

# Golden Eagle Final Expense Plan

## Agent Guide



**FAMILY BENEFIT  
LIFE INSURANCE CO.**

**CONTACT THE HOME OFFICE WITH ANY QUESTIONS**

**Don't leave your family worried about how  
they will handle your final expenses**

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**Product Highlights:** Whole Life Insurance issued as either Simplified or Graded.

**Simplified Issue (SI):** Age 50-85 Amounts \$2,500-\$25,000

**Graded Benefit (GDB):** Age 50-80 Amounts \$2,000-\$10,000

**Age:** Based on last birthday as of Date of Issue. Cannot backdate to save age.

**Death Benefit:** 100% of Declared Death Benefit paid to Beneficiary (less any loans and/or premium due). Guaranteed Level Premiums, Non-Cancelable Policy, as long as scheduled premiums are paid.

**Accelerated Living Death Benefit:** Subject to policy provisions, benefits may be accelerated if the insured is diagnosed with a terminal illness that with reasonable medical certainty will result in the death of the insured in 12 months or less. Benefits may also be accelerated if the insured is confined continuously to a Qualified Nursing Home, with confinement expected to continue until the insured's death.

**Disclosure:** The Accelerated Living Benefit Disclosure must be signed by the Proposed Insured and Agent. Please be sure to check the box on the application, signifying that the proposed insured received, read and understood the disclosure. The disclosure form after signed and dated stays with the client. Do not submit with the application.

**Notices:** The application contains the Notice of Disclosure of Information and Notice Regarding Consumer Reports. This information must be left with the applicant.

**Signatures:** The application must be signed by the proposed insured, owner (if other than proposed insured) and the agent. Application submitted without proper signatures will be returned.

**Policy Owner:** Acceptable Policy Owners are **ONLY** the proposed insured, spouse, adult children, siblings or parents.

**Beneficiary:** All applications must indicate a valid beneficiary. If the Proposed Insured is also the Owner and Payer they may name anyone as the beneficiary. If the Proposed Insured is not also both the Owner and Payer, insurable interest must be met. We require actual names of the beneficiaries and their Social Security Numbers and Date of Births. Reason is to help find and identify the correct beneficiary(s) when we are notified of the Proposed Insured's death. Any application submitted without a beneficiary will default to the "Estate of the Insured". All others are subject to Home Office Approval.

**APL:** On the application, this stands for Automatic Premium Loan. APL is an optional provision in life insurance that authorizes the insurer to pay from the cash value any premium due at the end of the grace period. This provision is useful in preventing inadvertent lapse of the policy.

**Premium Payments:** The only modes of premium payment the Company will accept are: monthly bank draft (EFT), Quarterly, Semi-Annual or Annual. Any application submitted requesting any other mode of premium payment will not be issued and if any, Cash With Application will be refunded. We do accept Visa, MasterCard and Direct Express Debit Card. Card paying policies' commissions are paid as earned. No more than 20% of an agent's submitted business may be card paying policies.

To help ensure correct routing and bank account information please submit a voided check for checking account clients. Deposit or withdrawal slips will not be accepted. If the EFT Draft is returned by the bank, we will notify you and the premium mode will be changed to quarterly. The Company is not responsible for any fees incurred by an applicant / insured due to insufficient funds.

**Cash With Application:** The only acceptable form of CWA is the applicant or owner's personal check or money order. The Company does not accept cash. CWA checks are deposited the day they are received. If a CWA check is returned by the bank due to insufficient funds, commissions will be paid as earned only. Money Orders **MUST** be signed by the applicant/owner or verified by the applicant, if not, commissions will be paid as earned only. The Company also has the right to require applicants to submit a bank check or money order in lieu of a personal check. Checks or other payments drawn from an agent's personal or business account are not acceptable forms of premium payment.

**Social Security Benefit Billing Authorization Form:** By utilizing this form we have the ability to withdraw Checking/Savings Accounts and the Direct Express MasterCard to match the date the Payer receives their Social Security Benefits. The Draft Date on the application **MUST** match the option on the Social Security Benefit Authorization Form. Only available options: 1st of the month, 3rd of the month, or 2nd, 3rd or 4th Wednesday of the month. If you complete the Social Security Benefit Billing Authorization Form you do not need to complete the bank authorization on the back of the application.

**Requested Effective Dates:** The Effective Date of a policy is the date the applicant requests their coverage to begin if the policy is approved. If this question is left blank, the effective date will be the application date. Effective Date must be the 1<sup>st</sup> - 28<sup>th</sup> of the month or 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> Wednesday of the month. We will draft by EFT on each business day, except the, 29th, 30th, and 31st of the month. A Requested Effective Date may not be more than 45 days from the date of the application. No coverage is provided under the Conditional Receipt until the effective date is reached. On the application if the requested effective date is the 1<sup>st</sup> - 28<sup>th</sup> of the month only need to list the date in section 5, line 3 of the application. Example: 08/03/2017. You do not need to list the month and year after the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> Wednesday. The Requested Effective Month/Year is only for the Wednesdays. Since we allow up to 45 days a requested Wednesday could often be the current month or the following month so we need to know which month.

**Replacement:** As an agent you have certain duties you must adhere to regarding replacement of an applicant's existing insurance. If replacement does occur, you must: (Some states require NAIC **NOTICE OF REPLACEMENT OF LIFE INSURANCE OR ANNUITIES** to be completed whether or not any life insurance is being replaced. If you are not for sure please check with home office prior to application.).

1. Complete the proper replacement form and submit it with the application.
2. Inform the applicant that the owner of the existing insurance must cancel the existing insurance themselves, as the Company does not complete this for them.

Cases requiring replacement forms which were not received with the application will not be issued or approved until all required replacement items are received.

**Foreign Nationality / Residence:** Only United States Citizens or Permanent Residents with a valid Social Security Number can apply for insurance. This applies for both Policy Owner and Insured.

**Tobacco:** Any use of tobacco or nicotine products, including gum patches or electronic cigarettes in any form in the last 12 months is considered tobacco consumption and will be issued at a tobacco rate.

**Golden Eagle Whole Life Underwriting:** Family Benefit's Life Insurance's Final Expense Plan can be issued standard as "Simplified Issue" or qualify for the "Graded Death Benefit". Combinations of impairments may exclude an applicant from coverage. Golden Eagle Final Expense is not a guaranteed issue product. The Company reserves the right to modify underwriting guidelines without notice and the right to request additional information to assess the risk. The application asks medical related questions, the answers to which will either qualify the applicant for the Simplified Plan, the Graded Plan, or require that the application be declined. It's important that you read each question carefully to the applicant. In addition to the medical questions, we will obtain a report through the MIB Inc and a Prescription Check Service. All questions on the application must be answered. Questions left blank will cause a delay in processing as we will have to contact you to obtain the answer.

**Telephone Interview:** All Final Expense Applications require a telephone interview. You are encouraged to conduct an interview at the time of application. If an interview is not completed at the time of application, Family Benefit Life Insurance will complete the interview before the policy is issued. If the applicant cannot be reached after several attempts, we will notify you that the case will be closed in 5 days. For telephone interviews please call the **Toll-Free phone number 888-995-7722 listed on the application during hours: Mon-Fri 8:00AM to 9:00PM CST and Saturday 8:00 AM to 3:00 PM CST.**

**Application Correction:** The owner must initial ANY corrections made on an application. Do not use "white out" or any other correction materials. This will result in the application being returned or amended.

**Family Business:** Cases submitted on immediate family will be treated as "Family Business" and commissions will be paid on an as earned only basis.

**Multiple Policies:** An insured may not have more than \$25,000 in total Final Expense Coverage.

**Submitting Applications:**

Many of your clients pay via monthly bank drafts. You may submit via fax, agent portal or mail.

For compliance reasons we are not allowed to store credit/debit card information. Card paying clients will have their authorization and card information gathered during the required telephone interview. Do not fax or upload credit/debit or Direct Express card information. The application and information other than credit/debit or Direct Express card may be submitted via fax, agent portal or mail.

**Fax:** Please include a cover sheet that has the requested information. Make sure you submit all the necessary forms such as replacement notices, bank draft information (including voided check), etc. to:

**Fax #: 262-289-3224.** Please remember that the application is to be included in the formation of the policy. Not all fax transmissions provide a quality that would be appropriate for the contract. At times we may need to ask for a second fax, or even the original. We will do our best to use the faxed copy whenever possible.

**Agent Portal:** Uploaded at: [www.familybenefitlife.com](http://www.familybenefitlife.com)

First time users may create your own user name and password. You may upload the following types of files: doc, docs, pdf, xls, xlsx, jpg, jpeg, png, tiff or tif.

If your client is submitting money with the application: Please Upload through the Agent Portal or Fax the application packet per instructions above. Then please mail the payment along with a copy of the front page of the application to the Administrative Office in Frankfort, KY. This will help us match the payment to the policy when it is ready to issue.

**Mail:**

Regular Mail:  
Family Benefit                    or  
PO Box 5205  
Frankfort, KY 40602-5205

Overnight:  
Family Benefit  
200 Capital Ave.  
Frankfort, KY 40601

When faxing, please complete a cover sheet for each application. Please be sure to include the number of pages associated with this cover sheet and mark "Yes" or "No" for have you previously attempted to fax this item. If you receive a communication error and are resending, please answer "Yes" to have you previously attempted to send. Please make sure to include your phone number and email address on the fax cover sheet if we need to contact you.

If you have faxed or submitted the application via agent portal, do not resubmit unless you are specifically instructed to do so. If you are uploading, you can click on recent uploads and see exactly what you sent. We sometimes see an agent fax in an application then turn around and upload the same application through the agent portal or vice versa. If you resubmit please make a note on the resubmit that you are sending a second time. You and your client would not want two policies accidentally issued.

Please retain the original application until the policy has been issued. Then shred and destroy the original application and documents. You nor the Company are allowed to keep client's credit/debit or Direct Express card information on file.

**Cancellations:** If an applicant cancels their application BEFORE a policy is issued, we will need a written statement from the Policy Owner requesting cancellation of their application.

**Amendments:** On any case where the material risk of the application has changed or the terms of the contract as initially presented by the agent has changed, a policy amendment will be required to be signed on delivery. No commission will be paid until the signed Delivery Receipt and Amendment is received by the Home Office.

**Delivery:** If a case is issued as applied for, we will send it directly to the Agent, unless you request that it be sent to the Policy Owner by checking the appropriate box on the back of the application. If a case is sent to you for delivery, the payer's account will not be drafted (if drafting 1<sup>st</sup> months premium), nor will any commissions be paid until the delivery receipt and any requirements are received by the Administrative Office. You have 30 days from the date the policy is sent to you in order to deliver it. If the delivery receipt and/or amendment is not received by the end of the 30 days, the case will be closed and all CWA refunded to the owner. In cases where the policy is mailed directly to the Policy Owner, we will draft their bank account upon the later of issue date or when the policy is mailed. Your commission will be paid on the next commission cycle.

**Not Taken Out (NTO):** Any case which is issued, but refused acceptance by the Policy Owner and returned to the Company within the Free Look period, will be considered NTO. The case will be closed and any commissions paid will be charged back immediately.

**Declines:** If a case is declined, we will notify you. The case will be closed and all CWA refunded directly to the Policy Owner immediately.

**Lapses:** There is a 31 day grace period to pay premiums. After the expiration of the grace period, if premiums remain unpaid, we will notify the owner by letter that premiums are in arrears. The Policy Owner will have an additional 15 days to pay all premiums due. If the case is not brought up to current premium paying status the case will lapse. All unearned commissions will be charged back. POLICIES CANNOT BE "REWRITTEN" IN ORDER TO AVOID PAYING BACK PREMIUMS. Also, if a policy lapses, and you submit a new application on the same applicant, commissions will be paid as earned only.

**Important Phone & Fax Numbers:**

- Phone Interviews: 888-995-7722
- Underwriting Assessment: 866-211-0811
- Fax for Application Submission: 262-289-3224
- Dedicated inbound line for missing information: 262-252-0038
- Policy Owner Services: 866-440-1357 x 4002
- Premium Accounting for Payments after Issue Date: 866-440-1357 x 6506

**Graded Benefit Factors:**

The death benefit for any Graded Plan is limited for the first two policy years. The first year benefit is the factor for the age shown below. To calculate the first year benefit, simply multiply the face amount by the factor for the age and sex in question.

Issue Age	First Year			
	Male		Female	
	Nontobacco	Tobacco	Nontobacco	Tobacco
50	.066	.083	.057	.071
51	.069	.085	.059	.075
52	.072	.087	.062	.078
53	.075	.089	.064	.081
54	.078	.097	.066	.084
55	.082	.105	.069	.087
56	.086	.113	.071	.089
57	.090	.120	.074	.090
58	.094	.126	.077	.092
59	.099	.132	.080	.093
60	.104	.136	.083	.095
61	.110	.140	.087	.101
62	.116	.145	.090	.107
63	.122	.150	.094	.114
64	.129	.155	.098	.121
65	.136	.162	.102	.127
66	.143	.170	.106	.134
67	.151	.179	.111	.140
68	.159	.189	.116	.145
69	.168	.200	.122	.151
70	.177	.213	.128	.156
71	.187	.226	.135	.163
72	.198	.240	.142	.171
73	.210	.254	.151	.180
74	.222	.269	.160	.191
75	.235	.283	.170	.204
76	.249	.298	.182	.220
77	.264	.315	.194	.237
78	.280	.333	.207	.254
79	.297	.355	.221	.271
80	.316	.382	.236	.285

The second year for both male and female, non-tobacco and tobacco are as follows:

Issue Age	Male, Female, Non-tobacco & Tobacco
50-73	.50
74	.53
75	.56
76	.58
77	.60
78	.64
79	.69
80	.73

**Examples:**

1. A 56 year old male tobacco applies for a \$10,000 graded death benefit policy. The 1<sup>st</sup> year factor is .113.  $10,000 \times .113 = \$1,130$  first year death benefit.
2. A 75 year old female non-tobacco applies for a \$5,000 policy. The 2<sup>nd</sup> year factor is .56.  $5,000 \times .56 = \$2,800$  second year death benefit.

**Final Expense Build Chart:**

Height		Weight		
		Minimum	Maximum Simplified	Maximum Graded
Feet	Inches			
4	9	78	197	218
4	10	78	206	227
4	11	81	213	236
5	0	84	222	245
5	1	86	229	253
5	2	90	237	262
5	3	93	246	272
5	4	96	253	279
5	5	98	260	287
5	6	101	268	296
5	7	104	275	304
5	8	107	284	314
5	9	110	292	323
5	10	113	299	331
5	11	116	308	340
6	0	120	316	348
6	1	124	325	357
6	2	127	333	365
6	3	131	342	374
6	4	134	350	381
6	5	137	357	388
6	6	141	367	397
6	7	145	375	406
6	8	148	383	413





### FEMALE SIMPLIFIED ISSUE

Issue Ages: 50-85

Minimum Face Amount: \$ 2,500

Maximum Face Amount: \$25,000

Annual Policy Fee: \$30

Modal Factors: SA .515, QA .260, EFT Monthly .086

(Rate x [Face/1,000] +30) x Factor = Modal Premium

Age	Female Rate Per Thousand		Monthly Bank Draft--Female--Non-Tobacco Simplified Issue--\$30 Policy Fee Included					Monthly Bank Draft--Female--Tobacco Simplified Issue--\$30 Policy Fee Included				
	Non-Tobacco	Tobacco	\$5000	\$10000	\$15000	\$20000	\$25000	\$5000	\$10000	\$15000	\$20000	\$25000
50	22.32	31.75	12.18	21.78	31.37	40.97	50.57	16.23	29.89	43.54	57.19	70.84
51	24.40	32.99	13.07	23.56	34.06	44.55	55.04	16.77	30.95	45.14	59.32	73.51
52	25.51	34.88	13.55	24.52	35.49	46.46	57.43	17.58	32.58	47.58	62.57	77.57
53	26.18	36.98	13.84	25.09	36.35	47.61	58.87	18.48	34.38	50.28	66.19	82.09
54	26.79	39.07	14.10	25.62	37.14	48.66	60.18	19.38	36.18	52.98	69.78	86.58
55	27.53	41.05	14.42	26.26	38.09	49.93	61.77	20.23	37.88	55.53	73.19	90.84
56	28.52	42.92	14.84	27.11	39.37	51.63	63.90	21.04	39.49	57.95	76.40	94.86
57	29.79	44.71	15.39	28.20	41.01	53.82	66.63	21.81	41.03	60.26	79.48	98.71
58	31.31	46.50	16.04	29.51	42.97	56.43	69.90	22.58	42.57	62.57	82.56	102.56
59	33.04	48.36	16.79	30.99	45.20	59.41	73.62	23.37	44.17	64.96	85.76	106.55
60	34.91	50.34	17.59	32.60	47.61	62.63	77.64	24.23	45.87	67.52	89.16	110.81
61	36.87	52.49	18.43	34.29	50.14	66.00	81.85	25.15	47.72	70.29	92.86	115.43
62	38.88	54.82	19.30	36.02	52.74	69.45	86.17	26.15	49.73	73.30	96.87	120.44
63	40.91	57.35	20.17	37.76	55.35	72.95	90.54	27.24	51.90	76.56	101.22	125.88
64	42.94	60.04	21.04	39.51	57.97	76.44	94.90	28.40	54.21	80.03	105.85	131.67
65	45.00	62.88	21.93	41.28	60.63	79.98	99.33	29.62	56.66	83.70	110.73	137.77
66	47.12	65.85	22.84	43.10	63.36	83.63	103.89	30.90	59.21	87.53	115.84	144.16
67	49.36	68.93	23.80	45.03	66.25	87.48	108.70	32.22	61.86	91.50	121.14	150.78
68	51.78	72.15	24.85	47.11	69.38	91.64	113.91	33.60	64.63	95.65	126.68	157.70
69	54.47	75.52	26.00	49.42	72.85	96.27	119.69	35.05	67.53	100.00	132.47	164.95
70	57.50	79.14	27.31	52.03	76.76	101.48	126.21	36.61	70.64	104.67	138.70	172.73
71	60.96	83.11	28.79	55.01	81.22	107.43	133.64	38.32	74.05	109.79	145.53	181.27
72	64.91	87.57	30.49	58.40	86.31	114.23	142.14	40.24	77.89	115.55	153.20	190.86
73	69.42	92.72	32.43	62.28	92.13	121.98	151.83	42.45	82.32	122.19	162.06	201.93
74	74.54	98.76	34.63	66.68	98.74	130.79	162.84	45.05	87.51	129.98	172.45	214.91
75	80.30	105.90	37.11	71.64	106.17	140.70	175.23	48.12	93.65	139.19	184.73	230.27
76	86.71	114.34	39.87	77.15	114.44	151.72	189.01	51.75	100.91	150.08	199.24	248.41
77	93.78	124.22	42.91	83.23	123.56	163.88	204.21	55.99	109.41	162.82	216.24	269.65
78	101.50	135.61	46.23	89.87	133.52	177.16	220.81	60.89	119.20	177.52	235.83	294.14
79	109.87	148.42	49.82	97.07	144.31	191.56	238.80	66.40	130.22	194.04	257.86	321.68
80	118.90	162.36	53.71	104.83	155.96	207.09	258.22	72.39	142.21	212.02	281.84	351.65
81	128.62	176.87	57.89	113.19	168.50	223.81	279.11	78.63	154.69	230.74	306.80	382.85
82	139.12	191.04	62.40	122.22	182.04	241.87	301.69	84.73	166.87	249.02	331.17	413.32
83	150.57	203.48	67.33	132.07	196.82	261.56	326.31	90.08	177.57	265.07	352.57	440.06
84	163.23	212.24	72.77	142.96	213.15	283.34	353.52	93.84	185.11	276.37	367.63	458.90
85	177.50	214.67	78.91	155.23	231.56	307.88	384.21	94.89	187.20	279.50	371.81	464.12

### FEMALE GRADED DEATH BENEFIT

Issue Ages: 50-80

Minimum Face Amount: \$ 2,000

Maximum Face Amount: \$10,000

Annual Policy Fee: \$30

Modal Factors: SA .515, QA .260, EFT Monthly .086

(Rate x [Face/1,000] +30) x Factor = Modal Premium

Age	Female Rate Per Thousand		Monthly Bank Draft--Female--Non-Tobacco Graded Benefit--\$30 Policy Fee					Monthly Bank Draft--Female--Tobacco Graded Benefit--\$30 Policy Fee				
	Non-Tobacco	Tobacco	\$2000	\$3000	\$5000	\$7500	\$10000	\$2000	\$3000	\$5000	\$7500	\$10000
50	34.69	46.95	8.55	11.53	17.50	24.96	32.41	10.66	14.69	22.77	32.86	42.96
51	36.50	49.73	8.86	12.00	18.28	26.12	33.97	11.13	15.41	23.96	34.66	45.35
52	38.35	52.50	9.18	12.47	19.07	27.32	35.56	11.61	16.13	25.16	36.44	47.73
53	40.31	55.28	9.51	12.98	19.91	28.58	37.25	12.09	16.84	26.35	38.24	50.12
54	42.38	58.05	9.87	13.51	20.80	29.92	39.03	12.56	17.56	27.54	40.02	52.50
55	44.59	60.83	10.25	14.08	21.75	31.34	40.93	13.04	18.27	28.74	41.82	54.89
56	46.93	62.14	10.65	14.69	22.76	32.85	42.94	13.27	18.61	29.30	42.66	56.02
57	49.39	63.44	11.08	15.32	23.82	34.44	45.06	13.49	18.95	29.86	43.50	57.14
58	51.98	64.75	11.52	15.99	24.93	36.11	47.28	13.72	19.29	30.42	44.34	58.27
59	54.67	66.05	11.98	16.68	26.09	37.84	49.60	13.94	19.62	30.98	45.18	59.38
60	57.48	67.36	12.47	17.41	27.30	39.65	52.01	14.17	19.96	31.54	46.03	60.51
61	60.40	72.44	12.97	18.16	28.55	41.54	54.52	15.04	21.27	33.73	49.30	64.88
62	63.44	78.16	13.49	18.95	29.86	43.50	57.14	16.02	22.75	36.19	52.99	69.80
63	66.62	84.18	14.04	19.77	31.23	45.55	59.87	17.06	24.30	38.78	56.88	74.97
64	69.97	90.20	14.61	20.63	32.67	47.71	62.75	18.09	25.85	41.37	60.76	80.15
65	73.53	95.99	15.23	21.55	34.20	50.01	65.82	19.09	27.35	43.86	64.49	85.13
66	77.34	101.44	15.88	22.53	35.84	52.46	69.09	20.03	28.75	46.20	68.01	89.82
67	81.45	106.53	16.59	23.59	37.60	55.12	72.63	20.90	30.06	48.39	71.29	94.20
68	85.94	111.37	17.36	24.75	39.53	58.01	76.49	21.74	31.31	50.47	74.41	98.36
69	90.86	116.18	18.21	26.02	41.65	61.18	80.72	22.56	32.55	52.54	77.52	102.49
70	96.29	121.25	19.14	27.42	43.98	64.69	85.39	23.44	33.86	54.72	80.79	106.86
71	102.31	126.95	20.18	28.98	46.57	68.57	90.57	24.42	35.33	57.17	84.46	111.76
72	108.98	133.68	21.32	30.70	49.44	72.87	96.30	25.57	37.07	60.06	88.80	117.54
73	116.37	141.79	22.60	32.60	52.62	77.64	102.66	26.97	39.16	63.55	94.03	124.52
74	124.55	151.59	24.00	34.71	56.14	82.91	109.69	28.65	41.69	67.76	100.36	132.95
75	133.55	163.23	25.55	37.04	60.01	88.72	117.43	30.66	44.69	72.77	107.86	142.96
76	143.41	176.62	27.25	39.58	64.25	95.08	125.91	32.96	48.15	78.53	116.50	154.47
77	154.12	191.39	29.09	42.34	68.85	101.99	135.12	35.50	51.96	84.88	126.03	167.18
78	165.66	206.75	31.07	45.32	73.81	109.43	145.05	38.14	55.92	91.48	135.93	180.39
79	177.98	221.39	33.19	48.50	79.11	117.38	155.64	40.66	59.70	97.78	145.38	192.98
80	190.96	233.40	35.43	51.85	84.69	125.75	166.81	42.72	62.80	102.94	153.12	203.30

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**We Appreciate Your Business  
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to You and Your Clients**



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