



GuideStar®
A Whole Life Product



The American Home Life Insurance Co.
400 S. Kansas Ave. • P.O. Box 1497
Topeka, KS 66601
800-876-0199
www.amhomelife.com



**The American Home Life
Insurance Company**

Topeka, Kansas

For Agent Use Only

GS-RATES 6/06

**Accelerated Benefit Rider / Nursing Home
Confinement (ABR)**

The Accelerated Benefit Rider (ABR) enables the owner of an American Home Life policy to claim a portion of the policy's death benefit prior to the actual death of the insured, when the Insured is diagnosed as having a Qualifying Event. There is no premium for the ABR benefit, until it is claimed. The Company will require a physician's statement verifying the existence of a terminal illness or certifying permanent confinement to a nursing home.

(1) Accelerated Benefit: The Insured must be diagnosed as having a non-correctable medical condition that, with reasonable medical certainty, will result in the death of the Insured within 12 months from the date on which this benefit is requested.

(2) Nursing Home Confinement: The Insured must be permanently and continuously confined to a nursing home that provides nursing care as its primary function. Nursing Home confinement must begin after the effective date of this policy, at least 90 days prior to the request for acceleration of benefits.

******* IMPORTANT *******

Form 06 FEABR/SA must be signed by the agent and owner at the time of application. One copy is to be given to the applicant. The other is to be sent to us with the application

Final Expense Telephone Inspection Rules

We conduct telephone inspections on all final expense applications.

Home Office Interviews: (800) 298-6020

7:30 A.M. to 8:00 P.M.. (CST) Monday - Thursday

7:30 A.M. to 12:05 P.M. Friday

Spanish interviews 8A.M. to 12P.M. Monday - Friday

Apptical interviews: (800) 737-6972

8:30 AM to 10:30 PM (EST), Monday - Thursday

8:30 AM to 8:00 PM, Friday

10:00AM to 4:00 PM, Saturday

Please use our office service when possible.

If you are unable to complete a Point of Sale interview during normal business hours, you may:

1. Call the Home Office on the following business day to complete the interview.
2. Ask our interviewer to contact your customer to complete the interview.
3. Conduct the interview using an authorized commercial interview service. Check with us for the telephone numbers of these services.



Level & Graded Plan Overview . 2
Premiums Level..... 3
Premiums Graded 4

Limited Pay Plan Overview 5
Premiums Single Pay 6
Premiums 5 Pay 7
Premiums 10 Pay 8

Accidental Death Benefit..... 9

Underwriting Requirements 10
Build Guidelines 11
Telephone Inspection Rules 12
Accelerated Benefit Rider/
Nursing Home Confinement 13

GuideStar Whole Life

Plan Overview

- ◆ Level Benefit Plan
Issue Ages 35-85 (Age Nearest)
- ◆ Graded Benefit Plan
Issue Ages 50-80 (Age Nearest)
- ◆ Minimum Benefit – \$1,000
- ◆ Maximum Benefit – Level
Ages 35 - 75 \$25,000
Ages 76 - 80 \$15,000
Ages 81 - 85 \$ 7,500
- ◆ Maximum Benefit – Graded
Ages 50 - 75 \$10,000
Ages 76 - 80 \$ 5,000
- ◆ Includes ABR with Nursing Home Confinement
- ◆ ADB rider available
- ◆ Simplified Issue
- ◆ Planning Guide
- ◆ Complete Program Kit

Premium Modes

Annual
Semi-Annual (52%)
Quarterly (26.5%)
Monthly Automatic (Divide the A.P. by
12 and add \$.50)

GuideStar

Build Table

	DECLINE	PLAN I	PLAN II	DECLINE
<u>HEIGHT</u>	<u>WEIGHT</u>	<u>WEIGHT</u>	<u>WEIGHT</u>	<u>WEIGHT</u>
5'0"	Below 80	80-240	241-270	271 - up
5'1"	Below 85	85-245	246-275	276 - up
5'2"	Below 90	90-250	251-280	281 - up
5'3"	Below 90	90-255	256-285	286 - up
5'4"	Below 90	90-265	266-290	291 - up
5'5"	Below 95	95-275	276-305	306 - up
5'6"	Below 95	95-280	281-310	311 - up
5'7"	Below 100	100-290	291-315	316 - up
5'8"	Below 105	105-300	301-325	326 - up
5'9"	Below 105	105-305	306-330	331 - up
5'10"	Below 105	105-310	311-335	336 - up
5'11"	Below 110	110-320	321-335	336 - up
6'0"	Below 115	115-325	326-340	341 - up
6'1"	Below 115	115-335	336-350	351 - up
6'2"	Below 120	120-340	341-355	356 - up
6'3"	Below 125	125-345	346-360	361 - up
6'4"	Below 130	130-355	356-365	366 - up
6'5"	Below 130	130-360	361-370	371 - up
6'6"	Below 140	140-365	366-375	376 - up

NOTES:

- a. Weight ranges serve as guides for field and home office underwriting; other factors may be considered in final underwriting decisions.
- b. Weight will be considered in combination with other impairments to determine the applicant's insurability.
- c. Use the Build Table as a guide to field selection.
- d. When completing the application, be sure to include Social Security numbers. When sending in the application, please include the first premium and Bank Draft Authorization (if premiums are to be paid monthly automatic). This will help your business be issued and settled quickly.

Underwriting Information

Coverage is routinely underwritten from the application.

No examinations or laboratory studies are required.

MIB reports are ordered on all applicants. We reserve the right to order medical records where we believe such information will improve the offer we can make to the applicant.

We encourage our agents and applicants to give explanations for all “yes” answers, so we can make a fair judgment regarding insurability.

Application Health Questions

Questions 1-2	Answer Yes*	Decline
Questions 3-5	Answer Yes*	Plan II (Graded Death Benefit)
		Only Available Ages 50-80
Questions 1-5	Answer No	Plan I (Level Death Benefit)
		Single Pay, 5 Pay, & 10 Pay
		Available Ages 35-85

* If there are circumstances that modify the medical risk, an explanation should be given in the Remarks/Requests section of the application. Underwriting consideration will be given and additional medical information may be sought if it is believed that an offer of coverage is possible. If it is not possible to offer any coverage or it is necessary to change from Plan I to Plan II, we will write a letter of explanation to the applicant.

Plan II Graded Death Benefit

Reduced death benefits are paid during the first two years of the policy. The reduced benefits per \$1,000 of ultimate death benefit are shown below:

Issue Ages	Premium Class	MS
	MNS, FNS, FS	
50-75	500/750/1000	500/750/1000
76-80	500/750/1000	500/1000

These modified benefits will be paid regardless of the cause of death.

Level Benefit

06 FEPL

Premium Rates Per \$1,000

Minimum: \$1,000

Policy Fee: \$48.00

A G E	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
35	15.94	20.97	13.64	16.75
36	16.50	21.81	14.13	17.45
37	17.10	22.69	14.64	18.19
38	17.74	23.62	15.18	18.98
39	18.42	24.61	15.74	19.82
40	19.15	25.68	16.32	20.70
41	19.93	26.83	16.92	21.62
42	20.76	28.07	17.54	22.58
43	21.64	29.40	18.18	23.59
44	22.57	30.83	18.84	24.66
45	23.54	32.37	19.53	25.79
46	24.56	34.03	20.27	26.99
47	25.64	35.83	21.07	28.27
48	26.80	37.79	21.94	29.64
49	28.06	39.93	22.89	31.11
50	29.43	42.27	23.91	32.69
51	30.88	44.78	24.99	34.37
52	32.39	47.42	26.13	36.14
53	33.94	50.13	27.32	37.99
54	35.52	52.82	28.56	39.92
55	37.13	55.37	29.85	41.94
56	38.84	58.08	31.21	44.06
57	40.70	61.12	32.66	46.29
58	42.76	64.70	34.22	48.65
59	45.08	69.09	35.92	51.17
60	47.72	74.63	37.77	53.87
61	50.66	80.19	39.75	56.77
62	53.86	85.78	41.84	59.87
63	57.25	91.39	44.02	63.17
64	60.73	97.03	46.27	66.68
65	64.20	102.72	48.58	70.41
66	67.79	108.62	51.05	74.40
67	71.71	115.04	53.84	78.75
68	76.25	122.44	57.17	83.64
69	81.79	131.42	61.32	89.36
70	88.81	142.74	66.61	96.30
71	95.96	154.09	71.96	104.04
72	103.25	165.48	77.38	111.92
73	110.68	176.91	82.88	119.94
74	118.26	188.38	88.47	128.11
75	125.99	199.88	94.16	136.43
76	134.02	211.48	100.10	145.00
77	142.62	223.30	106.59	154.02
78	152.19	235.49	114.12	163.79
79	163.27	248.21	123.40	174.71
80	176.55	261.62	135.36	187.25
81	189.93	275.33	146.97	199.65
82	203.41	289.37	158.18	211.75
83	217.00	303.78	168.93	223.45
84	230.70	318.59	179.17	234.75
85	244.50	333.84	188.86	245.57

Graded Benefit				
06 FEFG				
Premium Rates Per \$1,000				
Minimum: \$1,000		Policy Fee: \$48.00		
A G E	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
50	32.60	47.40	24.00	34.50
51	35.04	51.56	25.57	36.88
52	37.55	55.79	27.22	39.35
53	40.18	60.18	28.86	41.81
54	42.83	64.64	30.58	44.37
55	45.54	69.27	32.29	46.92
56	49.45	76.19	34.45	50.56
57	53.43	83.43	36.71	54.30
58	57.59	90.87	38.97	58.10
59	61.82	98.62	41.32	62.05
60	66.24	106.58	43.67	66.11
61	71.52	117.00	47.10	71.82
62	76.83	127.62	50.54	77.63
63	82.11	138.39	54.13	83.66
64	87.48	149.43	57.73	89.78
65	92.89	160.68	61.48	96.12
66	101.14	175.37	67.22	105.06
67	109.40	190.06	73.02	114.16
68	117.65	204.82	79.00	123.38
69	125.91	219.51	85.04	132.84
70	134.16	234.20	91.25	142.48
71	147.88	257.01	101.12	156.85
72	161.59	279.89	111.19	171.15
73	175.37	302.71	121.34	185.51
74	189.09	325.59	131.71	199.81
75	202.80	348.40	142.16	214.18
76	221.07	377.00	156.52	232.83
77	239.40	405.60	170.82	251.55
78	257.66	434.20	185.19	270.21
79	275.99	462.80	199.49	288.93
80	294.26	491.40	213.85	307.58

Accidental Death Benefit				
For Level Benefit Plans Only				
Rates per \$1,000				
Issue Ages			Premiums	
	35-59		\$1.20	
	60-69		\$1.80	
	70-74		\$2.40	

Accidental Death Benefit (ADB)

Ages of Issue 35-74
 Minimum Amounts \$1,000

Maximum Amount

An amount equal to but no greater than the face amount of the base policy. In no event will the benefit exceed \$25,000.

Benefit Termination

Policy anniversary nearest age 80.
 Policy anniversary upon which the base policy becomes fully paid-up.
 When the base policy is surrendered.

10 Year Pay

Policy Form 06 FEPL
Premium Rates Per \$1,000
Minimum: \$1,000 Policy Fee: \$48.00

A G E	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
35	34.09	42.39	30.62	38.64
36	35.12	43.80	31.56	39.92
37	36.29	45.36	32.58	41.30
38	37.57	47.05	33.68	42.77
39	38.93	48.84	34.83	44.30
40	40.34	50.70	36.02	45.90
41	41.76	52.68	37.19	47.46
42	43.24	54.73	38.38	49.06
43	44.78	56.88	39.62	50.72
44	46.37	59.12	40.90	52.44
45	48.03	61.45	42.22	54.22
46	49.81	64.00	43.58	56.05
47	51.63	66.63	44.97	57.92
48	53.49	69.35	46.39	59.85
49	55.39	72.16	47.84	61.83
50	57.29	75.01	49.34	63.87
51	59.42	78.35	50.92	66.15
52	61.59	81.75	52.54	68.49
53	63.82	85.23	54.21	70.90
54	66.13	88.83	55.94	73.39
55	68.54	92.56	57.72	75.96
56	71.15	96.85	59.61	78.77
57	73.87	101.30	61.56	81.68
58	76.71	105.95	63.59	84.70
59	79.67	110.77	65.68	87.83
60	82.76	115.78	67.85	91.06
61	85.98	121.43	70.23	94.69
62	89.32	127.30	72.69	98.46
63	92.82	133.45	75.25	102.38
64	96.48	139.93	77.88	106.43
65	100.32	146.75	80.62	110.66
66	104.45	154.79	83.77	115.84
67	108.78	163.25	87.05	121.25
68	113.29	172.14	90.45	126.89
69	118.00	181.46	93.97	132.75
70	122.92	191.27	97.61	138.83
71	128.47	203.20	102.11	147.23
72	134.28	215.75	106.80	156.01
73	140.32	228.92	111.70	165.25
74	146.63	242.74	116.81	174.94
75	153.22	257.24	122.15	185.12
76	159.82	271.21	127.81	195.97
77	166.67	285.77	133.73	207.35
78	173.78	300.91	139.90	219.29
79	181.13	316.59	146.34	231.81
80	188.74	332.85	153.05	244.93
81	197.54	347.14	160.44	257.18
82	206.70	361.92	168.14	269.95
83	216.30	377.45	176.16	283.20
84	226.37	393.80	184.49	296.95
85	236.91	410.91	193.16	311.18

GuideStar Single Premium

Plan Overview

- ◆ Issue Ages 35-85 (Age Nearest)
- ◆ Minimum Benefit — \$1,000
- ◆ Maximum Benefit — \$25,000
- ◆ Includes ABR with Nursing Home Confinement

GuideStar 5 & 10 Pay

Plan Overview

- ◆ Issue Ages 35-85 (Age Nearest)
- ◆ Minimum Benefit — \$1,000
- ◆ Maximum Benefit
Ages 35 - 75 \$25,000
Ages 76 - 80 \$15,000
Ages 81 - 85 \$ 7,500
- ◆ Includes ABR with Nursing Home Confinement
- ◆ ADB rider available

Premium Modes

Annual
Semi-Annual (52%)
Quarterly (26.5%)
Monthly Automatic (Divide the A.P.
by 12 and add \$.50)

Important MEC Information

Under Sec. 7702, (IRC), Single Premium and Five-Pay life plans are modified endowment contracts. Certain Ten-Pay plans may be modified endowments, due to the premium for the plan and the age at issue. We will identify MEC's and supply all required notices.

Single Premium

Policy Form 06 FSPL

Premium Rates Per \$1,000

Minimum: \$1,000

Policy Fee: \$100.00

AGE	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
35	248.17	298.89	225.91	275.82
36	255.25	308.35	233.01	285.08
37	264.21	319.76	240.94	295.24
38	274.22	332.29	249.57	306.18
39	285.12	345.82	258.80	317.81
40	296.73	360.16	268.44	329.96
41	305.90	372.22	276.00	339.77
42	315.33	384.66	283.78	349.89
43	325.07	397.55	291.66	360.19
44	335.14	410.90	299.77	370.81
45	345.50	424.69	308.12	381.75
46	358.14	440.75	318.32	394.44
47	371.13	457.30	328.84	407.54
48	384.41	474.31	339.59	420.96
49	398.00	491.78	350.61	434.74
50	411.84	509.68	361.91	448.90
51	425.23	526.91	372.31	462.14
52	438.68	544.19	382.90	475.59
53	452.25	561.53	393.75	489.28
54	466.12	579.07	404.91	503.27
55	480.45	596.96	416.31	517.56
56	496.69	617.10	429.46	533.87
57	513.61	637.88	443.05	550.66
58	531.23	659.31	457.06	567.92
59	549.55	681.43	471.56	585.74
60	568.59	704.23	486.52	604.03
61	584.21	723.20	500.43	620.90
62	600.23	742.61	514.68	638.19
63	616.64	762.42	529.24	655.83
64	633.68	782.93	544.23	673.89
65	651.36	804.23	559.56	692.31
66	670.16	824.95	577.48	713.35
67	689.65	846.39	595.92	734.88
68	709.82	868.52	614.91	756.98
69	730.60	891.26	634.47	779.62
70	752.03	914.58	654.56	802.77
71	769.98	929.90	673.53	823.29
72	788.22	945.15	692.95	844.13
73	806.78	960.32	712.79	865.25
74	825.58	975.27	733.19	886.81
75	844.64	990.00	754.10	908.75
76	853.93	990.00	765.98	919.69
77	862.70	990.00	777.71	930.21
78	870.85	990.00	789.25	940.25
79	878.30	990.00	800.55	949.72
80	884.98	990.00	811.53	958.55
81	892.56	990.00	821.55	964.97
82	899.40	990.00	831.09	970.48
83	905.45	990.00	840.07	974.92
84	910.89	990.00	848.44	978.13
85	915.65	990.00	856.13	980.00

5 Year Pay

Policy Form 06 FEPL

Premium Rates Per \$1,000

Minimum: \$1,000

Policy Fee: \$48.00

AGE	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
35	63.92	77.62	57.98	71.35
36	65.69	80.01	59.60	73.51
37	67.70	82.66	61.37	75.85
38	69.90	85.52	63.26	78.33
39	72.24	88.55	65.23	80.90
40	74.66	91.70	67.27	83.58
41	77.12	95.01	69.30	86.26
42	79.67	98.44	71.37	89.00
43	82.31	102.01	73.50	91.83
44	85.04	105.71	75.71	94.76
45	87.87	109.56	77.97	97.78
46	90.92	113.59	80.35	100.88
47	94.04	117.73	82.77	104.05
48	97.22	121.98	85.24	107.30
49	100.46	126.34	87.76	110.63
50	103.69	130.75	90.35	114.06
51	107.22	135.58	93.10	117.65
52	110.80	140.46	95.93	121.31
53	114.46	145.42	98.85	125.08
54	118.26	150.50	101.84	128.93
55	122.20	155.75	104.94	132.89
56	126.18	161.27	108.10	137.04
57	130.32	166.97	111.36	141.29
58	134.63	172.87	114.72	145.69
59	139.10	178.96	118.19	150.21
60	143.74	185.24	121.77	154.84
61	148.28	191.53	125.51	159.76
62	152.95	197.99	129.35	164.81
63	157.81	204.72	133.32	170.01
64	162.89	211.76	137.39	175.35
65	168.17	219.11	141.59	180.87
66	173.38	226.56	146.14	186.86
67	178.78	234.32	150.83	193.04
68	184.37	242.38	155.66	199.40
69	190.15	250.73	160.63	205.93
70	196.12	259.40	165.73	212.62
71	202.14	268.73	171.35	220.37
72	208.35	278.40	177.13	228.35
73	214.72	288.37	183.12	236.63
74	221.28	298.68	189.31	245.19
75	228.02	309.33	195.69	254.06
76	234.22	319.76	201.70	262.94
77	240.53	330.47	207.89	272.10
78	246.94	341.41	214.24	281.54
79	253.45	352.55	220.76	291.27
80	260.03	363.88	227.44	301.28
81	267.16	374.41	234.28	310.79
82	274.40	385.08	241.25	320.51
83	281.85	396.13	248.37	330.38
84	289.51	407.56	255.63	340.40
85	297.36	419.32	263.01	350.55