

# Ultra Protector Series

Three products to fit individual situations

## Ultra Protector I

Annual Premium Rates per \$1,000 face amount

Issue Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
50	35.00	47.40	25.70	33.00
51	35.90	48.86	26.49	33.85
52	36.80	50.32	27.28	34.70
53	37.70	51.78	28.07	35.55
54	38.60	53.24	28.86	36.40
55	39.51	54.68	29.63	37.23
56	41.71	57.00	30.73	38.39
57	42.80	59.33	32.93	40.72
58	45.00	62.82	34.02	41.88
59	47.19	65.15	36.22	44.21
60	49.39	68.64	37.32	46.53
61	51.58	70.96	39.51	48.86
62	54.88	74.45	41.71	51.19
63	57.07	79.11	43.90	53.51
64	60.36	82.60	46.10	55.84
65	63.66	87.25	48.29	58.17
66	66.95	91.90	50.49	60.49
67	71.34	97.72	52.68	63.98
68	75.73	102.37	55.97	66.31
69	80.12	108.19	58.17	69.80
70	85.61	115.17	61.46	73.29
71	91.09	122.15	65.85	76.78
72	97.68	129.13	69.14	81.43
73	104.26	136.11	74.63	87.25
74	110.85	143.09	79.02	91.90
75	118.53	151.24	85.61	98.88
76	129.96	159.38	95.47	105.86
77	141.38	167.52	105.34	114.01
78	152.81	175.67	115.21	122.15
79	164.24	184.97	125.08	132.62
80	175.67	194.28	134.95	141.93
81	187.30	n/a	146.58	n/a
82	200.10	n/a	158.22	n/a
83	214.06	n/a	172.18	n/a
84	228.02	n/a	186.14	n/a
85	243.14	n/a	201.26	n/a

Add \$40 annual policy fee

## Ultra Protector II

Annual Premium Rates per \$1,000 face amount

Issue Age	Male	Female
50	54.20	43.60
51	55.82	44.76
52	57.44	45.92
53	59.06	47.08
54	60.68	48.24
55	62.28	49.39
56	63.93	50.76
57	68.87	52.95
58	71.61	55.15
59	75.18	58.44
60	77.92	60.64
61	82.59	63.93
62	86.70	66.95
63	91.09	69.42
64	95.76	72.71
65	100.70	75.45
66	106.46	78.20
67	112.49	82.04
68	119.35	85.61
69	121.27	89.45
70	134.17	94.11
71	142.95	98.78
72	152.83	105.36
73	162.70	112.22
74	173.41	120.73
75	185.20	130.33
76	197.82	141.85
77	211.27	154.20
78	224.71	167.64
79	239.26	181.36
80	254.89	194.26

Add \$40 annual policy fee

## Ultra Protector III

Annual Premium Rates per \$1,000 face amount

Issue Age	Male	Female
50	95.76	73.42
51	99.25	76.08
52	103.61	79.43
53	107.11	82.11
54	110.89	85.02
55	115.26	88.37
56	119.63	91.71
57	122.54	93.94
58	126.90	97.28
59	131.26	100.63
60	134.76	103.32
61	139.71	107.11
62	144.66	110.91
63	149.61	114.70
64	156.01	119.60
65	162.41	124.52
66	170.50	130.73
67	179.61	137.72
68	189.46	145.27
69	200.09	153.41
70	228.45	161.67
71	242.67	171.73
72	258.78	183.14
73	275.85	195.21
74	294.55	208.45
75	314.59	222.64

Add \$40 annual policy fee

### How to calculate premium:

Annual Premium Rate per \$1,000	\$ _____
Number of 1,000's	(x) _____
<b>Premium Amount</b>	\$ _____
Annual Policy Fee	(+) \$ 40.00
<b>Total Premium</b>	\$ _____
Modal Factor	(x) _____
<b>Modal Premium</b>	\$ _____

### Modal Factors:

Annual:  
1.00  
Monthly  
PAC: .087

## New Business Information

### Fast Track Policy Issue

- Fax a copy of the application and a copy of the premium check or EFT form to begin processing.
- Use the Americo Fax Application Transmittal Form (#AFSFAX2002).
- Double check before submission. Common errors that can delay processing include missing signatures, dates, and agent numbers.
- Print clearly using black ink.
- Submit all state-required and replacement forms.
- Detach conditional receipt and leave with applicant, if applicable.
- Note special requests such as policy date, date to save age, or issue family members or partners together.

### Paying the first premium

- Do not send partial premiums. A full modal premium is required. Do not send cash. We do not accept money orders for initial premium payments.
- We cannot process premium checks that are postdated, backdated more than six months, or improperly endorsed.
- Bank draft authorization with a voided check is considered by the Home Office to be the same as Cash with Application (CWA). We will draft for the first premium immediately upon underwriting approval, assuming no other requirements are outstanding.
- If application is faxed with bank draft authorization form and initial premium was also collected, a copy of the initial premium check must also be faxed with the application to avoid an immediate bank draft for initial premium.
- You must note the policy number on the CWA check before mailing the check to the Home Office.
- Personal checks written by the agent on behalf of the applicant will not be accepted.

## Contact Information

**Agent Café:** Access product information, forms, and consumer-friendly information, and download quote software at our agent website, Agent Café, [www.americo.com](http://www.americo.com).

**Sales Support:** Call 800.231.0801, ext. 8410, Monday – Friday 8:00 A.M. to 5:00 P.M., central, or email [salesupport@americo.com](mailto:salesupport@americo.com).

**Agent Contact Center:** Call 800.231.0801 or email [pending.business@americo.com](mailto:pending.business@americo.com). The Center's hours are Monday – Friday 8:00 A.M. to 5:00 P.M., central.

**Underwriting:** Have a special situation? Refer to Agent Café or the Field Underwriting Guide. For questions regarding underwriting, contact the Agent Contact Center at 800.231.0801, ext. 1861 and a representative will direct you for assistance.

To submit Underwriting and Delivery Requirements, fax to 800.395.9238.