

FPP^{TI}

Family Protection Plan with Terminal Illness
Term Life Insurance to age 100

Quality of Life Rider



Nearly

85%

of people said they thought most
people need life insurance.

Yet only

59%

said that they have
coverage themselves.

And

33%

wish their spouse or partner
had more life insurance.*

Prepare for the future. Protect your loved ones.

CUSTOMIZABLE

With several options to choose from, select the coverage that best meets the needs of your family.

TERMINAL ILLNESS ACCELERATION OF BENEFITS

Coverage that pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

PORTABLE

Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

FAMILY PROTECTION

You can get coverage for your spouse and financially dependent children 14 days through 23 years old, even if you don't elect coverage on yourself. No matter what the future brings, you and your family are protected.

CONVENIENT

Easy payment through payroll deduction.

QUALITY OF LIFE

Benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

PROTECTION YOU CAN COUNT ON

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

*Scanlon, J., Terry, K., Leyes, M., 2018 Insurance Barometer Study. Retrieved from www.limra.com/Research/Abstracts_Public/2018/2018_Insurance_Barometer.aspx. Please note there is a cost associated with this research paper.

Underwritten by 5Star Life Insurance Company (777 Research Drive, Lincoln, NE 68521), administered by NTT. Product available in all states except IN, NJ, NY, PR, VT & WA. Quality of Life rider not available in CA. Policy #: FPP-TI

FPP-TI QoL-FlyerR0518



FPP-TI Rate Sheet

Monthly Rates with Quality of Life Rider Defined Benefit



Issue Age	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 125,000	\$ 150,000
18-25	\$ 7.56	\$ 10.78	\$ 14.01	\$ 17.24	\$ 20.46	\$ 28.53	\$ 36.59	\$ 44.65	\$ 52.71
26	\$ 7.59	\$ 10.83	\$ 14.09	\$ 17.33	\$ 20.59	\$ 28.71	\$ 36.83	\$ 44.96	\$ 53.09
27	\$ 7.65	\$ 10.97	\$ 14.28	\$ 17.60	\$ 20.92	\$ 29.21	\$ 37.50	\$ 45.80	\$ 54.08
28	\$ 7.74	\$ 11.15	\$ 14.56	\$ 17.96	\$ 21.38	\$ 29.90	\$ 38.41	\$ 46.94	\$ 55.46
29	\$ 7.88	\$ 11.43	\$ 14.99	\$ 18.54	\$ 22.09	\$ 30.96	\$ 39.84	\$ 48.71	\$ 57.59
30	\$ 8.07	\$ 11.80	\$ 15.53	\$ 19.27	\$ 23.00	\$ 32.34	\$ 41.67	\$ 51.01	\$ 60.33
31	\$ 8.27	\$ 12.20	\$ 16.14	\$ 20.06	\$ 24.00	\$ 33.84	\$ 43.66	\$ 53.50	\$ 63.34
32	\$ 8.50	\$ 12.65	\$ 16.81	\$ 20.97	\$ 25.12	\$ 35.52	\$ 45.92	\$ 56.31	\$ 66.71
33	\$ 8.73	\$ 13.11	\$ 17.51	\$ 21.90	\$ 26.29	\$ 37.27	\$ 48.25	\$ 59.23	\$ 70.21
34	\$ 9.01	\$ 13.67	\$ 18.34	\$ 23.00	\$ 27.67	\$ 39.33	\$ 51.00	\$ 62.67	\$ 74.34
35	\$ 9.30	\$ 14.27	\$ 19.23	\$ 24.20	\$ 29.17	\$ 41.59	\$ 54.00	\$ 66.42	\$ 78.83
36	\$ 9.64	\$ 14.95	\$ 20.26	\$ 25.57	\$ 30.88	\$ 44.15	\$ 57.42	\$ 70.69	\$ 83.96
37	\$ 10.02	\$ 15.70	\$ 21.39	\$ 27.07	\$ 32.76	\$ 46.96	\$ 61.17	\$ 75.37	\$ 89.59
38	\$ 10.41	\$ 16.48	\$ 22.56	\$ 28.64	\$ 34.71	\$ 49.89	\$ 65.09	\$ 80.27	\$ 95.46
39	\$ 10.85	\$ 17.35	\$ 23.86	\$ 30.37	\$ 36.87	\$ 53.15	\$ 69.42	\$ 85.68	\$ 101.96
40	\$ 11.31	\$ 18.29	\$ 25.26	\$ 32.23	\$ 39.21	\$ 56.65	\$ 74.08	\$ 91.52	\$ 108.96
41	\$ 11.83	\$ 19.33	\$ 26.83	\$ 34.33	\$ 41.83	\$ 60.58	\$ 79.33	\$ 98.08	\$ 116.83
42	\$ 12.41	\$ 20.48	\$ 28.56	\$ 36.63	\$ 44.71	\$ 64.90	\$ 85.08	\$ 105.27	\$ 125.46
43	\$ 13.00	\$ 21.66	\$ 30.34	\$ 39.00	\$ 47.67	\$ 69.33	\$ 91.00	\$ 112.67	\$ 134.34
44	\$ 13.63	\$ 22.91	\$ 32.21	\$ 41.50	\$ 50.79	\$ 74.02	\$ 97.25	\$ 120.48	\$ 143.71
45	\$ 14.27	\$ 24.22	\$ 34.16	\$ 44.10	\$ 54.05	\$ 78.90	\$ 103.75	\$ 128.60	\$ 153.46
46	\$ 14.97	\$ 25.60	\$ 36.24	\$ 46.87	\$ 57.51	\$ 84.09	\$ 110.67	\$ 137.25	\$ 163.84
47	\$ 15.70	\$ 27.05	\$ 38.41	\$ 49.77	\$ 61.13	\$ 89.52	\$ 117.92	\$ 146.32	\$ 174.71
48	\$ 16.43	\$ 28.51	\$ 40.61	\$ 52.70	\$ 64.79	\$ 95.03	\$ 125.25	\$ 155.48	\$ 185.71
49	\$ 17.22	\$ 30.10	\$ 42.98	\$ 55.87	\$ 68.75	\$ 100.96	\$ 133.17	\$ 165.37	\$ 197.58
50	\$ 18.08	\$ 31.82	\$ 45.56	\$ 59.30	\$ 73.04	\$ 107.39	\$ 141.75	\$ 176.10	\$ 210.46
51	\$ 19.04	\$ 33.75	\$ 48.46	\$ 63.17	\$ 77.88	\$ 114.65	\$ 151.42	\$ 188.19	\$ 224.96
52	\$ 20.16	\$ 35.98	\$ 51.81	\$ 67.63	\$ 83.46	\$ 123.02	\$ 162.58	\$ 202.15	\$ 241.71
53	\$ 21.40	\$ 38.46	\$ 55.54	\$ 72.60	\$ 89.67	\$ 132.33	\$ 175.00	\$ 217.67	\$ 260.34
54	\$ 22.79	\$ 41.25	\$ 59.71	\$ 78.17	\$ 96.63	\$ 142.77	\$ 188.92	\$ 235.07	\$ 281.21
55	\$ 24.26	\$ 44.20	\$ 64.13	\$ 84.06	\$ 104.00	\$ 153.83	\$ 203.66	\$ 253.50	\$ 303.33
56	\$ 25.94	\$ 47.53	\$ 69.14	\$ 90.73	\$ 112.34	\$ 166.33	\$ 220.33	\$ 274.34	\$ 328.34
57	\$ 27.66	\$ 50.98	\$ 74.31	\$ 97.63	\$ 120.96	\$ 179.27	\$ 237.58	\$ 295.89	\$ 354.21
58	\$ 29.42	\$ 54.50	\$ 79.58	\$ 104.67	\$ 129.75	\$ 192.46	\$ 255.17	\$ 317.87	\$ 380.58
59	\$ 31.23	\$ 58.12	\$ 85.01	\$ 111.90	\$ 138.79	\$ 206.02	\$ 273.25	\$ 340.48	\$ 407.71
60	\$ 33.12	\$ 61.90	\$ 90.69	\$ 119.46	\$ 148.25	\$ 220.21	\$ 292.16	\$ 364.13	\$ 436.09
61	\$ 35.08	\$ 65.82	\$ 96.56	\$ 127.30	\$ 158.04	\$ 234.90	\$ 311.75	\$ 388.60	\$ 465.46
62	\$ 37.12	\$ 69.91	\$ 102.71	\$ 135.50	\$ 168.29	\$ 250.27	\$ 332.25	\$ 414.23	\$ 496.21
63	\$ 39.31	\$ 74.29	\$ 109.26	\$ 144.23	\$ 179.21	\$ 266.65	\$ 354.08	\$ 441.52	\$ 528.96
64	\$ 41.68	\$ 79.04	\$ 116.38	\$ 153.73	\$ 191.09	\$ 284.46	\$ 377.83	\$ 471.21	\$ 564.58
65	\$ 44.34	\$ 84.33	\$ 124.34	\$ 164.33	\$ 204.34	\$ 304.33	\$ 404.33	\$ 504.34	\$ 604.34
66	\$ 44.93	\$ 85.52	\$ 126.11	\$ 166.70	\$ 207.29	\$ 308.77	\$ 410.25	\$ 511.73	\$ 613.21
67	\$ 48.25	\$ 92.17	\$ 136.08	\$ 180.00	\$ 223.92	\$ 333.71	\$ 443.50	\$ 553.29	\$ 663.08
68	\$ 52.03	\$ 99.73	\$ 147.43	\$ 195.13	\$ 242.83	\$ 362.08	\$ 481.33	\$ 600.58	\$ 719.83
69	\$ 56.33	\$ 108.32	\$ 160.31	\$ 212.30	\$ 264.29	\$ 394.27	\$ 524.25	\$ 654.23	\$ 784.21
70	\$ 61.17	\$ 118.00	\$ 174.83	\$ 231.67	\$ 288.50	\$ 430.58	\$ 572.67	\$ 714.75	\$ 856.83

Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

Child life coverage available only on children and grandchildren of employee (age on application date 14 days through 23 years).

\$4.98 monthly for \$10,000 coverage and \$9.97 monthly for \$20,000 of coverage per child.



P. O. Box 83043 · Lincoln, NE 68501-3043 · 866-863-9753

Policy Number: _____

1. Deceased's Name in Full _____

Residence _____

Occupation _____

2. Date of Birth _____ Place of Birth _____

3. Date of Death _____ Place of Death _____

Cause of Death _____

These statements are true and complete. I understand that the furnishing of forms by the Company does not constitute an admission that there is any insurance in force. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be suspect to fines and confinement in prison.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

Dated at _____ this _____ day of _____, _____.
CITY AND STATE

Signed or acknowledge in the presence of:

NON-RELATIVE WITNESS (PLEASE PRINT)

CLAIMANT (PLEASE PRINT)

SIGNATURE OF WITNESS

SIGNATURE OF CLAIMANT

ADDRESS OF WITNESS

ADDRESS OF CLAIMANT (PLEASE PRINT)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

CLAIMANTS SOCIAL SECURITY NUMBER

CLAIMANT'S DATE OF BIRTH

FRAUD INFORMATION

For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.