

Phoenix Safe Harbor Term Life ExpressSM



PHOENIX

Quick Reference Guide



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Product features, rider options and availability may vary by state.
Payment guarantees are based on the claims-paying ability of the issuing company.

Product Overview

A simplified-issue term life insurance policy with living benefits designed to protect the future of loved ones and plan for the unexpected.

Coverage

- Lump sum death benefit paid to policy beneficiary(ies)
- Term periods and issue ages (last birthday):
 - 10 year: Ages 18-80
 - 15 year: Ages 18-70
 - 20 year: Ages 18-65
 - 30 year: Ages 18-55 (non-tobacco)
Ages 18-50 (tobacco)
- Simplified issue underwriting - no Attending Physician Statement (APS) or paramedical exam required
- Immediate underwriting decisions are available via teleunderwriting service

Included Riders:

- Accelerated Benefit Riders - option to accelerate the death benefit in the event of a serious illness:
 - Chronic Illness
 - Critical Illness
 - Terminal Illness
- Unemployment Rider

Optional Rider:

- Accidental Death Benefit
- Available for additional premium (commissionable)

Underwriting Classes

- Standard Non-Tobacco
- Tobacco

Face Amounts

- Minimum and maximum face amounts by issue age:
 - 18-50 \$25k - \$400k
 - 51-60 \$25k - \$300k
 - 61-70 \$25k - \$200k
 - 71-80 \$25k - \$100k

Premiums:

- Monthly bank draft or quarterly, semi-annual or annual billing
- Premiums do not increase during term period
- Option to continue coverage after the term period until age 100 at annually renewable rates¹
- Policy fee = \$72/year
- Premiums dependent on frequency of billing²

Term Conversions

Flexibility to convert term life insurance to permanent life insurance based on the duration of the policy.

- 10-Year Term: Convertible in first 5 policy years
- 15-Year Term: Convertible in first 7 policy years
- 20-Year Term: Convertible in first 10 policy years
- 30-Year Term: Convertible in first 10 policy years
- Full and partial conversions are allowed
- Same underwriting classification as term product will apply
- No medical evidence is required

Free Look

- Policy includes a Free Look period during which policy may be reviewed and returned for a full refund
- Free Look period varies by state; but is never less than 10 days

1. Annual renewable term premiums will be materially higher than premiums during the term period. See policy's schedule pages.
2. Modal factors (portion of annual premium): Annual = 1, Semi-annual = 0.5125, Quarterly = 0.2625, Monthly = 0.0863



Accelerated Benefit Rider Frequently Asked Questions

1. What is an Accelerated Death Benefit Rider for critical, chronic or terminal illness?

These riders give the client the option to accelerate, or take a portion of the death benefit early, in the event of a covered illness or condition. Clients may accelerate any amount up to 95% of the death benefit.

2. What conditions qualify under the Accelerated Death Benefit Riders?

- **Critical Illness:** heart attack, stroke, cancer, kidney failure, major organ transplant, ALS
- **Chronic Illness:** unable to perform without substantial assistance at least 2 of the 6 activities of daily living (bathing, continence, dressing, eating, toileting, transferring) or a severe cognitive impairment.
- **Terminal Illness:** terminally ill with a life expectancy of 12 months or less

Note: Diagnosis must be certified in writing by a licensed physician

3. What is the benefit amount a client will receive?

The actual benefit amount will be less than the amount accelerated, to reflect that a portion of the death benefit is being paid early. There is not a predetermined benefit amount. The benefit paid will be determined based on the health condition of the insured and their life expectancy at the time of claim. Generally, the more severe the condition, the shorter the life expectancy, and therefore the greater the potential benefit. An administrative charge of \$200 per election and an adjustment for future unpaid policy premiums will also apply.

4. Can a client decline the benefit offered?

Yes. When making a claim under the rider, the client will be provided with an offer of a specified benefit amount. The client may decide at that time whether to accelerate their benefit or not.

5. What happens to the death benefit upon rider exercise?

If a client exercises the rider, the death benefit will be reduced by the amount accelerated. For example, if the client accelerates 90% of the death benefit, they will have 10% of their death benefit remaining. Important note: the client's future premiums are based on the new lower death benefit and must continue to be paid to keep remaining death benefit in force.*

6. Can a client qualify for both critical and chronic illness benefits?

The client may qualify under the terms of the policy for critical and chronic illness. However, the policy owner must choose which benefit they wish to file for at the time of claim.

**Premiums reduced proportionally to remaining death benefit, but annual policy fee remains the same.*

7. Are multiple benefit elections allowed?

Yes, multiple elections are available under the Critical and Chronic Illness riders. If the policy owner only elects a partial election and later has another qualifying critical or chronic illness, a subsequent benefit election is allowed. For chronic illness, only one election may be made per calendar year. For critical illness, 180 days must elapse between benefit elections. The Terminal Illness rider may only be exercised once, and this will terminate the Chronic and Critical Illness riders. There is an administrative charge of \$200 per election.

8. Is there a waiting period to exercise these riders?

There is no waiting period for any of the benefits - critical, chronic or terminal. However, the chronic illness benefit does require the insured to be impaired for the past 90 days.

9. What can the benefit amount be used for?

The benefit amount is paid to the policy owner and there are no restrictions on how it can be used - quality of life expenditures, medical procedures, experimental treatments, reimbursing a loved one for assistance, etc.

10. What else should I know about the riders?

In some situations the benefit may be subject to taxation. Prior to making a claim under the riders, a client should consult with a qualified tax advisor to discuss the possible tax consequences. Benefit amounts received may affect eligibility for public assistance programs.



Completing the Application

Three Easy Ways to Apply

1 FAST - ONE AND DONE!

Just complete Part 1 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:

- Download the required application and forms for the state in which the application is signed
- Complete and sign the Application Part 1, 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

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 1. We'll take it from there!

How it works:

- Complete and sign the Application Part 1, required forms and HIPAA authorization and submit them to Phoenix.
- Phoenix will call the client and complete the Application Part 2 over the phone
- The agent will be notified of the decision typically within a couple of days 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 1, Application Part 2, 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

Helpful Tips

- 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.
- HIPAA forms must be fully completed including date of birth and insured's signature.

Tele-interview Process

The tele-interview can be used to fulfill the underwriting portion of the application in lieu of completing the Application Part 2 on paper.

The majority of cases will be approved or declined at the conclusion of the tele-interview. If referred to underwriting, a decision will typically be made within 2 business days.

All application materials must be received by Phoenix within 10 days of completion of the telephone interview regardless of the underwriting decision.

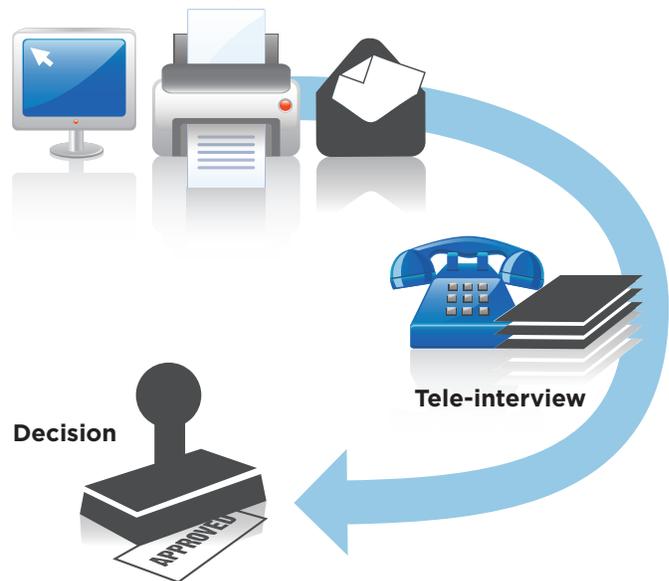
The tele-interview will take about 20 minutes to complete.³

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, physician's name and date of last visit.
2. Call and identify yourself as a Phoenix agent. The interviewer will need to speak with the Proposed Insured.

Hours for Telephone Interviews: Monday - Friday, 8:30 a.m. - 8 p.m. Eastern Time
1-844-805-LIFE (5433)

Application/Materials Submission -
email, fax, regular mail



Good to Know!

Tele-interviews are recorded and saved for future reference. Clients will confirm the representations that were made during the tele-interview with a voice signature at the end of the call.

³ Call times will vary based on the Insured's medical and prescription history.



Requirements for Application & Payment

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.

Insurable Interest

Policy owners and beneficiaries must have an insurable interest in the life of the insured:

- Financial loss in the event of the insured's untimely death
- A close relationship to the insured (e.g. spouse, domestic partner, dependent).

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.

Payment

Personal checks from the client made payable to Phoenix or bank draft (monthly mode only) 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

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.

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 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.

Pending case information can be found by logging in to www.phoenixsalesnet.com, and clicking on My Business Reports. Data is current as of the close of business on the prior day.

Policy Delivery

On the application, the agent has the option of electing the policy delivery method:

- The policy is mailed directly to the owner
- 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 must be requested on the application.



Field Underwriting

Phoenix Safe Harbor Term Express 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 1 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 2 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 6 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 including: electronic search records, motor vehicle reports (at the underwriter's discretion), Rx database, and MIB (insurance activity). Coverage may not be available if application or tele-interview responses conflict with data we receive from these sources.

Our Life Underwriting team is available to field questions regarding eligibility whenever there may be an area of uncertainty. Call 1-800-417-4769, option 2, option 4 for assistance.

Screening Questions

If the client answers "yes" to any of the questions in Section 3 of application Part 1, no coverage will be available.

Risk Classes

This product has 2 risk classes: Standard Non-Tobacco and Tobacco. 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

Use of tobacco or nicotine products, including e-cigarettes, in the past 12 months with the exception of occasional cigar or pipe use (less than 6 times a year).

Underwriting Based On Underlying Cause

Phoenix's practice is to underwrite based on the underlying cause of an impairment. For example, if a proposed insured experiences shortness of breath as a result of Chronic Obstructive Pulmonary Disease (COPD), the underwriting determination will follow the rules for COPD. In the Guide to Impairments that follows, such impairments include a notation, "Rate for Cause." In such cases, Phoenix will seek to understand the cause of the condition in order to make an underwriting assessment on the case.

Height & Weight Chart

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

Height	Weight (lbs)	
	Minimum	Maximum
4' 8"	< 74	193
4' 9"	79	199
4' 10"	81	206
4' 11"	84	213
5' 0"	87	220
5' 1"	90	227
5' 2"	93	234
5' 3"	96	241
5' 4"	99	248
5' 5"	102	256
5' 6"	105	264
5' 7"	109	272
5' 8"	112	280
5' 9"	115	288
5' 10"	118	296
5' 11"	122	304
6' 0"	125	312
6' 1"	129	321
6' 2"	132	330
6' 3"	136	339
6' 4"	140	348
6' 5"	143	357
6' 6"	147	366
6' 7"	151	372



Guide to Impairments

Addison's Disease	Accept
ADHD/ADD	Accept
ADLs (requires assistance)	Decline
AIDS/HIV +ve	Decline
Alcohol Abuse (current)	Decline
Alcohol Abuse (history)	Less than 5 years from end of use/ treatment, Decline After 5 years, Accept
Alzheimer's Disease	Decline
Amputation	Caused by injury, Accept Due to disease within 1 year, Decline Otherwise, Decline
Amyotrophic lateral sclerosis (ALS)	Decline
Anemia, Iron Deficiency	Accept
Aneurysm	Decline
Angina Pectoris	Decline
Ankylosing Spondylitis	Accept
Anorexia Nervosa	Fully recovered, normal build, no treatment in last 2 years, Accept Otherwise, Decline
Anxiety Disorders	See Bipolar Disorder
Aortic Aneurysm	Decline
Aortic Murmurs/Insufficiency	Decline
Aplastic Anemia	Decline
Asthma	Accept Hospitalization for 10+ days within the past year, Decline
Atrial Fibrillation	Accept, if diagnosed over 2 years ago without current treatment Otherwise, Decline
Autism	Highly functioning and living independently, Accept Otherwise, Decline
Barlow's Syndrome/mitral valve prolapse	Accept
Barrett's esophagus	No history of dysplasia, Accept Otherwise, Decline
Basal Cell Carcinoma	Accept
Benign Prostatic Hypertrophy	Accept
Berger's Disease (IgA Nephropathy)	Decline
Bipolar Disorder	Accept If taking 3+ medications or hospitalization in past 2 years, Decline
Breast Cancer	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline
Bronchiectasis	Decline
Bronchitis	Accept
Bundle Branch Block LBBB	Decline
Bundle Branch Block RBBB	Accept
CABG/Bypass Surgery	Decline

Cancer	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline
Cardiac Pacemaker (Artificial)	Decline
Cardiomyopathy	Decline
Carotid Disease	Possible Accept
Cerebral Palsy	Decline
Cerebrovascular Accident	Decline
Chest Pain (cardiac)	Decline
Chronic Obstructive Pulmonary Disease (COPD)	Decline if on O ₂ treatment or oral steroids Otherwise, Possible Accept
Cirrhosis	Decline
Cocaine	Less than 5 years from end of use/ treatment, Decline After 5 years, Accept
Colon Polyps	If removed, no cancer, Accept Otherwise, Decline
Congestive Heart Failure (Chronic)	Decline
Connective Tissue Disease	Usually Decline
Coronary Artery Disease	Decline
Crohn's Disease	Mild-Moderate, Accept Hospitalization or complications within the past year, Decline
Cystic Fibrosis	Decline
Dementia	Decline
Depression	See Bipolar Disorder
Diabetes	Type 1 or 2, Possible Accept Under age 30, Decline
Dialysis	Decline
Diverticulitis/Diverticulosis	Accept
Down's Syndrome	Decline
Drug Addiction	Less than 5 years from end of use/ treatment, Decline After 5 years, Accept
Emphysema	See COPD
Epilepsy	Unless diagnosed within past year or hospitalized within past 2 years, Accept Severe, Decline
Fibromyalgia	Accept
Gastric Bypass	Surgery >6 months ago without complications, Usually Accept (rate for build)
Gestational Diabetes	Fully recovered, no treatment, Accept
Glomerulonephritis (Chronic)	Decline
Goiter/Graves Disease	Accept
Gout	Accept
Heart Attack (See Myocardial Infarction)	Decline
Heart Disease	Decline
Heart Failure (Chronic)	Decline
Heart Transplant	Decline

Guide to Impairments (continued)

Hemophilia	Decline
Hepatitis A (Acute)	Fully recovered, Accept Otherwise, Decline
Hepatitis B (Chronic)	Decline
Hepatitis C	Decline
High Blood Pressure	Accept
Hodgkins Disease	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline
Huntington's Chorea	Decline
Hyperlipidemia	Accept
Hypertension	Accept
Hyperthyroidism	Accept
Hypothyroidism	Accept
Hysterectomy (benign)	Accept
Inflammatory Bowel Disease (see Crohn's or Ulcerative Colitis)	See Crohn's Disease
Irritable Bowel Syndrome (spastic colitis)	Accept
Juvenile Rheumatoid Arthritis (see Rheumatoid Arthritis)	Accept If treated with Enbrel, Remicade, Humira, Decline
Kidney Disease	Decline
Kidney Stones	Accept
Kidney Transplant (see Renal Transplant)	Decline
Leukemia	Decline
Liver Disease	Decline
Liver Transplant	Decline
Lung Transplant	Decline
Lupus (Discoid)	Accept
Lupus (Systemic) Erythematosus	Decline
Lymphoma	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline Non-Hodgkins, Decline
Marfan's Syndrome	Decline
Marijuana	Accept; Possible Tobacco rates
Melanoma	Diagnosis and end of treatment over 10 years ago, Accept Otherwise, Decline
Meningitis	Diagnosed >1 year ago and no current treatment, Accept Otherwise, Decline
Mental Retardation	Highly functioning and living independently, Accept Otherwise, Decline
Migraines/Headaches	Accept
Mitral Insufficiency	Decline
Mitral Stenosis	Decline
Mitral Valve Prolapse	Accept

Mononucleosis	Accept
Multiple Myeloma	Decline
Multiple Sclerosis (MS)	Under Age 45, Decline Age 45 and up, Possible Accept
Murmur (heart)	Possible Accept (rate for cause)
Muscular Dystrophy (MD)	Decline
Myocardial Infarction	Decline
Narcolepsy	Mild-Moderate, Accept Severe, Decline
Narcotic and/or Opiate Use	Doctor-prescribed: 3+ in past year, Decline Otherwise, Accept Not doctor-prescribed within past 5 years, Decline
Nervous Disorder	See Bipolar Disorder
Osteoarthritis	Accept
Osteoporosis	Under Age 45, Decline Age 45 and up, Accept 2+ bone fractures and/or falls, Decline
Pacemaker (Artificial)	Decline
Palpitations	Accept (rate for cause)
Pancreatitis	Single episode, fully recovered, no evidence of alcohol abuse, Accept Otherwise, Decline
Paraplegia	Decline
Parkinson's Disease	Decline
Pericarditis	Single episode, fully recovered, Accept Otherwise, Decline
Peripheral Vascular Disease	Accept If surgically corrected and/or in multiple limbs, or tobacco use, Decline
Polycystic Kidney Disease	Decline
Polycythemia (Vera)	Decline
Prostate Cancer	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline
Prostatitis	Accept
Proteinuria	Possible Accept (rate for cause)
Psoriasis	Accept
Psoriatic Arthritis	See Rheumatoid Arthritis
PTSD (Post Traumatic Stress Disorder)	Mild-Moderate, Accept Severe, Decline
Pulmonary Embolism	Two or fewer episodes, fully recovered, Accept Otherwise, Decline
Pulmonary Fibrosis	Decline
Pulmonary Hypertension	Decline
Pyelonephritis	Decline
Quadriplegia	Decline
Renal Failure	Decline
Renal Transplant	Decline



Guide to Impairments (continued)

Rheumatic Fever	Current treatment, Decline Otherwise, Accept
Rheumatoid Arthritis	Accept If treated with Enbrel, Remicade, Humira, Decline
Sarcoidosis	Mild (stage 0 - stage 1, asymptomatic), Accept Moderate- Severe, Decline
Schizophrenia	Decline
Seizure/Convulsion	See Epilepsy
Shortness of Breath	Accept (rate for cause)
Sickle Cell Anemia	Decline

Sickle Cell Trait	Accept
Sleep Apnea	Possible Accept
Stroke	Decline
Suicide Attempt	Decline
Systemic Lupus Erythematosus (SLE)	Decline
Transient Ischemic Attack (mini-stroke)	Decline
Tuberculosis	Accept
Ulcer	No complications in past year, Accept
Ulcerative Colitis	See Crohn's Disease

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.

Foreign National Guidelines

Only holders of permanent U.S. Visas are eligible. Temporary Visa holders are not eligible. There are no restrictions on foreign travel for U.S. citizens.

Agent Resources

Website

For product information, state availability, quotes, marketing material and new business processing information, please visit phoenixsalesnet.com.

For mobile quotes, please save this link to your bookmarked sites:

<https://phx.insurancetechnologiespos.com/mobile/main/autologin.aspx>

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, Call 1-800-417-4769

Life New Business: 1-800-417-4769, option 2, option 3

Underwriting: option 2, option 4

Available 8:30 a.m. – 5 p.m. Eastern Time

Tele-interviews: 1-844-805-LIFE (5433)

Available 8:30 a.m. – 8 p.m. Eastern Time



More Information

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.

Phoenix helps people secure their retirement dreams and protect loved ones with annuities and life insurance. Founded in 1851, Phoenix has a long, proud history of keeping its promises.



PHOENIX

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

Phoenix Safe Harbor Term Life (ICC14PPTL) is issued by PHL Variable Insurance Company (PHLVIC). PHLVIC is not authorized to conduct business in Maine and New York.

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