

SENTINEL SECURITY LIFE INSURANCE COMPANY

LIFE & HEALTH PRODUCT AVAILABILITY GRID

ge red red ed*	Standard A, B, C, D, F & N	Select	<65 Rate	Indemnity 2.0
ved ed*	A, B, C, D, F & N			Indemnity 2.0
ed*		C, D, F & N	Not Available	Approved
	Not Available			
vod	Pending Approval		Approved	
/ed	A, B, C, D, F & N	Not Available	Available	Not Available
ved	A, B, C, D, F, G & N	B, C, D, F, G & N	Available	Not Available
ved	A, F, G & N	Not Available	Available	Approved
ved	Not Available			
ved	Pending Approval		Approved	
ved	A, B, C, D & F	Not Available	Available	Not Available
ved	A, B, C, D & F	Not Available	Not Available	Approved
ved	A, B, C, D, F, G & N	B, C, D, F, G & N***	Available	Approved
ved	A, F, G & N	Not Available	Not Available	Approved
ved	A, B, C, D, F, G & N	Not Available	Not Available	Approved
ved	A, B, C, D, F, G & N	C, D, F & N	Available	Approved
ved	A, F, G & N	Not Available	Available	Approved
ved	A, B, C, D, F, G & N	C, D, F & N	Available	Approved
ved	A, F, G & N	Not Available	Available	Approved
ed*	Not Available			
/ed	A, F, G & N	Not Available	Only Plan A Available	Not Available
ed**	A, B, C, D & F	Not Available	Available	Approved
ved	A, B, C, D, F, G & N	Not Available	Not Available	Approved
ed*	A, B, C, D & F	Not Available	Not Available	Approved
ved	A, B, C, D & F	Not Available	Not Available	Approved
ved	A, B, C, D, F, G & N	C, D, F & N	Available	Approved
ved	A, B, C, D & F	Not Available	Not Available	Approved
ved	A, F, G & N	Not Available	Available	Approved
/ed	A, B, C, D, F, G & N	C, D, F & N	Available	Approved
/ed	A, B, C, D, F & N	Not Available	Available	Approved
ved	A, B, C, D, F, G & N	B, C, D, F, G & N	Available	Approved
ved	A, F, G & N	Not Available	Not Available	Approved
ved	Not Available			
ved	A, B, C, D & F	Not Available	Available	Approved
ved	A, B, C, D, F, G & N	C, D, F & N	Available	Approved
ved	A, B, C, D & F	C, D & F	Not Available	Approved
lable	A, B, C, D & F	Not Available	Available	Approved
/e /e	ed ed ed able ed	ed A, B, C, D & F ed A, B, C, D, F, G & N ed A, B, C, D & F able A, B, C, D & F ed A, B, C, D & F	edA, B, C, D & FNot AvailableedA, B, C, D, F, G & NC, D, F & NedA, B, C, D & FC, D & FableA, B, C, D & FNot AvailableedA, B, C, D & FNot Available	ed A, B, C, D & F Not Available Available ed A, B, C, D, F, G & N C, D, F & N Available ed A, B, C, D & F C, D & F Not Available ed A, B, C, D & F C, D & F Not Available able A, B, C, D & F Not Available Available

*New Vantage I and II only. See Underwriting Guide for more information.

**Unisex Rates, New Vantage I only. See Underwriting Guide for more information.

***Medicare Supplement Household Discount on Select only. See Underwriting Guide for more information.