

Columbian Financial Group

Dignified Choice[®] Final Expense
Classic I
Classic II

Columbian Life Insurance Company
Home Office: Chicago, IL
Administrative Service Office: Norcross, GA



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Columbian Life Insurance Company

- Columbian Mutual Life, our parent company located in Binghamton, NY, has been in business for **over 130 years**
- **\$7.8 billion of life insurance in force** across all product lines for Columbian Mutual and Columbian Life
- **A.M. Best's rating of A- (Excellent)***
Rating reaffirmed by A.M. Best - June, 2013
- Columbian Life is admitted in **45 states and 1 territory**
- **Niche Market Focus**
- Core Line – **Simplified Issue** Life Insurance

*Columbian's current rating is based on A.M. Best's opinion of the consolidated financial strength of the life/health members of the Columbian Financial Group, which operate under a group structure. This group member is assigned a Best's Rating of A- (Excellent), the fourth-highest of sixteen possible ratings on A.M. Best's scale. Rating as of 8/21/13.

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Dignified Choice®

Classic Series

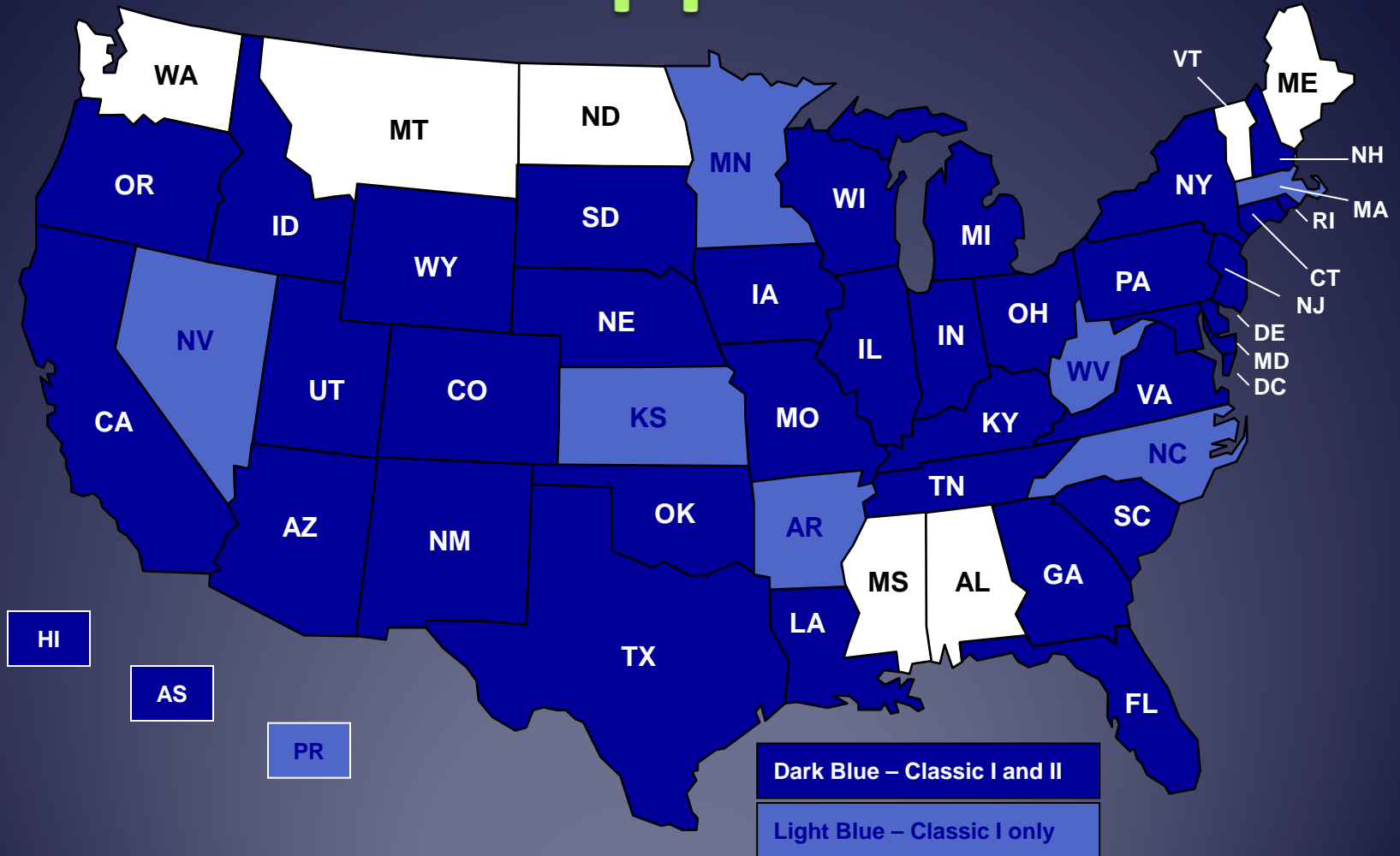
Classic I Full Death Benefit

Classic II Graded Death Benefit

Key Features

- Simplified Issue Whole Life – No Medical Exams
- Easy “Yes/No” Application
 - Part 1 & 2 health questions determine eligibility
- Weekly commission
 - Clean apps received before noon EST Wednesday will be issued and paid by Friday
 - Daily pay available – request from your manager
- Excellent customer service
- Telephone Interview on Classic I only

State Approvals



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Classic I Full Benefit

- **Immediate full** coverage - level death benefit all years
- Issue Ages & Face Amounts:
 - 45-50 \$7,500 - \$25,000
 - 51-59 \$5,000 - \$25,000
 - 60-85 \$2,500 - \$25,000
- Non-tobacco & Tobacco
- **All health questions answered “No”**
- **Telephone interview (point of sale) required on ALL Classic I applications**

Classic II Graded Benefit

- Not available in AR, KS, MA, MN, NC, NV, WV
- Death Benefit:
 - **First 2 policy years – ROP + 6%** for non-accidental death
 - Full face amount for non-accidental death in year 3+ or for accidental death in any year
- Issue Ages & Face Amounts:

• 45-50	\$7,500 - \$15,000	
• 51-59	\$5,000 - \$15,000	
• 60-70	\$2,500 - \$15,000	
• 71-85*	\$2,500 - \$10,000	*Max issue age in MO is 75; NJ is 77 male, 82 female
- Any **Part 2** health question answered Yes
- Graded Benefit **cannot exceed 30%** of total apps

Classic I Riders

- **Accelerated Death Benefit** (no additional premium): Owner may request a benefit advance if Insured is diagnosed with a terminal illness and life expectancy of 12 months or less (24 months in states where required)
- **Accidental Death:** Doubles benefit; issue ages 45-65
- **Waiver of Premium - Disability:** Waives premium after 6 mo. of total & continuous disability; issue ages 45-55
- **Nursing Home Waiver of Premium:** Waives premium during confinement in qualified nursing home after 90 days continuous confinement; issue ages 56-85

Classic I Riders

Family Income Rider:

- 10 Year Term Rider (Non-Renewable, not convertible)
- Available on Full Benefit Plan Only
- No Additional Underwriting
- Level Premiums
- Issue Ages: 45-69
- Face Amounts: \$3,000 - \$6,000 (maximum amount of insurance for a policy, including the rider, is \$25,000)

Classic I Riders

Family Income Rider:

- Benefit paid over 12 months in equal monthly payments
- Benefit cannot be accelerated under Accelerated DB Rider
- Benefit amount chosen on the application (\$250, \$350 or \$500 per month)
- Maximum annual benefit is \$6,000 (\$500 x 12 months)
- Minimum annual benefit is \$3,000 (\$250 x 12 months)
- Example: Annual Rider Benefit = \$6,000 (\$500 x 12)

Maximum Base Plan = \$19,000

\$25,000 Total Benefit

Classic II Riders

- **Accelerated Death Benefit** (no additional premium):
Owner may request a benefit advance if Insured is diagnosed with a terminal illness and life expectancy of 12 months or less (24 months in states where required)

Underwriting Workflow

- Complete the application
- For Classic I only – complete telephone interview
 - Call **800-737-6972** (Mon - Fri 8:30 am - midnight; Sat - Sun 10:00 am – 8:00 pm EST)
 - **When telephone interview is completed, the app must be submitted.** If disqualified, write “withdrawn” across front of app.
- Send application & forms to your Agency Manager
- Underwriting questions: 305-1335 option 4

Telephone Interview

Completing the telephone interview at the point of sale offers multiple benefits to you and your client

- Helps reaffirm the relationship with the applicant
- Helps increase placement (reduces declines, issued other than applied for, not taken)
- Eliminates the risk of having the applicant fail to complete the interview after the sale
- Reduces underwriting turnaround time

Application Health Questions

Part 1 – Do not submit application if any question is answered “Yes”

5. HEALTH HISTORY:		
PART 1 (If any question in this section is answered "YES," DO NOT SUBMIT THE APPLICATION)		
	YES	NO
1. Is the Proposed Insured currently hospitalized, confined to a nursing home, hospice, bed, or confined to a wheelchair (due to a disease or chronic illness), institutionalized, receiving home health care, ever been recommended for an organ or bone marrow transplant, or ever had a heart, lung, liver or bone marrow transplant, or ever had an amputation due to disease or, within the last twelve (12) months, received kidney dialysis?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has the Proposed Insured tested positive for Human Immunodeficiency Virus (HIV) or been diagnosed as having a terminal medical condition that is expected to result in death within the next twelve (12) months?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Proposed Insured ever been diagnosed with, or received treatment for: mental retardation, Down's Syndrome, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, sickle cell anemia or un-operated heart defects?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Proposed Insured ever been diagnosed or received treatment (including taking medication) with congestive heart failure, Alzheimer's disease, dementia or Lou Gehrig's disease (ALS)?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. During the last twenty-four (24) months, has the Proposed Insured had, been diagnosed or received treatment (including taking medication) for any form of cancer (other than basal cell skin cancer)?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. During the last twelve (12) months has the Proposed Insured been diagnosed as having a heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you male and over 350 pounds, or are you female and over 300 pounds?	<input type="checkbox"/>	<input type="checkbox"/>

Application Health Questions

Part 2 – Classic I if all questions are answered “No”

Classic II if any question is answered “Yes”

PART 2 (If the answer to any question in Part 2 is "YES," the Proposed Insured is eligible for the GRADED BENEFIT PLAN only.)		YES	NO
1.	During the last thirteen to twenty-four (13 - 24) months has the Proposed Insured been diagnosed as having a heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
2.	During the last twenty-four (24) months, has the Proposed Insured been diagnosed as having: A stroke (including TIA), aneurysm, enlarged heart, angina, pacemaker implant or any procedure to improve circulation to the heart or brain?.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	During the last thirty-six (36) months, has the Proposed Insured had, been diagnosed or received treatment (including taking medication) for:		
	A. Emphysema, chronic obstructive pulmonary disease (COPD), black lung disease, any chronic respiratory disorder (excluding asthma or sleep apnea), or used oxygen equipment to assist in breathing?.....	<input type="checkbox"/>	<input type="checkbox"/>
	B. Kidney disease, kidney failure, liver disease, chronic hepatitis, drug or alcohol abuse, or Systemic Lupus?.....	<input type="checkbox"/>	<input type="checkbox"/>
	C. Multiple Sclerosis, Parkinson's Disease, schizophrenia, brain tumor or has the Proposed Insured been hospitalized or institutionalized for a mental or nervous disorder within the last twenty-four (24) months?.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	During the last twenty-four (24) months, has the Proposed Insured experienced complications of diabetes, including insulin shock, diabetic coma, Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve, circulatory) disorder, or diabetes not under control with current treatment, or has the Proposed Insured used insulin for the treatment of diabetes prior to age 50?.....	<input type="checkbox"/>	<input type="checkbox"/>

Make sure ALL questions in Part 2 are answered, even if more than one is answered “Yes.”

Application Health Questions

Part 3 – Be sure to answer the tobacco use question

PART 3 TOBACCO USE		YES	NO
1.	Within the past twelve (12) months, has the Proposed Insured used any form of tobacco or nicotine products including cigarettes, cigars, pipes, chewing tobacco or snuff?.....	<input type="checkbox"/>	<input type="checkbox"/>

Tips for Completing the App

- Most common mistakes:
 - Beneficiary info (name, relationship, no funeral homes)
 - Not answering all health question & tobacco question
 - Full or graded death benefit
 - Required forms are missing
 - EFT section not completed correctly
- If agent delivers, delivery receipt required
- Circle or underline applicable conditions in health history
- Policy effective date “upon approval” is NOT acceptable
- Make sure telephone interview is completed for Classic I
- No POA signatures

Tips for Completing the App

- If you **collect a check** for the initial premium, the effective date will be the DATE OF THE APPLICATION unless otherwise requested
- If you choose **One Time Electronic Fund Transfer**, the effective date will be the DATE OF THE APPLICATION unless otherwise requested
- If you choose **Draft First Premium**, the effective date will be the DATE OF THE FIRST BANK DRAFT (can be the 1st through the 28th of the month)
- If a specific effective date is requested on the application, the effective date will be the date specified (cannot be more than 30 days from the application date)

After the Sale

- Check pending business on website
- Respond to outstanding issues
- Call client to confirm policy receipt and answer any questions



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Product/rider specifications and availability may vary by state.

For full terms, refer to Policy/Rider Form Nos. 1F143-CL, 1F144-CL, 1HA06-CL, 1H417-CL, 1HF409-CL, 1HF410-CL, 1H510-CL, 1HC11-CL and 1HC12-CL or state variation.

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