

Savers Legacy

*Level Benefit Term Life Insurance
Option to Convert to Whole Life at Age 80*





Q: What if I want coverage beyond age 80?

A: You may convert all or part of the insurance that ends to a permanent life policy without evidence of insurability. You will not have to take any medical tests or answer health questions. The Conversion Option begins 90 days before your 80th birthday. Premiums are based on age at time of conversion.

Q: Is there any way my benefits can be paid while I am living?

A: Yes! This coverage comes with a “living benefit”. If you’re diagnosed with a terminal illness and given a life expectancy of 12 months or less, you can access half of your benefit amount. This added cash can be used in any way you see fit... help cover medical bills or household expenses, even pay for a family member to care for you.

Q: What if I apply today, but change my mind later?

A: That’s not a problem. Once you receive your policy, you’ll have 10 days to look it over. If you decide this coverage is not for you, just return the policy and you’ll receive a refund of any premiums you paid. Coverage will be voided and you’ll be under no obligations.

IT’S EASY TO APPLY!

Just complete an enrollment application and verification call!

More Questions?

Contact your local Standard Life And Casualty Agent!

CURRENT MONTHLY RATES

Issue Age	\$10,000		\$20,000		\$30,000		\$50,000		\$100,000	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
35 - 44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45 - 49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50 - 54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55 - 59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
60 - 64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
65 - 69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70 - 75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Exclusions and Limitations

Summary of Coverage Applied For

Presented To: _____

Plan Name: _____

Beneficiary: _____

Policy Face Amount: \$ _____

Policyholder: _____

Riders: _____

Agent: _____

Total Premium: \$ _____

Agent Phone: _____

Draft Date: _____