

Strong Foundation Term Insurance

Foresters[®]
Financial



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What does Strong Foundation offer your clients?



- Strong Foundation is designed to offer:
 - Level death benefit amount for the base certificate coverage during the initial and each renewal term period¹
 - “Pure” life insurance protection, meaning there is no savings element or cash value accumulation
 - Expanded underwriting classes for clients living with Type 1 or Type 2 diabetes
 - Ability to convert to new permanent coverage without evidence of insurability during the conversion period
 - A value-added benefit: Charity Benefit provision

1. Assumes no face decreases processed or payment of a benefit under the ABR Rider.

Strong Foundation

Product Features

Competitive non-medical² platform

- Foresters FinancialTM is able to offer up to \$500,000 in death benefit protection by relying on the applicant's answers to health and lifestyle questions and the results of searches, such as:



- MIB
- Prescription history
- Build chart



- No Medical, paramedical exam, blood, urinalysis, or saliva swab test
- No APS or routine personal health interviews
- No life events or mortgage requirements

Available underwriting classes

- Standard Non-Tobacco: No use of cigarettes within the past 12 months
 - Cigars, pipe, chewing tobacco, nicotine patches, and other substitutes qualify for non-tobacco
 - Relaxed underwriting criteria for Chronic Obstructive Pulmonary Disease (COPD):
 - Accepts mild COPD, provided no prescription steroids or oxygen have been advised or used
- Standard Tobacco: Used cigarettes within the past 12 months

Diabetes expansion

- Groundbreaking non-medical underwriting for individuals living with Type 1 or Type 2 diabetes:
 - Standard, which includes up to table 6
 - Substandard tables 7 to 12

Table number	Table letter	Table number
+175	G	7
+200	H	8
+225	I	9
+250	J	10
+275	K	11
+300	L	12

Diabetes expansion

- Underwriting eligibility based on:
 - A1C of 10.9% or lower is required
 - Duration of diabetes
 - Height and weight limits
 - No history of vision, nerve pain, kidney, other complications, or related medical impairments such as heart disease
 - If APS records are required, your client will not be eligible for Strong Foundation

Non-medical face amount limits

- Non-medical:

Ages	Underwriting class	Minimum	Maximum
18-55	Standard	\$50,000	\$500,000
	Diabetes substandard (Tables 7-12)		\$300,000
56 +	Standard	\$50,000	\$250,000
	Diabetes substandard (Tables 7-12)		\$150,000

Wide range of issue ages and durations

- Strong Foundation is based on an age nearest birthday

Duration	Non-tobacco	Tobacco
10-year	18-80	18-80
15-year	18-70	18-70
20-year	18-65	18-60
25-year	18-55	18-55 (50 for male)
30-year	18-50	18-50 (45 for male)

Premium requirements

- Minimum premium, modal factors, and certificate fee (commissionable)

Premium mode	Minimum premium	Modal factors	Certificate fee
Monthly PAC	\$10.00	.0875	\$5.25
Quarterly	\$30.00	.026	\$15.60
Semi-annual	\$60.00	.51	\$30.60
Annual	\$120.00	1.00	\$60.00

Protect changing needs

- Conversion period, which is the earlier of:
 - End of the initial term period, less 5 years
 - Certificate anniversary in which the insured is 65 years old
 - Note: Conversion is subject to face amount minimums and maximums based on the issue age determined by the product selected
- Renewable:
 - After the initial term period ends the certificate is renewable annually until insurance age 95 without evidence of insurability

A window to keep coverage

- Grace period:
 - 31 days from the due date of the required premium in default
- Reinstatements:
 - Within 3 years of the date of lapse subject to evidence of insurability, payment of all unpaid premiums, and interest on unpaid premiums (not to exceed 6%) during the initial term period

Charity Benefit provision

- When a claim is paid to the beneficiaries, Foresters will pay an additional 1% (up to a maximum of \$100,000) of the face amount to a designated eligible charitable organization in the name of the insured's life³
- Contractual provision is automatically included, for no additional premium
- Beneficiary must be named prior to the death of the insured. Multiple eligible beneficiaries may be named and can be changed at any time prior to the death of the insured

3. When a claim is paid to the beneficiaries, Foresters will pay the eligible designated charitable organization in the name of the insured. The maximum payment under this provision is \$100,000. The designated charitable organization must be an accredited 501(c)(3) organization under the Internal Revenue Code and eligible to receive charitable contributions as defined in section 170(c) of that code.

Options for modifying in-force coverage

- Based on the administrative rules in effect:
 - Current allowed changes:
 - Change to the payment mode
 - Insurance Class changes from Tobacco to Non-Tobacco subject to underwriting approval
 - Face amount decreases (must keep within minimum face amount limits allowed)
 - Riders may be added, removed, or decreased subject to underwriting approval
 - Current disallowed changes:
 - Face amount and rider increases
 - Insurance Class changes other than those mentioned above

Customize coverage with riders

▪ Value added riders

- Automatically included for no additional premium:
 - Accelerated Death Benefit Rider⁴
 - Family Health Benefit Rider
 - Common Carrier Accidental Death Rider

▪ Optional riders

- Requires additional premium:
 - Waiver of Premium Rider
 - Accidental Death Rider
 - Children's Term Rider

4. The Accelerated Death Benefit Rider provides an option to accelerate a portion of the eligible death benefit and receive a payment. The payment, due to diagnosis of an eligible illness, may be less than the acceleration amount which may be subject to a fee, an actuarial discount amount and other applicable deductions. Payment will decrease certificate values and benefits and may affect eligibility for public assistance programs. Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code (IRC). Specific situations may result in a taxable event. For California certificates: **This is a life insurance certificate with a rider that also gives you the option to accelerate some or all of the death benefit in the event that you meet the criteria for a qualifying event described in the rider. This certificate does not provide long-term care insurance subject to California long-term care insurance law. This certificate is not a California Partnership for Long-Term Care program policy. This certificate is not a Medicare supplement policy.**

Strong Foundation

Diabetes deeper dive

Deeper dive on diabetes

- Great field underwriting is key to maximizing your success in this market. Follow these steps to increase your chances of submitting eligible clients and improving in Good Order applications
 1. Determine potential eligibility using the Strong Foundation Diabetes Rating Calculator
 2. Quote Strong Foundation based on the potential risk class
 3. Complete an e-App⁵ for eligible clients, which includes the Diabetes Questionnaire

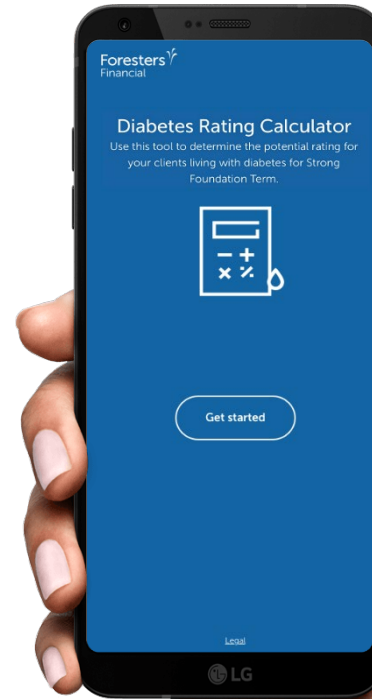
5. e-App is available through the iPipeline iGO e-App platform using Microsoft Edge (desktop/laptop) or Safari (Apple iPad only) for Foresters non-medical and medical products (excluding Foresters PlanRight). Touch to Sign is available on Apple iPad only. POS decision for non-medical products will be unavailable Monday to Saturday from 2:00 a.m. to 6:00 a.m. and from Saturday 10:00 p.m. to Sunday 10:00 a.m. (ET).

Field Underwriting

- Why is field underwriting important for the diabetes expansion?
 - Accurate and complete information will help provide a competitive underwriting decision
 - If relevant information is missing, unfortunately, Foresters cannot make a decision for the Strong Foundation extension and may refer you to a fully underwritten product
 - Submitting clients who are not eligible for coverage will have a direct impact on your business placement with Foresters
 - Will assist during the review process in the event of a claim

Determine eligibility

- Access the Strong Foundation Diabetes Rating Calculator
 - <https://ezbiz.foresters.com/sfdiabetesratings>
- Use the Diabetes Rating Calculator to determine the potential risk class for the proposed insured living with diabetes to see if Strong Foundation might be a viable solution
- To enter the calculator, click **Get started**



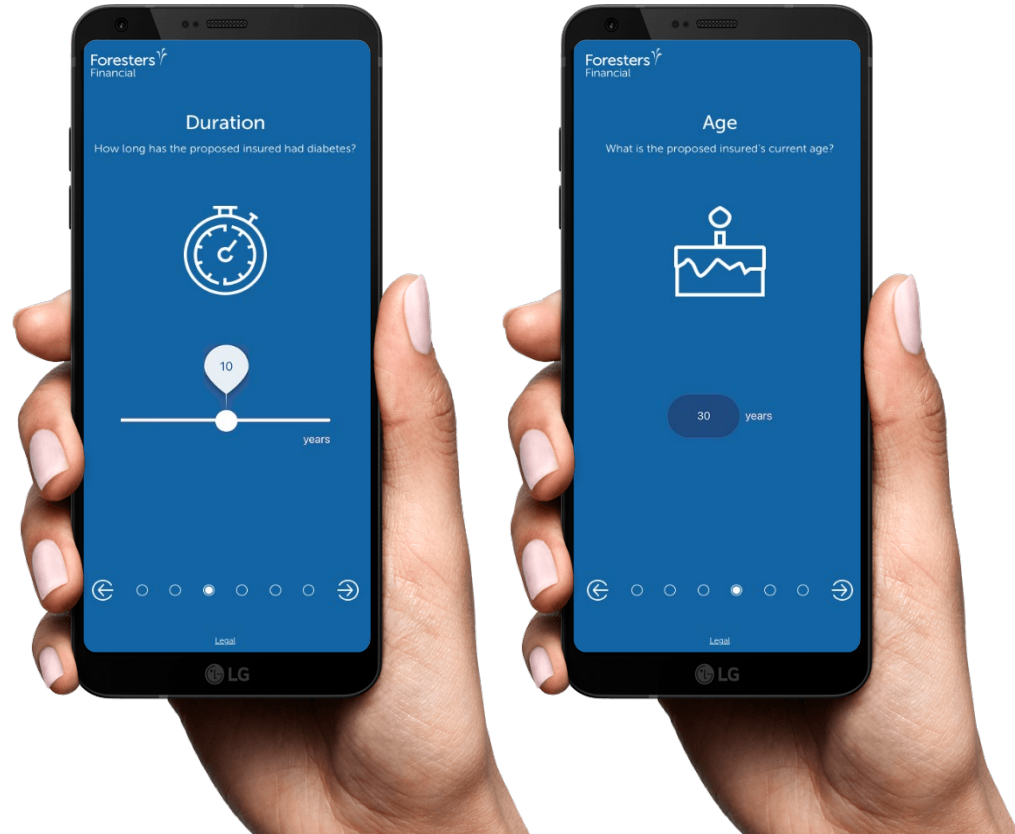
Determine eligibility

- To navigate the calculator, use the arrows at the bottom of the screen to move between questions
- Enter the following information into the calculator?
 - Does the proposed insured take insulin?
 - Click **Yes** or **No**
 - What is the proposed insured's most recent A1C test value within the past 30 days?
 - Use the slider bar to show the A1C value



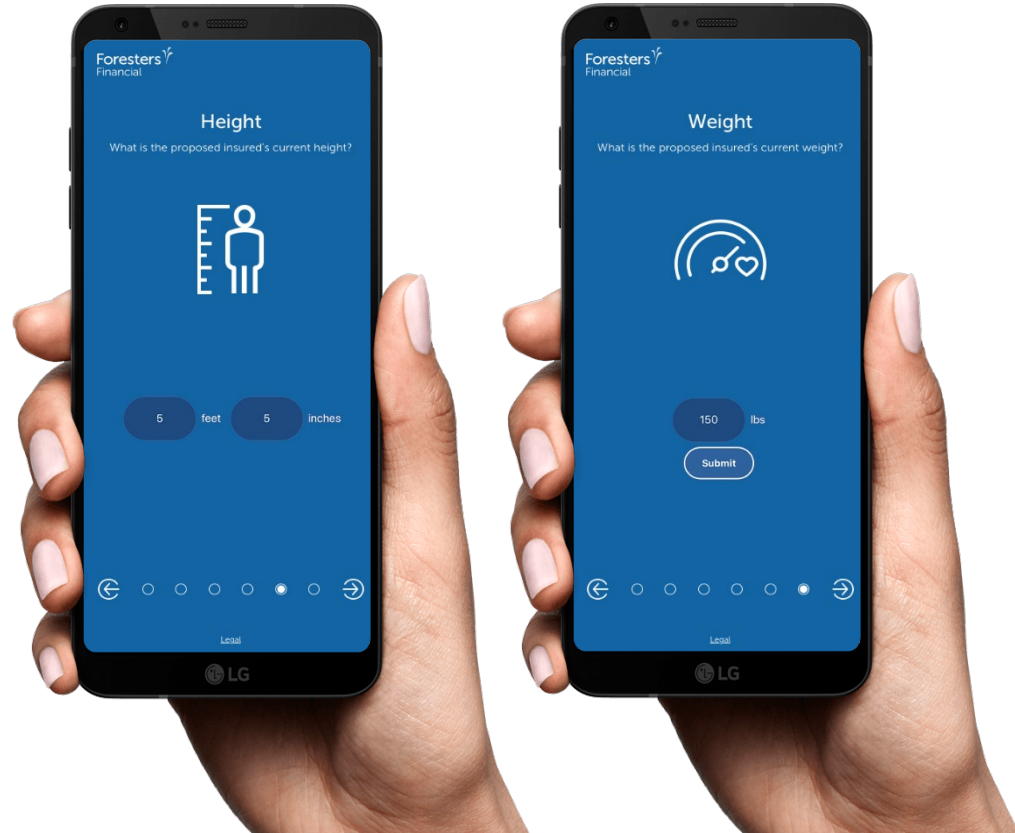
Determine eligibility

- How long has the proposed insured had diabetes?
 - Use the slider bar to show the number of years with diabetes
- What is the proposed insured's current age?
 - Type in the value for their current age



Determine eligibility

- What is the proposed insured's current height?
 - Type in the value in feet and inches
- What is the proposed insured's current weight?
 - Type in the value for weight
- After all required information is entered, click **Submit**



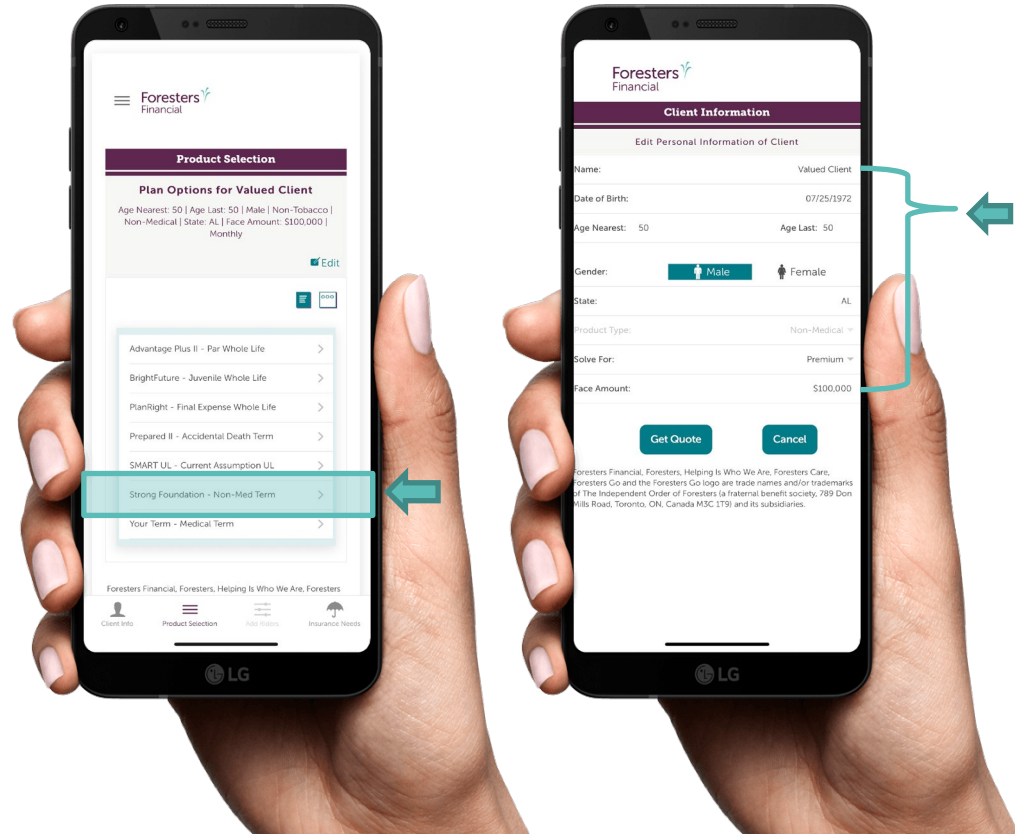
Determine eligibility

- Based on the information entered, one of three results will populate:
 - Standard rating
 - Tables from +175 (G) to +300 (L)
 - Strong Foundation not offered based on the data entered



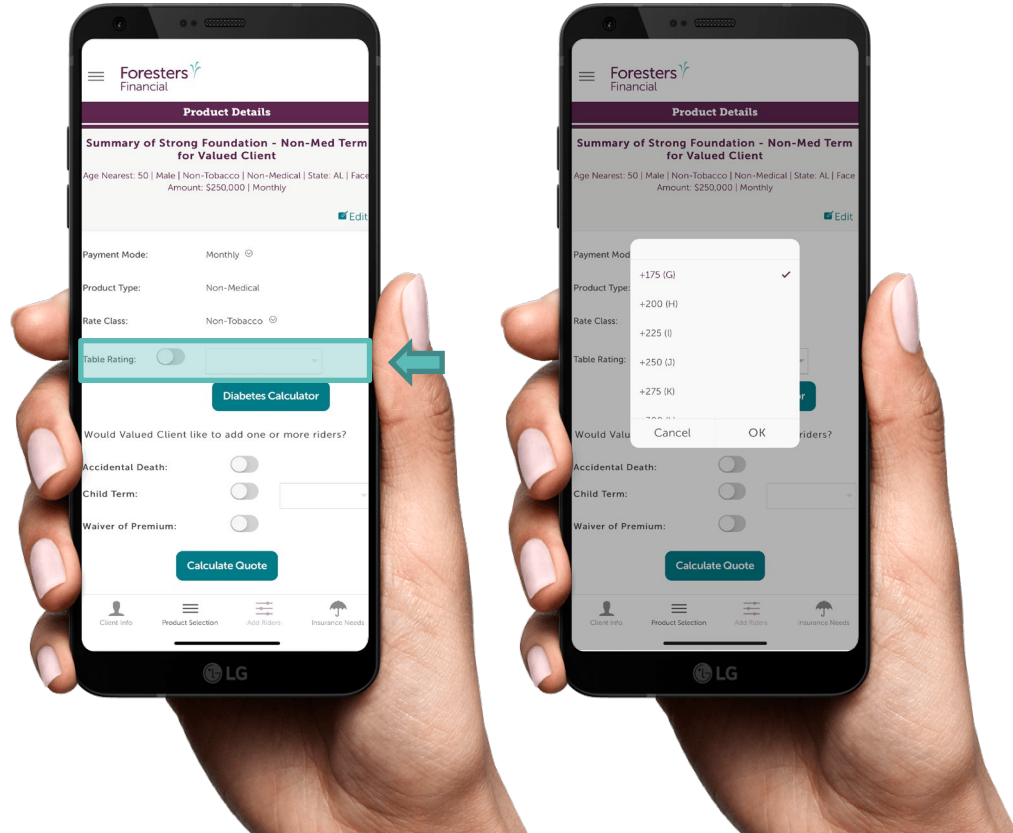
Quote Strong Foundation

- After determining the proposed insured's potential eligibility, take the time to quote the coverage using one of our mobile quote calculators
- Example of how to quote a table rating on the Foresters Mobile Quote app:
 - Select **Strong Foundation** under *Product Selection*
 - Enter the proposed insured's information required to generate the quote under *Client Information*



Quote Strong Foundation

- Under *Product Details*, select **Table Rating**, and select the potential table rating that was calculated based on the information provided using the Strong Foundation Diabetes Rating Calculator
- Next, click **Calculate Quote** to generate the quote



Complete an e-App

- If the proposed insured is eligible to apply, complete an iGO e-App. Here are a few tips to help submit iGO applications
 - Any fields indicated in yellow are required fields that must be answered to be able to complete an in Good Order application
 - Within the **Medical Questions**, ensure to click “Yes” to question “a” to indicate diabetes
 - Click “*Details*” to launch the **Medical Details on Proposed Insured** screen

Medical Questions Cont

Within the past 3 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for sleep apnea, seizures or epilepsy?

☐ Yes ☒ No

Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for:

a) Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery?

☒ Yes ☐ No

Details

b) Cancer (excluding skin cancer that is basal cell carcinoma), tumor, gastrointestinal bleeding, unexplained weight loss, or a disease or disorder of the pancreas or endocrine system?

☐ Yes ☐ No

c) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, or a disease or disorder of the respiratory system or do you currently require the use of oxygen equipment?

☐ Yes ☐ No

d) Dementia, Alzheimer's disease, paralysis, multiple sclerosis, Parkinson's disease, Lou Gehrig's disease (ALS), muscular dystrophy, fibromyalgia, or a disease or disorder of the brain or nervous system?

☐ Yes ☐ No

e) Anxiety, depression, manic depression, bi-polar disorder, schizophrenia or a mental health disorder?

☐ Yes ☐ No

f) Blood in the urine, hepatitis, Crohn's disease, Systemic Lupus, cirrhosis, or a disease or disorder of the liver, prostate, bladder, kidney, genito-urinary organs, connective tissue or the digestive or immune system (other than HIV)?

☐ Yes ☐ No

Are you currently taking prescription medication or under treatment?

☐ Yes ☐ No

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Next →

Complete an e-App

- Within the **Medical Details on Proposed Insured** screen, check “*Diabetes*” and then click “*Save*”
- If other conditions apply, be sure to check those as well

popMedicalDetails_Q10

Medical Details on Proposed Insured

Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for:

Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery?

☒ Diabetes


☐ High blood pressure

☐ A disease or disorder of the blood or lymphatic system

☐ Coronary artery disease

☐ Heart murmur

☐ Chest pain



Complete an e-App

- Complete the remaining questions within the **Medical Questions** screen
 - If the proposed insured is taking prescription medication or under treatment, ensure to provide details
 - Click “Yes” and provide details
- Click “Next” to continue

Medical Questions Cont

Within the past 3 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for sleep apnea, seizures or epilepsy?

☐ Yes ☒ No

Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for:

a) Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery?

☒ Yes ☐ No

Details

b) Cancer (excluding skin cancer that is basal cell carcinoma), tumor, gastrointestinal bleeding, unexplained weight loss, or a disease or disorder of the pancreas or endocrine system?

☐ Yes ☒ No

c) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, or a disease or disorder of the respiratory system or do you currently require the use of oxygen equipment?

☐ Yes ☒ No

d) Dementia, Alzheimer's disease, paralysis, multiple sclerosis, Parkinson's disease, Lou Gehrig's disease (ALS), muscular dystrophy, fibromyalgia, or a disease or disorder of the brain or nervous system?

☐ Yes ☒ No

e) Anxiety, depression, manic depression, bi-polar disorder, schizophrenia or a mental health disorder?

☐ Yes ☒ No

f) Blood in the urine, hepatitis, Crohn's disease, Systemic Lupus, cirrhosis, or a disease or disorder of the liver, prostate, bladder, kidney, genito-urinary organs, connective tissue or the digestive or immune system (other than HIV)?

☐ Yes ☒ No

Are you currently taking prescription medication or under treatment?

☒ Yes ☐ No

Details

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Complete the Diabetes Questionnaire

- Ensure you obtain as much detail as possible about the insured's diabetes history, including:
 - What type of diabetes was diagnosed and when was diabetes first diagnosed (month and year is acceptable)?
 - What is their most recent A1c (called HbA1c on the questionnaire)?
 - What medications are they taking, including dosage amount and frequency?
 - What is their treatment history? Obtain as much detail as possible

Case Information

Application

Diabetes Questionnaire

Please list medical and physical problems diagnosed, treated, tested positive for or for which you have been given medical advice by a member of the medical profession, in relation to this condition (e.g. Type I or Type II Diabetes Mellitus, Gestational Diabetes, Impaired Glucose Tolerance or Impaired Fasting Glucose etc.).

When was this condition first diagnosed?

MM / DD / YYYY

Do you test your own blood sugar at home?

☐ Yes ☐ No

Have you had a glycosylated haemoglobin test (HbA1c)?

☐ Yes ☐ No

Do you take medication in relation to this condition (this includes related medication(s) such as those used to lower blood pressure and/or cholesterol)?

☐ Yes ☐ No

Have you ever been admitted to a hospital or required emergency care in relation to this condition?

☐ Yes ☐ No

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Complete the Diabetes Questionnaire

- What is their physician's name(s), address(es), frequency of visits, and date of last visit (month and year is acceptable)?
- Any additional details relevant to determining eligibility, ensure you provide those details in the provided space within the questionnaire

Diabetes Questionnaire Cont

Related to this condition, have you been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for:

Eye problems?

☐ Yes ☐ No

Heart problems?

☐ Yes ☐ No

High blood pressure?

☐ Yes ☐ No

Kidney problems (including protein in your urine)?

☐ Yes ☐ No

Sensory problems (such as burning in your feet)?

☐ Yes ☐ No

Any other complication (i.e. diabetic coma)?

☐ Yes ☐ No

Please provide details regarding the physician(s) and/or medical practitioner(s) you see, have seen or have been referred to in relation to this condition:

Name of physician, hospital or clinic	Address	Frequency	Date of last consult
No matching records found			
Click here to add...			

Other than for the purpose of regular checks, has any further treatment(s) or follow-up been discussed with or recommended by a physician or medical practitioner, in relation to this condition?

☐ Yes ☐ No

Have you ever taken time off work or have your working duties been affected or restricted in any way due to this condition?

☐ Yes ☐ No

Please provide any additional information that you feel is important in relation to this condition:

Complete the Producer Report

- After all signing parties have e-Signed the e-App, begin your signature process, which includes completing the entire **Producer Report**
 - Under the *Indicated the anticipated rating class question*, if *Rated Non-Tobacco* or *Rated Tobacco* is selected, ensure to complete the two additional questions that will appear:
 - Rating: Select the desired rating for your client using the dropdown menu
 - Diabetes Ratings Calculator Used: Select *Yes* or *No* to if the *Strong Foundation Rating Calculator* was used in determining your client's rating

Producer Report

The screenshot shows the 'Producer Report' form with three sections highlighted by teal boxes and arrows:

- Indicate the anticipated rating class:** A dropdown menu with a green background and a downward arrow icon.
- Rating:** A dropdown menu with a yellow background and a downward arrow icon. The menu is open, showing the following options: +175 (G), +200 (H), +225 (I), +250 (J), +275 (K), and +300 (L). A teal arrow points to the dropdown.
- Diabetes Ratings Calculator Used?** A section with two radio buttons: 'Yes' and 'No'.

Strong Foundation

Riders deeper dive

Accelerated Death Benefit Rider

- Description:

- This rider provides the certificate owner the option to accelerate a portion of the death benefit and possibly receive a payment due to diagnosis of:
 - Chronic Illness
 - Critical Illness
 - Terminal Illness
 - Note: Substandard tables 7-12 can only access Terminal Illness coverage

- The certificate owner can use the payment for any purpose such as to partially cover costs associated with the treatment of the insured's chronic, critical, or terminal illness. The rider is not long-term care insurance and is not intended to be long-term care insurance
- This is just an overview of some of the eligibility requirements, limitations, and the impact a payment may have on the certificate under this option

Accelerated Death Benefit Rider

- Qualifying event for Chronic Illness:
 - A physician must diagnose the Chronic Illness as permanent
 - CA: Diagnosis must be certified by a licensed health care practitioner within the preceding 12-month period
 - Either situation below may be eligible under Chronic Illness:
 - Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment
- Unable to perform, without substantial assistance from another person, at least 2 of the 6 activities of daily living for at least 90 days due to a loss of functional capacity:
 - Bathing
 - Continence
 - Dressing
 - Eating
 - Toileting
 - Transferring

Accelerated Death Benefit Rider

- Qualifying event for Critical Illness:

- The insured has one or more of the following to be eligible (refer to the rider for definitions):
 - Life-threatening (invasive) cancer
 - Myocardial Infarction (heart attack)
 - Stroke
 - Advanced Alzheimer's Disease (before age 75)
 - End-stage renal failure (kidney)
 - Major organ failure
 - ALS

- CA: The insured has been certified by a licensed health care practitioner as having a medical condition that would, in the absence of treatment, result in death within 12 months of the date of diagnosis

- Qualifying event for Terminal Illness:

- Diagnosed with a non-correctable illness or physical condition, which is reasonably expected to result in death within 12 months of diagnosis
 - CA: Diagnosis must be certified by a physician

Accelerated Death Benefit Rider

- Amount limits:
 - Minimum acceleration: \$4,500
 - Maximum acceleration:
 - Chronic Illness:
 - 24% of the eligible death benefit in any 12-month period (not applicable in CA); and
 - The lesser of 95% of the eligible death benefit or \$500,000, over the lifetime of the rider
- Critical Illness:
 - The lesser of 95% of the eligible death benefit or \$500,000, over the lifetime of the rider
- Terminal Illness:
 - The lesser of 95% of the eligible death benefit or \$500,000, over the lifetime of the rider
 - Only one payment is allowed and the rider will terminate after payment
- All acceleration requests are subject to maintaining a residual face amount of \$10,000

Accelerated Death Benefit Rider

- Payment:
 - For Chronic and Critical Illness, the payment will be reduced by an actuarial discount, any outstanding loans on the certificate, and an administration fee (currently \$300; guaranteed to not exceed \$500). This means the payment will be less than the acceleration amount and, depending on the circumstances of the claim, could be substantially less than the acceleration amount
 - For Terminal Illness, the actuarial discount and administration fee are \$0.00
- Payment made under the rider can only be received as a lump sum (CA: payments can be received as either a lump sum or periodic payments)
- Payment made under the rider will reduce the death benefit and other values within the certificate. Note: The amount of the reduction within the certificate will likely be greater than the actual payment amount received
- In some cases, the accelerated death benefit payment can affect eligibility for public assistance programs and trigger unfavorable tax consequences; the owner should check with a tax advisor before making a claim

Accelerated Death Benefit Rider

- Accelerated Death Benefit Rider (ABR) vs Long-Term Care Insurance (LTCI):
 - Foresters ABR is a rider attached to a life insurance certificate. It provides the opportunity for the owner to accelerate a portion of the death benefit, if the insured is diagnosed with a chronic, critical or terminal illness, and receive a payment that can be used for any purpose. Payments are not linked to, nor do they require proof of, medical expenses being incurred. A payment under ABR reduces the death benefit payable under the life insurance certificate and may affect other benefits and values, but if no payment is made the certificate's benefits and values are still available, as long as the certificate remains in effect
 - Generally, LTCI provides reimbursement payments for expenses incurred, due to a prolonged or permanent illness or disability, and provides no death benefit or cash value. LTCI benefits are typically based on evidence that the insured has incurred qualified long-term care expenses and the benefit, which may be subject to a maximum, is equal to the amount of expenses incurred. If LTCI benefits are not claimed, they may be forfeited
 - There may be other differences between Foresters ABR and a specific LTCI product that your client may want to consider before making a decision to purchase

Family Health Benefit Rider

- Description:
 - This rider provides a benefit amount for the insured and their immediate family members due to a qualified health situation caused by a catastrophic weather event, which is recognized and recorded by the US National Weather Service or US Geological Survey
 - These events are a hurricane, tornado, volcanic eruption, tsunami, typhoon, lightning strike, or earthquake
- Qualifying event:
 - Maximum benefit per qualified health situation for an individual is \$650, with a lifetime family maximum of \$5,000:
 - Ambulance Transportation: \$50
 - Hospital Emergency Room Examination: \$100
 - Hospital Stay: \$100 per day up to a maximum of 5 days

Family Health Benefit Rider

- Issue age (age nearest birthday):

Duration	Non-tobacco	Tobacco
10-year	18-80	18-80
15-year	18-70	18-70
20-year	18-65	18-60
25-year	18-55	18-55 (50 for male)
30-year	18-50	18-50 (45 for male)

- Rider expiry date:
 - The date will be the earlier of:
 - The end of the initial term period of the certificate
 - The first day following the day that the total of the specific benefit amount paid under this rider equals the maximum family benefit amount

Common Carrier Accidental Death Rider

■ Description

- This rider provides a death benefit amount of up to two times the face amount if the insured dies within 180 days of an accidental bodily injury that occurs while riding as a fare-paying passenger on a common carrier
 - Subject to a combined maximum of \$300,000 across all Foresters Common Carrier Accidental Death Rider and Accidental Death Rider coverages on the insured life

■ Issue age (age nearest birthday):

Duration	Non-tobacco	Tobacco
10-year	18-80	18-80
15-year	18-70	18-70
20-year	18-65	18-60
25-year	18-55	18-55 (50 for male)
30-year	18-50	18-50 (45 for male)

■ Rider expiry date:

- The date will be at the end of the initial term period

Waiver of Premium Rider

- Description:

- This rider waives the total premium due on the certificate in the event of the insured being totally disabled while the rider is in effect after the insured has been totally disabled for a continuous 6-month period
 - The required premium for the rider will remain level for the life of the rider
- This rider is not available for substandard ratings
- Currently, may be added post-issue subject to approval

- Issue age (age nearest birthday):

Duration	Non-tobacco	Tobacco
10-year	18-55	18-55
15-year	18-55	18-55
20-year	18-55	18-55
25-year	18-55	18-55 (50 for male)
30-year	18-50	18-45

- Rider expiry date:

- This date will be the certificate anniversary on which the insured is age 65
- The rider may end before the rider expiry date

Waiver of Premium Rider

- Waiver of Premium:
 - Total disability prior to age 60, the premium may continue to be waived until the earlier of:
 - Date when the insured is no longer totally disabled
 - Date certificate is no longer in effect
 - Total disability on or after age 60, the premium may continue to be waived until the earlier of:
 - Date when the insured is no longer totally disabled
 - Certificate anniversary on which the insured is age 65
 - Date certificate is no longer in effect

Accidental Death Rider

- Description:

- This rider provides additional coverage on the insured for an accidental death due to and occurring within 180 days of, an accidental bodily injury directly and independently from other causes while this rider is in effect
- This rider is not available for substandard ratings
- Currently, may be added post-issue subject to approval

- Benefit amount:

- Minimum amount of \$10,000
- Maximum amount of 100% of the base certificate face amount subject to a maximum of \$300,000 of accidental death coverage across all Foresters certificates

Accidental Death Rider

- Issue age (age nearest birthday):

Duration	Non-tobacco	Tobacco
10-year	18-60	18-60
15-year	18-60	18-60
20-year	18-60	18-60
25-year	18-55	18-55 (50 for male)
30-year	18-50	18-50 (45 for male)

- Rider expiry date:
 - This date will be the earlier of:
 - The end of the initial term period
 - The certificate anniversary on which the insured is age 70
 - The rider may end before the rider expiry date

Children's Term Rider

■ Description:

- Provides level term life insurance for each child listed on the application, who:
 - Is 15 days or older on the application date
 - Has not reached their 18th birthday at issue of the rider
 - Is not excluded by Foresters
- Currently, may be added post-issue subject to approval

- Coverage will be extended to each person who becomes a child of the insured while this rider is in effect. That child must be at least 15 days old and has not reached their 18th birthday
- A child is no longer covered at the earliest of:
 - Child's 25th birthday
 - Conversion date for that child's coverage under the rider's conversion provision
 - Date the rider ends

Children's Term Rider

- Eligibility:

- Who's considered:

- Biological or legally adopted child of the insured
 - A stepchild of the insured as a result of and during the insured's legal, as defined by the laws of the state governing, marriage or civil union to the parent of that person
 - Under legal guardianship of the insured

- Underwriting:

- Complete the Children's Term Rider Questions section within the application
 - Evidence of insurability resides with the answers provided within the Child Term Rider Question section of the application

Children's Term Rider

- Issue age (age nearest birthday):

Duration	Non-tobacco	Tobacco
10-year	18-55	18-55
15-year	18-55	18-55
20-year	18-55	18-55
25-year	18-55	18-55 (50 for male)
30-year	18-50	18-50 (45 for male)

- Benefit amount:
 - Minimum amount: \$10,000
 - Maximum amount: \$25,000
 - Increments of \$1,000 allowed
- Rider expiry date:
 - This date will be the earlier of:
 - The end of the initial term period
 - The certificate anniversary on which the insured is age 65
 - The rider may end before the rider expiry date

Disclaimer

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