agreement For Auto-Owners Life Insurance Company EFT Payment Plan

I authorize Auto-Owners Insurance to initiate withdrawals from my account to make monthly insurance payments. I authorize my financial institution to accept any withdrawals initiated by Auto-Owners Insurance. This arrangement may be terminated by me or by Auto-Owners Insurance by written notice from either party to the other. I understand that this authorization does not modify or change any policy provision.

If a payment is due on a weekend or holiday, Auto-Owners Insurance will initiate the withdrawal on the next business day.

Financial institution \_\_\_\_\_

Name of person authorizing EFT deduction \_\_\_\_\_

Please print

**X**

\_\_\_\_\_  
Signature of person authorizing EFT deduction

**Please complete this box. Otherwise attach a blank check marked "void".**

\_\_\_\_\_  
Bank Routing / Transit Number

\_\_\_\_\_  
Account Number

***Auto-Owners Insurance***

Life Home Car Business

*The No Problem People®*

## About the company

Originally “named for those it served,” Auto-Owners has grown to be one of the nation’s leading multiple-line insurance organizations.

A complete insurance service is offered through more than 31,000 professional independent agents. Life, Home, Car and Business are all included in Auto-Owners full-service protection.

Auto-Owners has more than 3.2 million policies in force. Our policyholders enjoy the peace of mind that comes only from being associated with a trustworthy company. Our reputation for service and integrity has made Auto-Owners the first choice of thousands of new policyowners each year.

Auto-Owners Life Insurance Company has been awarded an A.M. Best rating of A+ (Superior). A.M. Best Company is a leading independent organization for rating financial strength of insurance companies.

## Auto-Owners Life Insurance Company also offers

- Perma Term 2 and Perma Term 3 Universal Life Insurance
- Ten- and Twenty-Year Level Term Life Insurance
- Term 500
- Simplified Issue 5 Year Level Term
- Continuous Term 2 Life Insurance
- Mortgage Decreasing Term Life Insurance
- Whole Life Insurance
- Simplified Issue Childrens Advantage Plan Plus®
- Disability Income Coverage
- Long Term Care Insurance
- Deferred Annuities
- Immediate Annuities
- Individual Retirement Annuities (IRA)
- Roth Individual Retirement Annuities (Roth IRA)
- Simplified Employee Pension (SEP)
- Savings Incentive Match Plan for Employees (SIMPLE)
- Money Purchase/Profit Sharing Plans

**See your Auto-Owners agent today for more information on these products.**

***Auto-Owners Insurance***

Life Home Car Business

*The 'No Problem' People®*