

Phoenix  
Remembrance Life



PHOENIX

Quick Reference Guide

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# Product Overview

## Coverage

- Lump-sum Death Benefit equal to Base Policy face amount
- Optional monthly income stream death benefit for a spouse or loved one up to age 85 provided by Additional Income Coverage Rider (AICR)<sup>1</sup>
- Total coverage amount may be allocated in one of three ways:
  - 100% Lump-sum Death Benefit / 0% AICR
  - 75% Lump-sum Death Benefit / 25% AICR
  - 50% Lump-sum Death Benefit / 50% AICR
  - 25% Lump-sum Death Benefit / 75% AICR

## Included Benefits

- Three riders provide special benefits with no additional premiums in case of critical illness, terminal illness or accidental death (see page 2)

## Customization Options<sup>1</sup>

- Four additional rider options available for legacy and supplemental income benefits (see pg 4)

## Simplified Underwriting

- Tele-interview and paper options available
- Non-Tobacco (Preferred) / Tobacco (Standard) risk classes

## Premiums

- Payment Mode Options:
  - Monthly bank draft
  - Quarterly billing
  - Semi-annual billing
  - Annual billing
- Minimum premium: \$360/year (including all riders)
- Rider premium ends upon rider termination
- Policy fee: \$48/year included in base policy premium (commissionable in year one)

## Issue Ages & Total Coverage Amounts

- Total Coverage Amount = Lump-sum Death Benefit + AICR Total Coverage Amount (if elected)

| Insured's Age | Rider Beneficiary's Age | Total Coverage Amount |
|---------------|-------------------------|-----------------------|
| 30-59         | 30-80                   | \$10,000-\$100,000    |
| 60-69         | 30-80                   | \$10,000-\$75,000     |
| 70-80         | 30-80                   | \$10,000-\$50,000     |

- Based on age last birthday
- Lump-sum death benefit beneficiary may be changed after issue
- Rider Beneficiary for AICR and optional riders may not be changed after issue

### Product features, rider options and availability may vary by state.

For the AICR and other optional riders, the named Rider Beneficiary must be alive to receive benefit payments.

Payment guarantees are based on the claims-paying ability of the issuing company.

1. *Optional riders involve additional premium.*

## Included Riders

**Critical Illness Rider** – Advances up to 50% of the lump-sum death benefit upon the Insured's occurrence of one of the following specified critical illnesses:

- Heart attack, stroke, cancer diagnosis, renal failure, major organ transplant, ALS diagnosis
- Cash benefit paid is discounted with interest based on life expectancy and reduced by an administrative charge and a portion of any outstanding loan balance

## Accidental Death Benefit Rider

- Pays an additional lump-sum amount upon Insured's death equal to 100% of the lump-sum death benefit if such death occurs by covered accident
- Insured must be under age 65 at issue
- Terminates at Insured's age 75

**Terminal Illness Rider** – Advances up to 95% of the lump-sum death benefit if the Insured is diagnosed as terminally ill with a life expectancy of 12 months or less

- Cash benefit paid is discounted with 1 year of interest and reduced by an administrative charge and a portion of any outstanding loan balance

## Policy Loans

Clients may borrow up to 100% of their policy's cash surrender value, typically tax-free. Loans reduce the cash value and are subtracted from the death benefit upon payment. Loan interest rates vary by state. No loans are possible from any riders.

## Free Look

Each policy includes a Free Look period during which the policy can be reviewed and returned for a full refund, less any outstanding loans. Free look periods vary by state. See policy disclosures for details.

## Tax Information

The policy's death benefit is generally not taxable; however, a portion of payments made under policy riders is taxable to the Rider Beneficiary as ordinary income. The taxable amount will depend on the benefit amount and the Beneficiary's age. Clients should consult a tax professional for more information on individual situations.

*Once the policy and rider(s) are issued, the Rider Beneficiary(ies) may not be changed under any circumstances. Rider benefits are only available upon the death of the insured and will cease at the earlier of the death of the Rider Beneficiary or the term stated in each rider. Rider premiums cease at the earlier of death of the insured or when the rider terminates for any reason. For example, if the rider provides payments until the Rider Beneficiary is age 65 and the Rider Beneficiary dies at age 63, no further payments are made. If optional riders are elected, provide your client the Rider Information Document, which includes examples and valuable information about how the AICR and other optional benefits work. If the AICR or optional riders are elected, an acknowledgement form confirming receipt of this document must be signed by the owner and submitted with the application.*



## Customization Options

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Four optional riders are available in addition to the AICR for clients to customize their policy for their needs. Each rider has an additional premium that is commissionable.

### **Continuing Family Traditions**

**Legacy Rider** – Helps continue birthday traditions between the Insured and children or grandchildren.

- Provides annual birthday gift monies to the Rider Beneficiary.
- Payments begin upon the Rider Beneficiary's birthday following the Insured's death and continuing until the earlier of Rider Beneficiary's 22nd birthday or death.
- Up to 5 Legacy Riders may be elected.

**Education Benefit Rider** – Helps pay higher education expenses for children or grandchildren following the death of the Insured.

- Provides up to 4 annual installment payments beginning between the Rider Beneficiary's 18th and 22nd birthdays.
- To receive payments, Rider Beneficiary must exercise the rider between his/her 18th and 22nd birthdays and provide annual written verification of attendance at a federal financial aid-eligible college or university.
- Full-time active-duty enlistment in a branch of the United States Military may also meet the attendance requirement.
- Payments cease upon the Rider Beneficiary's failure to provide annual verification or death, or after the 4 annual payments have been made.
- Up to 5 Education Benefit Riders may be elected.

**Product features, rider options and availability may vary by state.**

The named Rider Beneficiary must be alive to receive benefit payments.

## Income Protection

**Lifetime Income Rider** – Designed to provide Rider Beneficiary with reliable lifetime income after the death of the Insured.

- Monthly payments begin upon the Insured’s death and continue until the Rider Beneficiary’s death.

**Income Term Rider** – Designed for younger age clients in their working years; helps replace employment income lost due to the death of the Insured.

- Provides a monthly income stream to the Rider Beneficiary to age 65.
- Monthly payments begin upon the Insured’s death and continue until the earlier of Rider Beneficiary’s 65th birthday or death.

## Issue Ages and Coverage Amounts

| Insured’s Age                              | Rider Beneficiary’s Age | Coverage Amount        |
|--|-------------------------|------------------------|
| <b>Legacy (Annual Birthday Gift) Rider</b> |                         |                        |
| 30-80                                      | 0-15                    | \$50-\$500 annually    |
| <b>Education Benefit Rider</b>             |                         |                        |
| 30-80                                      | 0-15                    | \$500-\$5,000 annually |
| <b>Lifetime Income Rider</b>               |                         |                        |
| 30-59                                      | 30-80                   | \$50-\$1,000 monthly   |
| 60-69                                      | 30-80                   | \$50-\$500 monthly     |
| 70-80                                      | 30-80                   | \$50-\$400 monthly     |
| <b>Income Term Rider</b>                   |                         |                        |
| 30-59                                      | 30-60                   | \$50-\$1,000 monthly   |
| 60-69                                      | 30-60                   | \$50-\$500 monthly     |

*Once the policy and rider(s) are issued, the Rider Beneficiary(ies) may not be changed under any circumstances. Rider benefits are only available upon the death of the insured and will cease at the earlier of the death of the Rider Beneficiary or the term stated in each rider. Rider premiums cease at the earlier of death of the insured or when the rider terminates for any reason. For example, if the rider provides payments until the Rider Beneficiary is age 65 and the Rider Beneficiary dies at age 63, no further payments are made. If optional riders are elected, provide your client the Rider Information Document, which includes examples and valuable information about how the AICR and other optional benefits work. If the AICR or optional riders are elected, an acknowledgement form confirming receipt of this document must be signed by the owner and submitted with the application.*



## Quotes

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Generate personalized examples online using Phoenix's dynamic quoting tool. Be sure your client has ages for each of their Rider Beneficiaries, as this information will be needed for the quote.

|   |   |
|---|---|
| 1 | To launch the quote tool, go to <a href="http://www.phoenixwm.phl.com/pc/index.jsp">www.phoenixwm.phl.com/pc/index.jsp</a> , and select <b>Quotes</b> from the Quick Links menu on the left side of the screen.   |
| 2 | Click <b>Quote online now!</b> under Phoenix Remembrance Life.  |
| 3 | Complete the open fields at the top of your screen.   |
| 4 | Select the desired coverage allocation for the Policy Death Benefit and Additional Income Coverage Rider (AICR), and input the AICR Beneficiary's information if elected.   |
| 5 | Use the radio buttons to solve based on a given benefit or premium. Enter the desired benefit or premium amount, press <b>Tab</b> to move to the next field and the corresponding value(s) will display. Use the radio buttons to solve for benefit or premium to adjust the quote as needed. |
| 6 | To add optional riders to the policy quote, simply check the box next to the Rider Name and provide information about the Rider Beneficiary(ies). Then, depending on your chosen solve method, input either the desired benefit or premium amount to generate the corresponding values.       |
| 7 | Select <b>Print Output</b> to generate a personalized example for your client, including coverage and premium detail as well as a summary of potential benefits.  |





Quote

**3** Agent Name Any User Client Name Valued Client Insured Age 65 Insured Gender  Male  Female


State Colorado Premium Mode  Monthly  Quarterly  Annual  Semi-Annual Insured Risk Class  Non-Tobacco (Preferred)  Tobacco (Standard)

**5**  Input Benefit Amounts to calculate Premium  Input Premium to calculate Benefit Amounts

|   | Benefit Amount | Premium Amount |
|---|----------------|----------------|
| <b>Totals</b>   |                | \$46.75/M      |
|  Total Coverage Amount |                |                |
| Policy Death Benefit  | \$10,000       | \$46.75/M      |
| AICR Benefit  | \$5,000        |                |
|   | \$5,000        |                |
|  Optional Riders     |                |                |
| <input type="checkbox"/> Lifetime Income Rider  |                |                |
| <input type="checkbox"/> Income Term Rider  |                |                |
| <input type="checkbox"/> Legacy Rider # of Beneficiaries N/A  |                |                |
| <input type="checkbox"/> Education Benefit Rider # of Beneficiaries N/A                                 |                |                |
| <b>Totals</b>   |                | \$46.75/M      |

**4** Benefit Allocation: Policy Death Benefit 50%, AICR Benefit 50%

Beneficiary Name: Age: 65 Female

**6**  **7** Print



# Application & Underwriting Options

## Process Overview

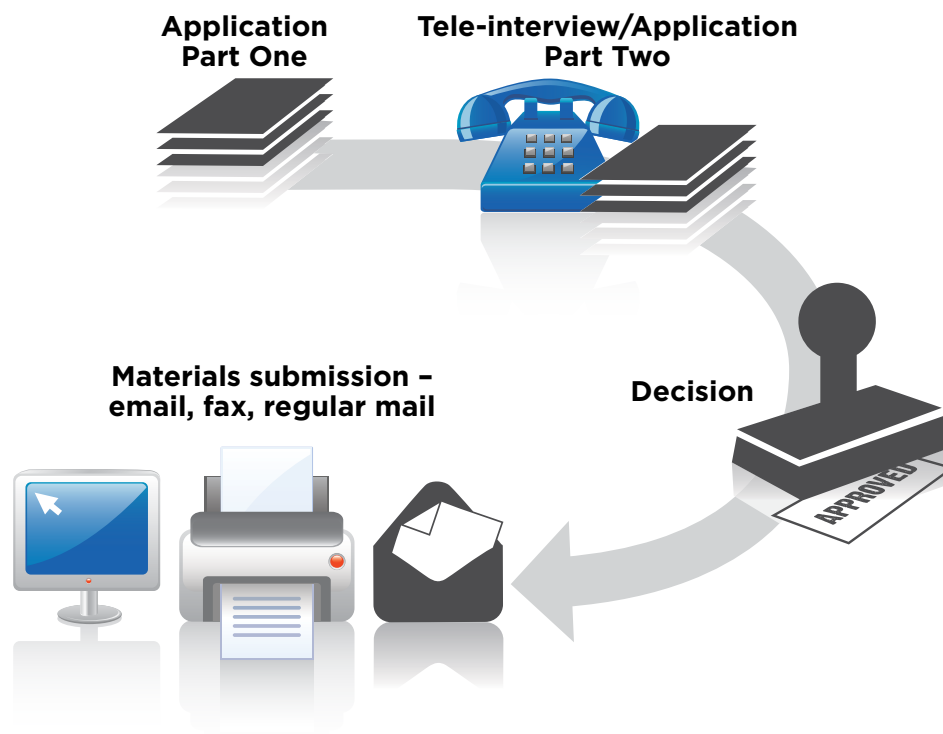
**Application Part One** - Determine eligibility and capture key personal and policy information

**Telephone Interview / Application Part Two** - Fulfill the underwriting portion of the application. May be completed using Phoenix's tele-interview service or on paper.

**Decision** - An approval, decline or referral to underwriting decision will be made at the conclusion of the tele-interview. Decisions on underwriting referrals are typically made within 2 business days.

**Materials Submission** - All application materials, Rider Information Document Acknowledgement and HIPAA authorization can be submitted by email, fax or regular mail (see page 12).

**Must be received by Phoenix within 10 days of completion of the telephone interview regardless of the underwriting decision.**



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## Three Easy Ways to Apply

### 1 FAST - ONE AND DONE!

Just complete Part One of the application to determine your client's eligibility and capture key information. Then, call us. You'll have a decision in about 20 minutes.

#### How it works:

- Complete and sign the Application Part One, required forms and HIPAA authorization and submit them to Phoenix
- Call Phoenix so the Proposed Insured can complete the tele-interview while you are together
- Most of the time, an underwriting decision is made at the end of the interview

### 2 CONVENIENT AND CONFIDENTIAL

Your client can complete the tele-interview in the comfort and privacy of home. Just provide your client's phone number and best time to call on the completed application Part One. We'll take it from there!

#### How it works:

- Complete and sign the Application Part One, required forms and HIPAA authorization and submit them to Phoenix.
- Phoenix will call the client and complete the Application Part Two over the phone
- Most of the time, an underwriting decision is made at the end of the interview. The agent will be notified of the decision typically within one business day of the interview

### 3 TRADITIONAL - JUST PAPER

For clients who are most comfortable with good old-fashioned paper, complete the full application and required forms and submit! It's as simple as that.

#### How it works:

- Complete and sign the Application Part One, Application Part Two, required forms and HIPAA authorization and submit them to Phoenix
- Phoenix will review the application and communicate the underwriting decision to you
- In certain cases, Phoenix may call the client to clarify an answer on the application



# Completing the Application

## Before you begin:

- If optional riders are elected, provide your client the Rider Information Document, which includes examples and valuable information about how the AICR and other optional benefits work. An acknowledgement form confirming receipt of this document must be signed by the owner and submitted with the application.
- Ask your client to have available the legal names of all policy and Rider Beneficiaries, their birthdates, addresses and Social Security Numbers.

## Helpful Tips

- Complete all applicable fields legibly, printing in black ink.
- Any changes or corrections on the application must be initialed by the owner. Errors covered with correction fluid will not be accepted.
- All necessary signatures must be on the application at the time of submission or the application will be returned.

## Application Part One and Required Forms

- ▶ **Part One** of the application captures key information about the Proposed Insured, desired benefits and Beneficiaries. A quote is needed to calculate values for this step (see pages 6-7 for quote instructions).

Use the application form approved for the state in which the application is signed. Applications are available by state at [www.phoenixwm.phl.com/pc/index.jsp](http://www.phoenixwm.phl.com/pc/index.jsp).

- ▶ **Section 2 of the Application Part One** includes screening questions that determine eligibility for policy issue.

Some of the questions are tailored to the proposed insured's age group. Please ensure that your applicant has answered the questions identified for all ages, as well as those for their specific age group.

*If the Proposed Insured answers "yes" to any of the questions, no coverage will be available. There is no need to continue with the application process.*

- ▶ Complete a signed and dated HIPAA authorization for all proposed insureds (not required for Rider Beneficiaries)

**For traditional paper submissions, complete the Application Part Two with your client. Otherwise, have your client complete the tele-interview for an underwriting decision.**

# Tele-interview

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The tele-interview will take about 20 minutes to complete.<sup>2</sup>

If you choose not to initiate the tele-interview at the time of application, or your application is being written outside normal business hours, the tele-interview will be conducted when Phoenix receives the application. For this reason, it is essential that you indicate the Proposed Insured's phone number and best time to call on the application.

1. Be sure to make each Proposed Insured aware that a telephone interview will be completed. Ask your client to be prepared to provide their driver's license number and medical history including: condition, diagnosis date, treatment and physician's name and address as well as the names of all medications taken (both daytime and nighttime) and condition(s) being treated.
2. Call and identify yourself as a Phoenix agent. The interviewer will need to speak with the Proposed Insured.

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### Hours for Telephone Interviews

1-855-249-8441

Monday – Friday 8:00 a.m. – 8:00 p.m. Eastern Time

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3. **Phoenix must receive the signed and dated application and HIPAA authorization within 10 days of completion of the telephone interview regardless of the underwriting decision.** If they are not received within the 10-day time frame, corrective action may be taken.

### Good to Know!

Tele-interviews are recorded and saved for future reference. In the event there is a dispute over the manner in which the medical questions were originally answered on the application, the recording can be utilized. Clients will confirm the representations that were made during the tele-interview with a voice signature at the end of the call or wet signature at contract delivery.

*2. Call times will vary based on the Insured's medical and prescription history.*



## Requirements for Application & Payment

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Depending on state law, an agent may be required to be contracted with Phoenix before taking an application.

An original application, along with the initial premium payment and state-required forms including replacement forms, will be accepted. It is the agent's responsibility to mail the premium payment (if being made by check) and application materials immediately following the underwriting process.

### **Insurable Interest**

Policy owners and beneficiaries must have an insurable interest in the life of the insured. This means they have a relationship by blood, marriage, or would suffer financial loss if the insured dies.

### **Insured Consent**

ALL applications must have the consent and signature of the Proposed Insured.

### **Replacement**

We will permit replacements as long as the replacement is in the best interest of the client and the appropriate state replacement forms are submitted with the application. However, Section 1035 Exchanges are not permitted.

### **Backdating**

Backdating will be allowed in cases where the Insured's age or a Rider Beneficiary's age changes between the application signature date and the date of policy issue.

### **Payment**

Personal checks from the client or bank draft will be accepted for premiums. No agent or agency checks or CODs will be accepted for premium payment. Money orders will not be accepted as initial payment on monthly electronic funds transfer.

# Application Submission & Policy Issue

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## How To Submit An Application

Up to 10 new applications at a time may be submitted **via fax to**

**1-816-527-0053 or via email to [pnx.newbusiness@phoenixwm.com](mailto:pnx.newbusiness@phoenixwm.com).**

Provide the name of the Proposed Insured, premium collected, agent name, Phoenix producer code, agent fax and phone numbers on the cover page or email. For faxes, identify the number of pages including the cover sheet. A copy of the premium check should be included with each application (if initial payment is not a bank draft). Mail initial premium checks to:

Phoenix Life Insurance Company  
P.O. Box 8027  
Boston, MA 02266-8027

## Application Processing and Policy Issue

Application materials will be reviewed and processed promptly within receipt. The agent or contact person identified on the application cover email/page will be notified via email of the policy number and any outstanding questions. Once the application is "In Good Order," the policy will be issued and mailed to the agent or owner via US Mail, depending on delivery method.

For questions on a pending life case, please call the Phoenix Life New Business team at 1-800-417-4769, option 2, option 2, option 2.

## Policy Delivery

On the Producer's Report, the agent has the option of electing the policy delivery method:

- The policy is mailed directly to the owner, or

- The policy is mailed to the agent. If this method is selected, a Policy Acceptance form must be signed by the insured and owner (if other than insured) and returned to Phoenix within 30 days.

In certain instances, the Policy must be mailed to the agent and a signed Policy Acceptance form must be signed by the client and returned to Phoenix within 30 days, including:

- The client declines voice signature during the tele-interview
- When amendments are made to the policy prior to issue
- The policy is issued in a no-voice-signature state

## Important Dates

**Application Date** – Applications must be dated the day the application is completed.

**Application Receipt** – Applications must be received at Phoenix's processing location within 10 days of the application date.

**Policy Effective Date** – The policy will be placed in force on the policy issue date. If a signed Policy Acceptance Form is required, the policy effective date will be the date it is received by Phoenix.

**Specific Draft Dates** – Initial premium will be drafted upon policy issue. Requests for a specific date for monthly bank draft of subsequent premiums will be accommodated within certain guidelines. To take advantage of this option, you must request it on the application.



# Field Underwriting

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Phoenix Remembrance Life is underwritten on a simplified issue basis. There are no medical examinations, tests or fluid collection. This product is designed to accept risks up to 4 tables or 200% mortality. Clients over 4 tables or 200% mortality will be declined. Underwriting is based on your client's answers on the application.

Part One of the application is completed with your client. This form includes a series of screening questions. If your client answers "yes" to any of these questions, coverage will not be available.

Part Two of the application contains underwriting questions used to determine if your client is eligible for coverage. This step can be completed in one of three ways (see page 9 for details).

Please impress upon your client the need to ensure that their answers on the application and tele-interview are full, true and complete. Application answers will be validated against data received from third-party sources relative to identity, driving record, prescription and insurance history (MIB). Coverage may not be available if application or tele-interview responses conflict with data we receive from these sources.

Our Life New Business team is available to field questions regarding eligibility whenever there may be an area of uncertainty. Call 1-800-417-4769, option 2, option 2, option 2 for assistance.

## **Preparing Your Client**

To help ensure an efficient application process, ask your client to be prepared to provide information about their medical history including: condition, diagnosis date, treatment and physician name and address as well as the names of all prescription medications taken and condition being treated.

## **Screening Questions**

If the client answers "yes" to any of the questions in Section 2 of application Part One, no coverage will be available. Please review these questions with your client carefully.

## **Risk Classes**

This product has 2 risk classes: Non-Tobacco (Preferred) and Tobacco (Standard). Each of these classes is designed to absorb risks up to table 4 (200%). Clients with mortality assessments over table 4 will be declined.

## **Tobacco Definition**

An affirmative response to the following question will classify the client as a Tobacco user (occasional pipe or cigar is defined as less than 6 times a year):

*In the past year, have you used tobacco in any form (excluding occasional pipe or cigar use) or nicotine replacement therapy?*



# Guide to Impairments

|   |   |
|---|---|
| Arrhythmia  | Infrequent premature ventricular contractions (PVC's), accept<br>Recent diagnosis or any hospitalizations, decline<br>Treated with medications, decline   |
| Asthma  | Mild to moderate, stable disease, accept<br>Severe asthma or history of hospitalizations, decline<br>Use of corticosteroids or immunosuppressants, decline  |
| Diabetes  | Mild to moderate, stable disease, age 50 and up, accept<br>Diagnosis within the past 12 months, decline<br>Hospitalization for diabetes within the past 3 years, decline<br>Tobacco use, decline            |
| Hypertension  | Mild to moderate, stable disease, accept<br>Diagnosis within the past 6 months, decline<br>Hospitalization for hypertension within the past 3 years, decline<br>Treated with 3 or more medications, decline |
| Heart   | Any history of heart disease, including coronary artery disease (CAD),<br>cardiomyopathy, congenital disease, or valvular disease, decline  |
| Mental or nervous (including Anxiety,<br>Bipolar, Depression)     | Mild to moderate, stable disease, accept<br>Recent diagnosis, decline<br>Treated with 3 or more medications or any antipsychotics, decline<br>Any hospitalizations or suicide attempts, decline             |
| Pending consultation, testing, surgery or<br>unevaluated symptoms | Decline   |
| Peripheral Vascular Disease                                       | Mild, stable disease in single limb, accept<br>Recent diagnosis, any surgery or hospitalizations, decline<br>Tobacco use, decline   |
| Rheumatoid Arthritis  | Mild to moderate stable disease, accept<br>Recent diagnosis or hospitalizations, decline<br>Use of Enbrel, Remicade or corticosteroids, decline   |
| Seizure   | Mild, stable disease, accept<br>Recent diagnosis, seizure or hospitalization, decline   |
| Cancer  | Decline (excluding basal cell carcinoma)  |

## Multiple Medical Conditions

The underwriting approach is designed to accommodate the likelihood of multiple medical conditions. Conditions are evaluated in a manner which takes into account varying degrees of severity, treatment and age. Note that the presence of either numerous or significant medical conditions may result in decline.

Example: If a client has a history of 2 medical conditions that equate to 2 tables of additional mortality, they would be eligible for coverage.

If this same client also has a height/weight that is approaching the maximum cited in the chart (pg 16), coverage would be declined as the total mortality exceeds 4 tables.



# Medications and Charts

## List of Concerning Medications

If your client is currently on any of the medications cited below, coverage will not be available.

|          |                           |             |            |            |                      |
|----------|---------------------------|-------------|------------|------------|----------------------|
| ABILIFY  | DEPO-PROVERA <sup>3</sup> | HALOPERIDOL | MEGACE     | RISPERDAL  | TYSABRI              |
| ALKERAN  | DEXAMETHASONE             | HYDERGINE   | MELLARIL   | SANDIMMUNE | VIRAMUNE             |
| ANTABUSE | DIGOXIN                   | IMURAN      | METHADONE  | SEROQUEL   | WARFARIN             |
| ARICEPT  | ERGOLOID MESYLATES        | INVIRASE    | PURINETHOL | STELAZINE  | ZENAPAX              |
| AVONEX   | ESKALITH                  | JANTOVEN    | RAZADYNE   | SUSTIVA    | ZERIT                |
| CASODEX  | EXELON                    | LANOXIN     | REBIF      | TAMOXIFEN  | ZIAGEN               |
| COGNEX   | GENGRAF                   | LEXIVA      | REMICADE   | TESLAC     | ZIDOVUDINE           |
| COMBIVIR | GEODON                    | LITHIUM     | REMINYL    | THORAZINE  | ZOLADEX <sup>4</sup> |
| COPAXONE | HALDOL                    | LUPRON      | RETROVIR   | TRUVADA    | ZYPREXA              |
| CYTOXAN  |                           |             |            |            |                      |

3. Use to age 50 is acceptable.

4. Use in treatment for endometriosis is acceptable.

## Height & Weight Chart

This chart is designed to provide the maximum height/weight combinations for this product. The limits shown reflect a full 4 table or 200% mortality loading. If your client is near the high end of these limits and has other medical history, they may not qualify for coverage.

| Ages 18-44 |         |         |
|------------|---------|---------|
| Height     | Minimum | Maximum |
| 4' 9"      | 79      | 180     |
| 4' 10"     | 81      | 186     |
| 4' 11"     | 84      | 193     |
| 5' 0"      | 87      | 199     |
| 5' 1"      | 90      | 206     |
| 5' 2"      | 93      | 213     |
| 5' 3"      | 96      | 220     |
| 5' 4"      | 99      | 227     |
| 5' 5"      | 102     | 234     |
| 5' 6"      | 105     | 241     |
| 5' 7"      | 109     | 248     |
| 5' 8"      | 112     | 256     |
| 5' 9"      | 115     | 263     |
| 5' 10"     | 118     | 271     |
| 5' 11"     | 122     | 279     |
| 6' 0"      | 125     | 287     |
| 6' 1"      | 129     | 295     |
| 6' 2"      | 132     | 303     |
| 6' 3"      | 136     | 311     |
| 6' 4"      | 140     | 320     |
| 6' 5"      | 143     | 328     |
| 6' 6"      | 147     | 337     |
| 6' 7"      | 151     | 345     |
| 6' 8"      | 155     | 354     |

| Age 45 and up |         |         |
|---------------|---------|---------|
| Height        | Minimum | Maximum |
| 4' 9"         | 79      | 194     |
| 4' 10"        | 81      | 201     |
| 4' 11"        | 84      | 207     |
| 5' 0"         | 87      | 215     |
| 5' 1"         | 90      | 222     |
| 5' 2"         | 93      | 229     |
| 5' 3"         | 96      | 237     |
| 5' 4"         | 99      | 244     |
| 5' 5"         | 102     | 252     |
| 5' 6"         | 105     | 260     |
| 5' 7"         | 109     | 268     |
| 5' 8"         | 112     | 276     |
| 5' 9"         | 115     | 284     |
| 5' 10"        | 118     | 292     |
| 5' 11"        | 122     | 300     |
| 6' 0"         | 125     | 309     |
| 6' 1"         | 129     | 318     |
| 6' 2"         | 132     | 326     |
| 6' 3"         | 136     | 335     |
| 6' 4"         | 140     | 344     |
| 6' 5"         | 143     | 353     |
| 6' 6"         | 147     | 363     |
| 6' 7"         | 151     | 372     |
| 6' 8"         | 155     | 381     |

# Agent Resources

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## Website

For product information, state availability, quotes, marketing material and new business processing information, please visit [www.phoenixwm.phl.com/pc/index.jsp](http://www.phoenixwm.phl.com/pc/index.jsp).

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## Live Support

Call for live assistance Monday through Friday, except major holidays.

### **Product Information, Marketing Fulfillment and Application Help:**

Sales Desk 1-888-794-4447  
Available Monday through Friday,  
8 a.m. – 6 p.m. Eastern Time

### **Pending Case Status, New Business and Underwriting Eligibility Questions:**

Life New Business: 1-800-417-4769, option 2,  
option 2, option 2  
Available 8:30 a.m. – 5 p.m. Eastern Time

### **Tele-interviews:** 1-855-249-8441

Available 8 a.m. – 8 p.m. Eastern Time

# Rules and Alerts

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## **Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) combats waste, fraud and abuse in the insurance industry. HIPAA guidelines have specific disclosure requirements that prohibit unauthorized persons from viewing or receiving confidential medical information. As a result, strict HIPAA regulations prohibit us from divulging or discussing with the agent any medical information obtained during underwriting.

## **Medical Information Bureau, Inc.**

The Medical Information Bureau (MIB) is a membership association of life insurance companies. The primary mission of the MIB is to provide an alert to its member insurance companies against omissions and fraud. This helps MIB member companies to protect their interests and leads to cost savings which can be passed on to the insurance consumer.

The authorization sections on the application authorize Phoenix to access the MIB and to obtain any necessary medical records for the Proposed Insured during the underwriting process. Please note that the MIB is used as an alert. Actual underwriting decisions are not based on MIB inquiry results alone.

Founded in 1851, Phoenix helps meet financial planning needs, from protecting people and their loved ones and businesses, to helping secure their retirement dreams through life insurance, annuities and alternative retirement solutions. As a financially strong and stable company with a history of keeping its promises, we are committed to excellence in everything we do.



PHOENIX

**Guarantees are based on the claims-paying ability of the issuing company, PHL Variable Insurance Company or Phoenix Life Insurance Company.**

Phoenix Remembrance Life (ICC12FEWL) whole life insurance is issued by PHL Variable Insurance Company (PHLVIC). In Maine and New York, Phoenix Remembrance Life is issued by Phoenix Life Insurance Company (PLIC). PHLVIC is not authorized to conduct business in Maine and New York.

These insurers are separate entities and each is responsible only for its own financial condition and contractual obligations.

Members of The Phoenix Companies, Inc.

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