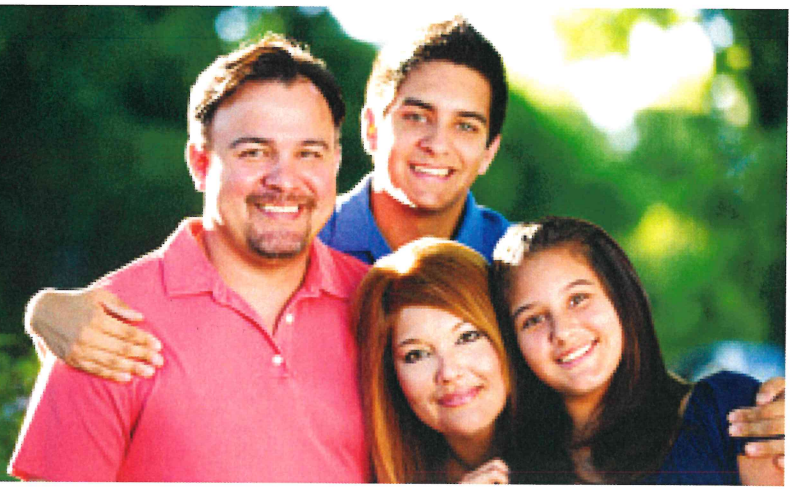
FPPg

5Star Life Insurance Company
Family Protection Plan
Group Term Life Insurance to age 121

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.

FAMILY COVERAGE
You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

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.

TERMINAL ILLNESS ACCELERATION OF BENEFITS
Coverage 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).

CONVENIENT
Easy payments through payroll deduction.

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.

QUALITY OF LIFE
Optional 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.

* Scanlon, James T., Terry, Karen R., and Leyes, Maggie, 2018 Insurance Barometer Study, April 4, 2018, www.limra.com/Research/Abstracts_Public/2018/2018_Insurance_Barometer.aspx. Please note there may be a cost associated with this study.

Underwritten by 5Star Life Insurance Company (a Lincoln, Nebraska company); Administered by NTT Data at 777 Research Drive, Lincoln, NE 68521
Product not available in all states. Policy #: ICC18-GFPPPOL

5STAR LIFE INSURANCE COMPANY

FPPg Rate Sheet

Bi-Weekly Rates with Quality of Life Rider
Defined Benefit

5STAR LIFE INSURANCE COMPANY

Issue Age	$10,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
18-25	$4.57	$6.91	$10.83	$14.74	$18.66	$22.57	$26.49
26	$4.58	$6.94	$10.89	$14.83	$18.77	$22.71	$26.65
27	$4.61	$7.02	$11.04	$15.06	$19.07	$23.10	$27.11
28	$4.66	$7.13	$11.27	$15.40	$19.53	$23.68	$27.81
29	$4.72	$7.30	$11.60	$15.90	$20.19	$24.50	$28.79
30	$4.81	$7.53	$12.06	$16.59	$21.11	$25.64	$30.18
31	$4.91	$7.77	$12.53	$17.31	$22.08	$26.84	$31.61
32	$5.01	$8.04	$13.07	$18.12	$23.16	$28.19	$33.23
33	$5.13	$8.32	$13.63	$18.96	$24.27	$29.59	$34.90
34	$5.26	$8.65	$14.30	$19.96	$25.62	$31.27	$36.92
35	$5.41	$9.02	$15.04	$21.05	$27.07	$33.10	$39.12
36	$5.58	$9.43	$15.86	$22.30	$28.73	$35.16	$41.59
37	$5.76	$9.89	$16.77	$23.66	$30.54	$37.43	$44.31
38	$5.95	$10.36	$17.71	$25.07	$32.42	$39.78	$47.13
39	$6.15	$10.89	$18.77	$26.65	$34.54	$42.42	$50.31
40	$6.38	$11.46	$19.90	$28.36	$36.80	$45.26	$53.71
41	$6.64	$12.09	$21.17	$30.26	$39.34	$48.44	$57.52
42	$6.92	$12.78	$22.58	$32.36	$42.16	$51.94	$61.74
43	$7.20	$13.50	$24.00	$34.50	$45.00	$55.50	$66.00
44	$7.51	$14.26	$25.51	$36.78	$48.04	$59.30	$70.55
45	$7.81	$15.04	$27.07	$39.11	$51.16	$63.19	$75.23
46	$8.16	$15.89	$28.77	$41.66	$54.54	$67.43	$80.31
47	$8.50	$16.76	$30.52	$44.28	$58.04	$71.79	$85.56
48	$8.86	$17.65	$32.29	$46.94	$61.58	$76.23	$90.87
49	$9.24	$18.60	$34.22	$49.82	$65.42	$81.03	$96.64
50	$9.67	$19.65	$36.31	$52.96	$69.61	$86.27	$102.92
51	$10.13	$20.82	$38.64	$56.46	$74.27	$92.08	$109.90
52	$10.67	$22.18	$41.34	$60.52	$79.69	$98.86	$118.04
53	$11.27	$23.67	$44.35	$65.02	$85.70	$106.36	$127.04
54	$11.94	$25.36	$47.73	$70.09	$92.47	$114.83	$137.19
55	$12.66	$27.15	$51.31	$75.46	$99.62	$123.77	$147.93
56	$13.47	$29.17	$55.35	$81.52	$107.69	$133.86	$160.04
57	$14.31	$31.26	$59.52	$87.78	$116.04	$144.30	$172.56
58	$15.16	$33.40	$63.79	$94.19	$124.57	$154.97	$185.36
59	$16.03	$35.58	$68.15	$100.74	$133.31	$165.89	$198.46
60	$16.94	$37.86	$72.73	$107.59	$142.46	$177.32	$212.19
61	$17.89	$40.24	$77.49	$114.72	$151.96	$189.20	$226.45
62	$18.89	$42.73	$82.46	$122.19	$161.92	$201.65	$241.38
63	$19.95	$45.37	$87.75	$130.12	$172.50	$214.88	$257.25
64	$21.10	$48.25	$93.50	$138.75	$184.00	$229.25	$274.50
65	$22.38	$51.46	$99.92	$148.39	$196.85	$245.31	$293.77
66*	$22.67	$52.18	$101.37	$150.55	$199.73	$248.91	$298.10
67*	$24.28	$56.21	$109.42	$162.63	$215.85	$269.06	$322.27
68*	$26.12	$60.79	$118.58	$176.37	$234.15	$291.94	$349.73
69*	$28.20	$65.99	$128.98	$191.97	$254.96	$317.95	$380.94
70*	$30.54	$71.86	$140.71	$209.57	$278.42	$347.28	$416.13

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

Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student.
$0.46 biweekly for $5,000 coverage and $0.92 biweekly for $10,000 coverage.

If Spouse is Enrolling in Coverage:

SPOUSE:

First Name:

Last Name:

DOB:

Gender:

Coverage Amount:

Beneficiaries – *1 Primary (100%)*

Primary: **NAME** **RELATIONSHIP**

1.

If adding Child(ren) Rider:

CHILD: UP TO 7 CHILDREN

First Name:

Last Name:

DOB:

Gender:

Beneficiaries – *1 Primary (100%) ALL CHILDREN SHARE SAME BENEFICIARY*

Primary: **NAME** **RELATIONSHIP**

1.

Policy Information:

Effective Date:

Signature Date:

Group Number:

Group Situs State:

Agent numbers and split % (Maximum of 4 Agents):

5Star Life – FPPg Required Enrollment Info

IN ADDITION TO THE REQUIRED STATEMENT OF INSURABILITY, THE BELOW INFORMATION IS REQUIRED TO ENROLL COVERAGE

Employee Info:

Date of Hire:

Last Name:

First Name:

DOB:

SSN:

Gender:

Phone # (Optional):

Address:

City, State, Zip:

If Employee is Enrolling in Coverage:

EMPLOYEE:

Coverage Amount:

Occupation Class:

Beneficiaries – ***Up to 4 Primary – MUST TOTAL 100% & 1 Contingent (100%)***

Primary:	**NAME**	**PERCENTAGE**	**RELATIONSHIP**
1.			
2			
3			
4			

Contingent:	**NAME**	**RELATIONSHIP**
1.		

5Star Group Family Protection Plan
Group Term Life Insurance to Age 121
Statement of Insurability

Section 1 - Employer Information

Employer/Group Name: _____

Section 2 - Employee Information

Employee/Owner: _____ SSN: ___-___-_____

Section 3 - Statement of Insurability

To the best of my knowledge and belief all answers in this Statement of Insurability are true and correctly recorded, and are made as a consideration for the applied for insurance.

For **Qualified Issue** coverage answer questions **I-III**, for **Simplified Issue** Coverage answer **all** Questions.

Please answer the following questions:	**Employee**		**Spouse**	
I. In the past 5 years, has any Applicant been diagnosed, treated, or prescribed medication by a medical professional for AIDS, AIDS related complex or an immune system disorder?	☐Yes	☐ No	☐Yes	☐ No
II. In the past 6 months, has any Applicant been unable to work or needed personal or mechanical assistance in walking, bathing or dressing or been confined at home, been hospitalized* due to injury or sickness, excluding well-baby delivery and treatment for back pain?	☐Yes	☐ No	☐Yes	☐ No
*__Hospitalized__ is defined as an admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long-term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.				
III. In the past 12 months has any Applicant had diagnostic testing, surgery or hospitalization* recommended by a medical professional which has not been completed or for which the results have not been received?	☐Yes	☐ No	☐Yes	☐ No
IV. In the past 5 years, has any Applicant:				
A. Been diagnosed, treated, or prescribed medication by a medical professional for any of the following conditions: any disease or disorder of the heart, stroke, cancer, lung disease, chronic respiratory disorder (including any treatment with oxygen but excluding asthma), diabetes requiring insulin, liver or kidney disease?	☐Yes	☐ No	☐Yes	☐ No
B. Been convicted two or more times of driving under the influence of alcohol or drugs or while intoxicated?	☐Yes	☐ No	☐Yes	☐ No
C. Been treated by a medical professional or in a medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue use of alcohol?	☐Yes	☐ No	☐Yes	☐ No
V. In the last 10 years, has any Applicant ever applied for and been rejected for life insurance?	☐Yes	☐ No	☐Yes	☐ No

Section 4 - Conditions Relating to this Form

Representations

Group Eligibility: I am eligible to apply for this group level term life insurance coverage as an Employee as defined in the Master Group Policy and described in the Certificate of insurance coverage. **Agreement:** In the absence of my spouse, I, as Owner, have the appropriate knowledge to answer the questions for my spouse and children. I represent that all statements and answers in this enrollment form are complete, true and correctly recorded TO THE BEST OF MY KNOWLEDGE AND BELIEF. I agree that 1) upon approval of this enrollment form by 5Star Life Insurance Company (5Star Life), it and the Benefits Summary issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life and is subject to each covered person's health being as described in this application, and upon receipt of the full first premium, in which case the coverage shall take effect as of the effective date as shown in the Benefits Summary; 3) if within 60 days of receipt of all required documentation this application is not approved, it will become void and any premiums paid will be refunded; I will be so notified. **Note:** Within the time limits prescribed by the law of the state where you live, no benefits will be paid and premiums will be refunded if the insured commits suicide while sane or insane. Refer to your Benefits Summary for coverage details. **Authorization:** I hereby authorize any licensed physician; medical practitioner; hospital; clinic; insurance company; employer; financial institution; Medical Information Bureau; or Motor Vehicle Administration that may have records of my financial, physical, or mental health condition to give 5Star Life, its authorized representative, and its reinsurers any such information. I understand that this information will be used to determine my eligibility for coverage and that I may revoke this authorization and enrollment form at any time by providing written notice. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the date below. I acknowledge that I, or my authorized representative is entitled to receive a copy of this authorization.

Note: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I certify I have authorized my employer to make payroll deduction of premiums for myself and my family members. I certify I have authorized 5 Star Life Insurance Company to debit my checking account to make premium payments for myself and my family members.

Sign Here (signature must be personal.)

Employee (Certificate Owner): _____ Date: ___/___/___

Signed at City: _____ State: _____

Spouse Signature (if spouse coverage elected): _____ Date: ___/___/___

Signed at City: _____ State: _____