

# Our Juvenile Whole Life Insurance Policy is All About Helping You Leave a Legacy!

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Your grandchildren bring you joy and remind you of life's most precious moments – that first smile, first word, and first step.

**As your grandchildren grow and experience the world around them, unintentional accidents become a part of life. As they enter into adulthood, life's living expenses become reality.**

A Juvenile Whole Life insurance policy may be able to help your family prepare for the unexpected and provide financial protection that can last a lifetime.

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**UA** *United American  
Insurance Company*  
Since 1947

## Facts:

According to the Centers for Disease Control and Prevention, the leading causes of death among children are\*:

- Accidents
- Cancer
- Drowning
- Sudden infant death syndrome

## UA's Juvenile Whole Life Insurance Policy offers many financial advantages:

- **Tragedy:** In the unfortunate event an unexpected tragedy takes the life of your child or grandchild, this policy may provide financial relief to help pay for expenses surrounding the child's death.
  - **\$8,343** average cost for a funeral\*\*
- **Medical bills:** if your child or grandchild dies from a critical illness like cancer, medical expenses not covered under the parents' health plan may result in high out-of-pocket costs.
  - **Treatment costs for childhood cancer** can leave families with thousands of dollars in medical bills.\*\*\*
- **Legacy:** The cash value that accumulates in this policy may be presented as a gift to your child or grandchild in the future. In essence, this policy could be a legacy for the next generation.

## UA's Juvenile Whole Life Insurance Policy offers low childhood rates to fit your budget.

**For just pennies a day**, you may be able to protect your grandchild's financial future with whole life insurance benefit amounts ranging from \$1,000 - \$25,000\*.

Policy premium is based on age and is usually lower for younger ages. You can lock in a low-rate premium now that will never increase.



\*Centers for Disease Control and Prevention(CDC), National Center for Health Statistics: FastStats - Child Health, Adolescent Health, and Infant Health; CDC, National Center for Injury Prevention and Control, Unintentional Drowning: Get the Facts.

\*\*2015 National Funeral Directors Association General Price List (includes vault).

\*\*\*Journal of the American Academy of Pediatrics, Economic Evaluation of Pediatric Cancer Treatment: A Systematic Literature Review, 2013

◆Example based on a face amount of \$25,000 for a female, age 5, with a monthly premium of \$8.05 in FL. This amounts to \$0.29 using a 28-day billing calendar. Your actual policyholder premium may vary and is subject to underwriting. Benefit amounts range from \$5,000 - \$25,000 in WA.

Requested Effective Date (mm-dd-yyyy)

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**Payment Mode**  Monthly  Semi-Annual  
 Quarterly  Annually

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**Payment Type**  Bank Draft  Direct

**Draft Day (01 to 28 only)**

**LIFE PLAN**

<input type="radio"/> <b>Child 1</b>	<input type="radio"/> <b>Whole Life</b>	Life Face Amount \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Premium \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="radio"/> <b>Child 2</b>	<input type="radio"/> <b>Whole Life</b>	Life Face Amount \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Premium \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="radio"/> <b>Child 3</b>	<input type="radio"/> <b>Whole Life</b>	Life Face Amount \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Premium \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="radio"/> <b>Child 4</b>	<input type="radio"/> <b>Whole Life</b>	Life Face Amount \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Premium \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="radio"/> <b>Child 5</b>	<input type="radio"/> <b>Whole Life</b>	Life Face Amount \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Premium \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**Total Premium** \$  ,    .

**Total Collected with Application** \$   ,    .

**Applicant if other than Owner**

Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Best time to call:**

- 8 AM - Noon
- Noon - 6 PM
- 6 PM - 9 PM

Home Phone No.    -    -

Work Phone No.    -    -

**Owner of Children's Insurance**

First Name																									M.I.					
Last Name																									<input type="radio"/> Male					
																										<input type="radio"/> Female				
Address																														
City											State			Zip Code					Age											
Birth State			Date of Birth (mm-dd-yyyy)			-			-			SS #			-			-												

E-mail Address

Relationship of Owner to Children

**Beneficiary for Children will be Owner** (unless notice is given to United American Insurance Company's Home Office).

Child #	First Name	Last Name	Age	Date of Birth (mm-dd-yyyy)	SS #	M.I.	Height (ft. in.)	Weight (lbs.)								
Child 1											M.I.			Height (ft. in.)		
											<input type="radio"/> Male		Weight (lbs.)			
											<input type="radio"/> Female					
Child 2											M.I.			Height (ft. in.)		
											<input type="radio"/> Male		Weight (lbs.)			
											<input type="radio"/> Female					
Child 3											M.I.			Height (ft. in.)		
											<input type="radio"/> Male		Weight (lbs.)			
											<input type="radio"/> Female					
Child 4											M.I.			Height (ft. in.)		
											<input type="radio"/> Male		Weight (lbs.)			
											<input type="radio"/> Female					
Child 5											M.I.			Height (ft. in.)		
											<input type="radio"/> Male		Weight (lbs.)			
											<input type="radio"/> Female					

**ALL LIFE INSURANCE APPLICANTS MUST ANSWER ALL THE FOLLOWING QUESTIONS.**

	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO	CHILD 4 YES/NO	CHILD 5 YES/NO
1. Are all Children proposed to be Insured permanent residents of the United States or Canada?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. Do you have complete knowledge of the health information of all Children proposed to be Insured?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
3. Do any Children proposed to be Insured have existing (or pending applications for) life insurance or annuity contracts in force? If yes, list coverage type _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
4. Will the life insurance being applied for replace or change any existing life insurance? (If "Yes," complete a Replacement Form).	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

**IF THE ANSWER IS "YES" TO ANY ONE OF QUESTIONS 5-7 BELOW FOR ANY CHILD, THEN THAT CHILD IS NOT ELIGIBLE FOR COVERAGE.**

5. Has any Child proposed to be Insured in the past <b>12 MONTHS</b> ,					
a. been administered oxygen or confined for 24 hours or more to a hospital, neonatal ICU, or psychiatric facility excluding confinements for: normal childbirth, normal neonatal care, and conditions for which the proposed insured has completely recovered?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
b. been advised by a medical professional to have a diagnostic test (excluding HIV and AIDS) or surgery that has not been performed or for which results have not been received?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
c. had uncontrolled epilepsy or more than 2 seizures for any reason?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
d. been convicted of operating a vehicle while under the influence of drugs or alcohol, been convicted of reckless driving, or had a suspended or revoked driver's license?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
6. Has any Child proposed to be Insured in the past <b>10 YEARS</b> been diagnosed with, treated for, or taken prescription drugs for any of the following:					
a. Cancer in any form including leukemia, lymphoma, osteosarcoma, and Hodgkin's disease?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
b. Heart disease, heart surgery, stroke, transient ischemic attack (TIA), mini-stroke, or uncontrolled high blood pressure?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
c. Multiple sclerosis, muscular dystrophy, or systemic lupus?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
d. Kidney disease, liver disease, chronic hepatitis, hepatitis C, insulin dependent diabetes, or sickle cell anemia?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
e. Depression, bipolar disorder, alcohol or drug abuse, spina bifida, or any surgery or injury to the brain or spinal cord from which the Child has not fully recovered?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
7. Has any Child proposed to be Insured <b>EVER</b> ,					
a. to the best of the Applicant's knowledge and belief been told to have treatment for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or AIDS related conditions?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
b. had or been advised by a medical professional to have an organ or tissue transplant; of having any illness indicated as being terminal; or of having a life expectancy of 10 years or less?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
c. been diagnosed with Down Syndrome or a Chromosomal Disorder?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

**AGREEMENT:** I hereby apply to United American Insurance Company for a policy to be issued solely and entirely in reliance upon the written answers to the foregoing questions, and I expressly agree on behalf of myself and any person who shall claim any interest in any policy issued on this application as follows: (1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief. (2) The insurance hereby applied for shall not be considered in force until a policy is issued and delivered to me and the full first premium paid thereon while the Proposed Insured's health and other conditions remain as described in this application.

I HEREBY AUTHORIZE the MIB, Inc., any insurance company, hospital, physician, or other practitioner having any information available as to my diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment, to disclose such information to United American Insurance Company for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. I authorize United American Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. I understand that I or an authorized representative may request a copy of this authorization. Information for consumers MIB, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com).

**Any person who with intent to defraud or knowing that he is facilitating a fraud 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 your knowledge as writing agent, is the insurance applied for intended to replace any existing insurance?**

Yes  No

**I certify I have personally seen the applicant/child(ren).**

Yes  No

**I certify that I have accurately recorded the information supplied by the applicant.**

Date Application Signed (mm-dd-yyyy)  -  -

City  State

**Agent's Signature**

Last Name  Agent No.

**Print First 5 Letters of Agent's Last Name**

**SEND POLICY TO:**  Agent  Insured

(The Policy will be sent to Insured unless otherwise instructed.)

Signed \_\_\_\_\_

**Owner**

Signed \_\_\_\_\_

**Applicant (If other than the Owner)**

Signed \_\_\_\_\_

**Child's Signature (If over the age of 18)**

Signed \_\_\_\_\_

**Child's Signature (If over the age of 18)**

JUV14(06)



**Draft date cannot be the 29th, 30th or 31st.**

Proposed Insured's Social Security Number

				-				-						
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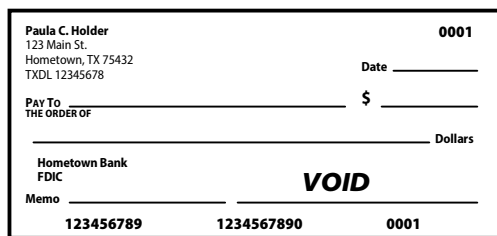
Requested Bank Draft Day (dd)

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Payor's First Name	M.I.
Payor's Last Name	
Bank ABA Routing Number	Account Number
Bank Name	

**Account information fields above must be complete if voided check is not attached.**

See the example check below for the location of the Bank Routing Number and Account Number.



Helpful Information for Social Security Recipients		
Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1 <sup>st</sup> – 10 <sup>th</sup>	14 <sup>th</sup>
Third Wednesday	11 <sup>th</sup> – 20 <sup>th</sup>	21 <sup>st</sup>
Fourth Wednesday	21 <sup>st</sup> – 31 <sup>st</sup>	28 <sup>th</sup>

Bank ABA Routing Number      Account Number      Check Number

As a convenience to me, I hereby request and authorize you, United American Insurance Company, McKinney, Texas, to initiate debit entries to my bank account, as recorded above, for insurance premiums and/or non-insurance product fees, as applicable, and the bank named above to debit the same to such account. I agree that your rights and treatment of such debits shall be the same as if they were checks personally signed by me. I further agree that if any such debits are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even if such dishonor results in the forfeiture of insurance. This authorization will remain in effect until revoked by me in writing to you, provided that you and the bank shall have a reasonable opportunity to act on such notification. All premiums and/or fees may be automatically withdrawn from my account on MONTHLY mode, unless a different mode has been selected on the application(s).

**NOTE - Business accounts are permitted only in relation to sole proprietorships, in which case a voided check and a completed Sole Proprietor form (SP 9-01) are required.**

\_\_\_\_\_  
**Payor's Signature (as it appears on bank records)**









P.O. BOX 8080 • MCKINNEY, TX 75070-8080

## NOTICE TO LIFE INSURANCE APPLICANTS

Life insurance applicants in your state have a right to designate a second person to receive notice of lapse, cancellation or termination of a policy for nonpayment of premium. Should you desire to designate a person to receive this notice, you may complete the information below. You and this person will be notified if any premium becomes delinquent on this policy.

### PROPOSED INSURED

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Birth Date Date Application Signed (mm-dd-yyyy) Plan Code

**Designating a secondary addressee is optional. You may decline by checking the box below.**

I choose not to designate a secondary addressee at this time. I understand I may designate a secondary addressee at any time while my policy is in force by writing to United American Insurance Company, Policy Service Department, P.O. Box 8080, McKinney, Texas 75070-8080.

### SECONDARY ADDRESSEE

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Relationship to Proposed Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Phone

\_\_\_\_\_  
**Proposed Insured Signature**

Home Office Copy



**UNITED AMERICAN INSURANCE COMPANY**

3700 S. Stonebridge Drive • McKinney, Texas 75070

**Authorization for Release of Health-Related Information**

This authorization is intended to comply with the HIPAA Privacy Rule

\_\_\_\_\_  
Name of proposed insured/patient (please print)

\_\_\_\_\_  
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, other insurance company, consumer reporting agency, MIB, Inc., or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to the United American Insurance Company (UA) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that UA may: 1) underwrite my application(s) for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and/or 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with UA.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to UA to the attention of the Underwriting Department at the above address. I understand that a revocation is not effective to the extent that any of My Providers have relied on this Authorization, and that, to the extent that UA has a legal right to contest a claim under an insurance policy or to contest the policy itself, such revocation may prevent UA from completing its review of policy claims. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, UA may not be able to process my application, or if coverage has been issued, may not be able to process policy claims. I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
Signature of Proposed Insured/Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority or Relationship to Patient



**Life Insurance Packet**  
**Applicant Acknowledgement**



Thank you for your application.

By signing below you acknowledge that you have received, read and understood the information and notices listed below. Keep your copies with your policy. Contact your Agent or a live insurance specialist at [UnitedAmerican.com](http://UnitedAmerican.com) with any questions.

**Notices:**

- Life Insurance Buyer's Guide (NAIC)
- SANUL Second Person Designation
- HIPAA Authorization for Release of Health-Related Information (F3978)

\_\_\_\_\_  
Signature of proposed insured/applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Writing Agent Name (please print)

\_\_\_\_\_  
Writing Agent Signature

\_\_\_\_\_  
Writing Agent #



# FAX

To: New Business Department  
Primary Fax: 972-767-4462  
Secondary Fax: 972-569-3678  
From:

United American Insurance Company  
Attn: New Business  
P.O. Box 8080  
McKinney, TX 75070

Date

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Agent Name

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Agent No.

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Agent Phone

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# of Pages

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Applicant Name

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**The attached documents are for Final Expense Whole Life application processing.**

Comments

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**Important:**

- If premium is collected or a voided check provided, application must be mailed.
- Remember to include Bank Draft authorization.
- Do not fax applications that have been mailed.
- Send only one application per fax.
- Send fax to only one phone number.
- A Replacement Form is required when a replacement occurs. Check the UA Compliance Sheet for requirements.
- Applications for life products will not be processed without required forms completed.

The information contained in this transmission is confidential and is intended only for the person or entity to which it is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this fax in error, please notify the sender immediately by calling the above listed phone number. UAI3126 0416





# LIFE INSURANCE BUYER'S GUIDE

*Provided as required by the State Insurance Department and/or the N.A.I.C.*

## PREPARED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

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The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. This Guide Does Not Endorse Any Company Or Policy

## THIS GUIDE CAN HELP YOU WHEN YOU SHOP FOR LIFE INSURANCE. IT DISCUSSES HOW TO:

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- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

## IMPORTANT THINGS TO CONSIDER

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1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

## BUYING LIFE INSURANCE

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When you buy life insurance, you want coverage that fits your needs.

**First**, decide how much you need – and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

**Next**, learn what kinds of policies will meet your needs and pick the one that best suits you.

**Then**, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide only provides basic information. You can get more facts from a life insurance agent or company or from your public library.

## WHAT ABOUT THE POLICY YOU HAVE NOW?

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If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.

## LIFE INSURANCE BUYER'S GUIDE (*continued*)

- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you now have.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying right now.

### HOW MUCH DO YOU NEED?

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Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have any children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after death?

### WHAT IS THE RIGHT KIND OF LIFE INSURANCE?

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All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during the conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Cash Value Life Insurance** is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against the policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without cancelling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types: whole life, universal life and variable life are all types of cash value insurance.

## LIFE INSURANCE BUYER'S GUIDE (*continued*)

**Whole Life Insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of a flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

## LIFE INSURANCE ILLUSTRATIONS

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You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers on the illustration are not guaranteed.

## FINDING A GOOD VALUE IN LIFE INSURANCE

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After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of the company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earning on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



P.O. BOX 8080 • MCKINNEY, TX 75070-8080

## NOTICE TO LIFE INSURANCE APPLICANTS

Life insurance applicants in your state have a right to designate a second person to receive notice of lapse, cancellation or termination of a policy for nonpayment of premium. Should you desire to designate a person to receive this notice, you may complete the information below. You and this person will be notified if any premium becomes delinquent on this policy.

### PROPOSED INSURED

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Birth Date Date Application Signed (mm-dd-yyyy) Plan Code

**Designating a secondary addressee is optional. You may decline by checking the box below.**

- I choose not to designate a secondary addressee at this time. I understand I may designate a secondary addressee at any time while my policy is in force by writing to United American Insurance Company, Policy Service Department, P.O. Box 8080, McKinney, Texas 75070-8080.

### SECONDARY ADDRESSEE

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Relationship to Proposed Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Phone

\_\_\_\_\_  
**Proposed Insured Signature**

Applicant Copy

**UNITED AMERICAN INSURANCE COMPANY**

3700 S. Stonebridge Drive • McKinney, Texas 75070

**Authorization for Release of Health-Related Information**

This authorization is intended to comply with the HIPAA Privacy Rule

\_\_\_\_\_  
Name of proposed insured/patient (please print)

\_\_\_\_\_  
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, other insurance company, consumer reporting agency, MIB, Inc., or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to the United American Insurance Company (UA) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that UA may: 1) underwrite my application(s) for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and/or 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with UA.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to UA to the attention of the Underwriting Department at the above address. I understand that a revocation is not effective to the extent that any of My Providers have relied on this Authorization, and that, to the extent that UA has a legal right to contest a claim under an insurance policy or to contest the policy itself, such revocation may prevent UA from completing its review of policy claims. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, UA may not be able to process my application, or if coverage has been issued, may not be able to process policy claims. I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
Signature of Proposed Insured/Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority or Relationship to Patient

**Life Insurance Packet**  
**Applicant Acknowledgement**



Thank you for your application.

By signing below you acknowledge that you have received, read and understood the information and notices listed below. Keep your copies with your policy. Contact your Agent or a live insurance specialist at [UnitedAmerican.com](http://UnitedAmerican.com) with any questions.

**Notices:**

- Life Insurance Buyer's Guide (NAIC)
- SANUL Second Person Designation
- HIPAA Authorization for Release of Health-Related Information (F3978)

\_\_\_\_\_  
Signature of proposed insured/applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Writing Agent Name (please print)

\_\_\_\_\_  
Writing Agent Signature

\_\_\_\_\_  
Writing Agent #

## Investing in your grandchild's future is easy!

- Just answer a few application health questions about your grandchild – no need to provide health records, no medical exam required for child
- Up to 5 children can be included on the application, but you receive an individual policy for each covered child\*
- You own the policy – no burden on child's parents to pay premiums\*\*

## Here's the best part!

- Juvenile Whole Life insurance provides permanent lifetime coverage
- Cash and loan value accumulates as child grows\*\*\*
- Coverage stays with child through adulthood, regardless of changes in health or uninsurable occupation
- Terminal Illness Accelerated Benefit Rider (ABR1) is included at **no additional cost** (where state approved). Upon proof of terminal illness (the insured has been diagnosed to have 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), rider pays 50% of current benefits available prior to death (where state approved), subject to provisions of this rider.

## More things you should know:

- Issue ages 0-18
- Premiums guaranteed level for life
- Benefit amounts level for life – never reduces



*\*Subject to underwriting approval*

*\*\*In the event of policyholder death, policy may cancel if premiums are not paid and a joint owner is not designated. Refer to your policy for specific guidelines on transfer of ownership.*

*\*\*\*Cash and loan benefits can only be accessed by the policyholder. In order for the insured child to access cash or loan benefits when child becomes of age, policy ownership must be transferred to insured child.*



# Premium Worksheet\*

Benefit Amount			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
<b>Monthly Premium</b>			

\*For illustration purposes only. Rates subject to change. Issued policy form rates and terms control.

## Estimate your grandchild's needs

### Final Expenses

(Burial): \$ \_\_\_\_\_

Medical Bills: \$ \_\_\_\_\_

Orthodontics  
(Dental): \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

This brochure highlights the features of policy form SWL and rider form ABR1 (where state approved). Policy described herein is not a preneed or prearranged funeral plan. Policy has some limitations and exclusions. Refer to your policy for actual coverage, benefit amounts, and terms. Plan, issue ages, and benefits may vary by state. Child must qualify for coverage amount applicant applies for based on child's age and health. This is a solicitation for insurance. You may be contacted by a state-licensed insurance Agent representing United American Insurance Company.

MAKE CHECK PAYABLE TO UNITED AMERICAN INSURANCE COMPANY, not to an individual.

Received of \_\_\_\_\_

the sum of \$ \_\_\_\_\_ for \_\_\_\_\_ month(s) premium, other policy fees and noninsurance charges with application for life insurance.

### Stability and Financial Strength

United American Insurance Company has been in the life and supplemental health insurance business since 1947. For more than 35 consecutive years, United American has earned the A+ (Superior) Financial Strength Rating from A.M. Best Company (as of 6/15). An A+ rating from A.M Best is the second-highest rating. Not the highest.

If for any reason the policy is not issued, payment is to be refunded in full. Insurance is not effective until the policy applied for has been issued, the initial premium paid, and the proposed insured's health and other conditions remain as described in the application.

\_\_\_\_\_ Date

\_\_\_\_\_ Agent's Signature