



THE TIMBER RIDGE SERIES® CRITICAL ILLNESS PRODUCT MANUAL

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This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy and riders for the actual terms and conditions that apply. The terms and conditions of the policy and riders will govern in any question about this plan.

LIFE INSURANCE

THE TIMBER RIDGE SERIES® CRITICAL ILLNESS PLANS¹

GENERAL PRODUCT INFORMATION

Term life insurance that is designed to pay death benefits upon death while the policy remains in force and to pay living benefits upon the first ever² diagnosis of one of the covered conditions made on or after the 30th day after the policy effective date, regardless of additional treatment, actual expenses or other coverage.

The amount of the death benefit available under the coverage after a living benefit has been paid is reduced by the living benefit payment made. If 100% of the face amount is paid out as a living benefit, the policy and all coverage will end. If less than 100% of the face amount of the Policy is payable for a covered condition, only one benefit will be payable for that type of covered condition even if there is a later occurrence of the same or a similar condition. A similar condition includes any covered condition eligible for the same percentage of the Policy Face Amount as a benefit.



MAXIMUM FACE AMOUNT ISSUED

\$250,000. A paramedical examination is required above the non-medical limits.

ISSUE AGES 18-64 (current age)

Renewable to age 70, convertible to age 65 and terminates at age 70.

NON-MEDICAL LIMITS

Issue ages 18-45 is \$100,000 face amount.

Issue ages 46-55 is \$75,000 face amount.

Issue ages 56-64 is \$50,000 face amount.

POLICY TYPE

10 year renewable term to age 70, convertible to age 65 with a critical condition accelerated benefit rider.

POLICY FEE

\$20.00 commissionable annual policy fee.

MINIMUM PREMIUM

\$20.00 a month (\$5 a week payroll deduction).

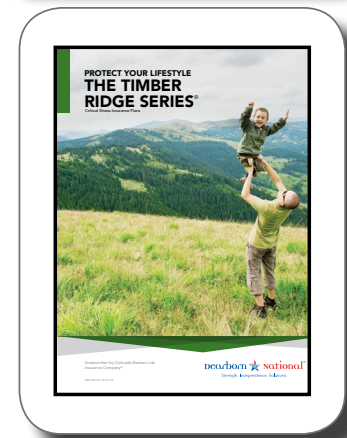
LIMITATIONS

This product is accept or decline only and cannot have conditions amended or rated.

RIDERS – OPTIONAL

Critical Condition Family Rider (CCFR)

Additional Benefit Rider



¹ This page provides information on the following: Policy form series RCT-398, RCT-122007 and RCT-2011. Rider form series CCR-398, CCR-4-2010, R-482-03, and CCFR-604.

² Not available in Ohio.

TIMBER RIDGE VERSIONS¹

There are different versions of the Timber Ridge. When presenting the product, ensure that you have checked the product approval list to determine the states that are applicable to each version of the product. The list of conditions and percentages of coverage may vary by state.



TIMBER RIDGE² PROTECT YOUR LIFESTYLE

Policy form series RCT-398

Rider form series CCR-398

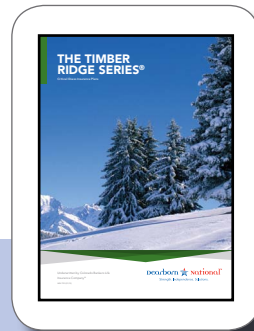
is designed to pay, as a lump sum, the percentage of your term life insurance death benefit listed below if you are first ever diagnosed with one of the following covered conditions on or after the 30th day (60th day for cancer) coverage becomes effective:

- 10% Angioplasty surgery
- 10% Annual benefit for Social Security Disability payable for 5 years, followed by a final payment a year later equal to the remaining death benefit
- 100% Cancer (life threatening)
- 100% Heart Attack
- 25% HIV infection resulting from a blood transfusion
- 25% Major Heart Surgery (coronary bypass surgery, heart valve surgery, or aortic surgery)
- 100% Major Organ Transplant
- 100% Renal Failure
- 100% Stroke
- 100% Terminal Illness

DEATH FROM ANY CAUSE IS A 100% BENEFIT

(Except suicide during the first two years)

Note: This version is not available in all states. Please consult the Product Approval List for a list of states where this version is approved.



TIMBER RIDGE²

Policy form series RCT-122007, RCT-2011

Rider form series CCR-4-2010

is designed to pay, as a lump sum, the percentage of your term life insurance death benefit listed below if you are first ever³ diagnosed with one of the following covered conditions on or after the 30th day⁴ coverage becomes effective:

- 100% Advanced Alzheimer's Disease
- 10% Angioplasty
- 25% Aortic Surgery
- 25% Coronary Bypass Surgery
- 100% End-Stage Renal Failure
- 100% Heart Attack
- 25% Heart Valve Replacement/Repair Surgery
- 100% Invasive Cancer
- 100% Loss of Independent Living
- 100% Loss of Limbs
- 100% Major Organ Transplant
- 100% Major Burns
- 100% Paralysis (called Paraplegia in Illinois)
- 100% Stroke
- 100% Terminal Illness

DEATH FROM ANY CAUSE IS A 100% BENEFIT

(Except suicide during the: (a) first year for Colorado, Missouri and North Dakota; or (b) first two years everywhere else.) Note: In Maryland, benefits paid are contingent on the necessity of permanent hospitalization.

Note: This version is not available in all states. Please consult the Product Approval List for a list of states where this version is approved.

¹ This page provides information on the following: Policy form series RCT-398, RCT-122007 and RCT-2011. Rider form series CCR-398, CCR-4-2010, R-482-03, and CCFR-604.

² Covered Conditions may vary by state. Covered conditions are defined in the policy. The actual policy definitions should be consulted and will control.

³ May differ in certain states.

⁴ May differ in certain states.

DEFINITIONS OF COVERED CONDITIONS*

Depending on which version of the Timber Ridge is approved in a particular state, the covered conditions are explained below. Covered conditions are defined in the policy. The summary contained in this piece is only an overview of the actual definitions. The actual policy definitions should be consulted and will control.

TIMBER RIDGE PROTECT YOUR LIFESTYLE COVERED CONDITIONS (RCT-398, CCR-398)

Angioplasty – The actual undergoing of angioplasty, arthrectomy or laser treatment for coronary artery disease, which cannot be adequately controlled by medical therapy, following an unequivocal recommendation by a consultant cardiologist.

Annual Benefit for Social Security Disability – 10% of the current Death Benefit as of the date the first payment is made for this benefit, payable for 5 years, followed by a final payment a year later for the remaining Death Benefit. The receipt by the insured, prior to age 65, of Social Security Disability payments under this rider will require you to submit to us satisfactory evidence of receipt of Social Security Disability payments from the Social Security Administration.

Aorta Surgery – The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purposes of this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded. Angiographic evidence of the underlying disease must be provided.

Coronary Bypass Surgery – The actual undergoing of coronary by-pass surgery (either saphenous vein or internal mammary graft) following an unequivocal recommendation by a consultant cardiologist for the treatment of coronary disease.

Heart Attack – Death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries.

Diagnosis of a Heart Attack requires all three of the following criteria:

- i. clinical picture of myocardial infarction;
- ii. new electrocardiographic (EKG) findings consistent with myocardial infarction; and
- iii. elevation of cardiac enzymes above standard laboratory levels of normal (in case of creatinine phosphokinase (CPK), a CPK-MB measurement must be used.)

Heart Valve Replacement – The actual undergoing of the total replacement of one or more heart valves for the treatment of disease. Heart valve repair and valvotomy are specifically excluded.

HIV Infection Resulting from a Blood Transfusion – Infection by any HIV will be treated as a Covered Condition only if we are satisfied that the infection was caused by a medically necessary blood transfusion performed in the United States after the Policy Date.

Diagnosis of HIV infection requires all of the following:

- i. A negative HIV blood test within seventy-two (72) hours of the blood transfusion;
- ii. A positive HIV test within six (6) months after the transfusion;
- iii. The institution which provided the transfusion admits liability;
- iv. The Insured is not the only person so infected; and
- v. The Insured is not a hemophiliac.

Life-Threatening Cancer – The manifestation of a malignant tumor (a tumor which is not encapsulated and has properties to infiltrate and cause metastasis) including leukemia and Hodgkin's Disease (except Stage 1 of Hodgkin's Disease.) The disease must be supported by histological evidence of malignancy.

Specifically excluded from coverage are the following:

- i. pre-malignant tumors or polyps;
- ii. cancer in-situ, intraductal non-invasive carcinoma of the breast, carcinoma of the appendix, Stage 1 transitional carcinoma of the urinary bladder;
- iii. any skin cancers other than melanomas; or
- iv. Stage 1 Hodgkin's disease.

Major Organ Transplant –The actual undergoing of transplantation of heart, lung, liver or bone marrow, but not as the donor.

Renal Failure – End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted or renal transplantation is carried out.

Stroke – Any acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. After a neurological deficit has persisted for at least thirty (30) days, the Eligibility Date will be the initial date of loss. This definition of stroke will specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. Diagnosis of a Stroke must be evidenced by a clinical picture of permanent neurological damage provided from a Computed Axial Tomograph (CAT scan) or a Magnetic Resonance Image (MRI).

Terminal Illness – Advanced or rapidly progressing incurable disabling terminal illness where, based on our investigation, the life expectancy is no greater than twelve months.

*This page provides information on the following: Policy form series RCT-398. Rider form series CCR-398.
Covered conditions and their definitions may vary by state.

DEFINITIONS OF COVERED CONDITIONS*

Depending on which version of the Timber Ridge is approved in a particular state, the covered conditions are explained below. Covered conditions are defined in the policy. The summary contained in this piece is only an overview of the actual definitions. The actual policy definitions should be consulted and will control.

TIMBER RIDGE (TRS) COVERED CONDITIONS (RCT-122007, RCT-2011, CCR-4-2010)

Advanced Alzheimer's Disease – The Diagnosis, by a Legally Qualified Physician board-certified as a neurologist, that the Primary Insured has Advanced Alzheimer's Disease. The Primary Insured must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing. It must result in significant reduction in mental and social functioning such that the Primary Insured requires Substantial Assistance in performing at least 3 of the 6 ADLs (as defined above). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Covered Condition.

Angioplasty – The Primary Insured's actual undergoing of a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. A Legally Qualified Physician board-certified as a cardiologist must perform the procedure. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition.

Aortic Surgery – The Primary Insured's actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The surgery must be deemed medically necessary and performed by a Legally Qualified Physician board-certified as a cardiologist, cardio-vascular thoracic surgeon or vascular surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta causing aortic surgery does not qualify under this Covered Condition.

Coronary Bypass Surgery – The Primary Insured's actual undergoing of coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Legally Qualified Physician board-certified as a cardiologist. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition.

End-Stage Renal Failure – The chronic and irreversible failure of both of the Primary Insured's kidneys which requires him or her to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in nephrology.

Heart Attack – An acute myocardial infarction resulting in the death of a portion of the Primary Insured's heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both:

- (1) New clinical presentation and electro-cardiographic changes consistent with an evolving heart attack; and
 - (2) Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.
- An established (old) myocardial infarction does not qualify under this Covered Condition.

Heart Valve Replacement/Repair Surgery – The Primary Insured's actual undergoing of open heart surgery to replace or repair one or more valves. The surgery must be deemed medically necessary and performed by a Legally Qualified Physician board-certified as a cardiologist or cardio-vascular surgeon.

Invasive Cancer – A malignant neoplasm experienced by the Primary Insured, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemias and lymphomas are included. The following are not considered Invasive Cancer:

- (1) Pre-malignant lesions (such as intraepithelial neoplasia); or
- (2) Benign tumors or polyps; or
- (3) Early prostate cancer diagnosed as T1N0M0 or equivalent staging; or
- (4) Cancer in situ; or
- (5) Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic); or
- (6) Any cancer which is non-life threatening.

Invasive Cancer must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Loss of Independent Living – The Diagnosis, by a Legally Qualified Physician board-certified in a specialty which is medically appropriate for the related condition, that the Primary Insured has been unable for at least 180 consecutive days to perform by him or herself without Substantial Assistance from another person at least 3 of the 6 ADLs (as defined above). This inability must be expected to be permanent.

Loss of Limbs – The Diagnosis, by a Legally Qualified Physician board-certified as medically appropriate for this condition, of a total and irreversible severance of two or more of the Primary Insured's limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

Major Burns – The Diagnosis, by a Legally Qualified Physician board-certified as a plastic surgeon, that the Primary Insured has sustained third degree burns covering at least 20% of the surface area of the Primary Insured's body.

Major Organ Transplant – The clinical evidence of the Primary Insured's major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Primary Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Primary Insured) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. Also, the Primary Insured must be registered by the United Network of Organ Sharing (UNOS) in order for the Major Organ Transplant to be a Covered Condition under this rider.

Paralysis – The Primary Insured's complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Legally Qualified Physician board-certified as a neurologist.

Stroke – Any acute cerebrovascular accident experienced by the Primary Insured, producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist.

Terminal Illness – An advanced or rapidly progressing incurable disabling terminal illness where, based on Our investigation, the Primary Insured's life expectancy is no greater than 12 months.

*This page provides information on the following: Policy form series RCT-122007 and RCT-2011. Rider form series CCR-4-2010.
Covered conditions and their definitions may vary by state.

AVAILABLE RIDERS

TIMBER RIDGE CRITICAL CONDITION FAMILY RIDER¹

Check the Product Approval List to determine if the Critical Condition Family Rider is available in a particular state.

RIDER INFORMATION

With the payment of the required premium, this rider provides Level Term Life Insurance with critical condition accelerated benefits for the spouse and any dependent child, stepchild or legally adopted child under the age of 22.

LIMITATIONS

This rider cannot be added to an existing Timber Ridge Series policy and there are no partial benefits offered. If one or more children are not eligible, the rider will be issued as spouse only or spouse and children who are eligible or dependent child/children only who are eligible.

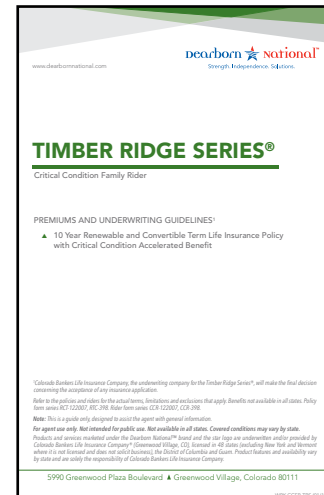
BENEFITS

The death benefit coverage is \$10,000 for the spouse and \$5,000 for children and is available as a spouse only, children only, or as family coverage. Also included in this rider are critical illness benefits for life threatening cancer, heart attack, stroke, renal failure, major organ transplant, and terminal illness.² The critical illness benefit equals 100% of the death benefit coverage respectively for the spouse or child/children. No more than one critical illness benefit will be paid on the spouse and each covered child.

UNDERWRITING

The underwriting guidelines and build chart for the primary insured will also apply to the spouse. Please see Section 3 of this manual for information on underwriting the Critical Condition Family Rider.

Critical Condition Family Rider (CCFR)



RIDER RATES	
Child Rider	\$3.00 per month in all years or \$0.69 per week.
Spouse Rider	Rider rates are based on spouse's age and whether non-tobacco or tobacco use. See WRK CCFR-TRS (01/10) in the forms download section of MyCBL Agent web portal.
Spouse and Dependent Children Rider	Rates are based on spouse's age and whether non-tobacco or tobacco use. See WRK CCFR-TRS (01/10) in the forms download section of MyCBL Agent web portal.

¹ Rider form series CCFR-604. In Alabama, Indiana, Maine, Missouri, New Hampshire, Ohio, South Dakota, and Texas, the Critical Illness Family Rider premium is level in any 10-year period and increases at each renewal period.

² Covered Conditions may vary by state. Covered conditions are defined in the rider. The actual rider definitions should be consulted and will control.

AVAILABLE RIDERS

ADDITIONAL BENEFIT RIDER (Family Plan)*

Check the Product Approval List to determine if the Additional Benefit Rider is available in a particular state.

RIDER INFORMATION

The Additional Benefit Rider (Family Plan) provides decreasing term coverage for the spouse and level term coverage for the children, stepchildren and legally adopted children (age 14 days to 18 years) of the Insured. If the Insured does not have a spouse, the benefit is added on the life of the Insured.

This rider becomes a paid-up policy upon death of the Insured. The rider remains in effect without further premium payments if the Insured dies before age 65. The rider will then continue in force until the policy anniversary on which the Insured would have been 65 years old.

LIMITATIONS

Benefits for children cease on the attainment of age 22 or the policy anniversary nearest the Insured's 65th birthday.

BENEFITS

The benefit may be added up to five units of coverage. Each unit provides up to \$2,000 decreasing term coverage on the spouse per the schedule on the next page and \$1,000 on each child. Coverage on the children may be converted to a policy, up to \$10,000 per unit.

ADMINISTRATION

Notification is necessary to cover children (acquired) after completion of the application.

Additional Benefit Rider Coverage and Premium Information (See the next page for details.)

ADDITIONAL BENEFIT RIDER TABLE
TIMBER RIDGE SERIES[®] CRITICAL ILLNESS PLANS

The Additional Benefit Rider (Family Plan) provides decreasing term coverage for the spouse and level term coverage for the children, stepchildren and legally adopted children (age 14 days to 18 years) of the Insured. If the Insured does not have a spouse, the benefit is added on the life of the Insured. Each unit provides up to \$2,000 decreasing term coverage on the spouse per the schedule below and \$1,000 on each child.

Benefits for children cease on the attainment of age 22 or the policy anniversary nearest the Insured's 65th birthday. Coverage on the Insured may be converted to a policy up to \$10,000 per unit. Notification is necessary to cover children. Required after completion of the application.

This rider becomes a paid-up policy upon death of the Insured. The rider remains in effect without further premium payments if the Insured dies before age 65. The rider will then continue in force until the policy anniversary on which the Insured would have been 65 years old.

The cost per unit includes the spouse and all children. \$1.00 per unit per month in all years.

TABLE OF ADDITIONAL BENEFITS			
AGE	ADDITIONAL BENEFIT	AGE	ADDITIONAL BENEFIT
(Insured's Age)	(Spouse)	(Child)	(Child)
18	1000	14	1000
19	1000	15	1000
20	1000	16	1000
21	1000	17	1000
22	1000	18	1000
23	1000	19	1000
24	1000	20	1000
25	1000	21	1000
26	1000	22	1000
27	1000	23	1000
28	1000	24	1000
29	1000	25	1000
30	1000	26	1000
31	1000	27	1000
32	1000	28	1000
33	1000	29	1000
34	1000	30	1000
35	1000	31	1000
36	1000	32	1000
37	1000	33	1000
38	1000	34	1000
39	1000	35	1000
40	1000	36	1000
41	1000	37	1000
42	1000	38	1000
43	1000	39	1000
44	1000	40	1000
45	1000	41	1000
46	1000	42	1000
47	1000	43	1000
48	1000	44	1000
49	1000	45	1000
50	1000	46	1000
51	1000	47	1000
52	1000	48	1000
53	1000	49	1000
54	1000	50	1000
55	1000	51	1000
56	1000	52	1000
57	1000	53	1000
58	1000	54	1000
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62	1000	58	1000
63	1000	59	1000
64	1000	60	1000
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66	1000	62	1000
67	1000	63	1000
68	1000	64	1000
69	1000	65	1000
70	1000	66	1000
71	1000	67	1000
72	1000	68	1000
73	1000	69	1000
74	1000	70	1000
75	1000	71	1000
76	1000	72	1000
77	1000	73	1000
78	1000	74	1000
79	1000	75	1000
80	1000	76	1000
81	1000	77	1000
82	1000	78	1000
83	1000	79	1000
84	1000	80	1000
85	1000	81	1000
86	1000	82	1000
87	1000	83	1000
88	1000	84	1000
89	1000	85	1000
90	1000	86	1000
91	1000	87	1000
92	1000	88	1000
93	1000	89	1000
94	1000	90	1000
95	1000	91	1000
96	1000	92	1000
97	1000	93	1000
98	1000	94	1000
99	1000	95	1000
100	1000	96	1000

REFER TO THE ACTUAL POLICY RIDER FOR A FULL DESCRIPTION OF THE COVERAGE.

RIDER RATES	
Includes the spouse and all children.	\$1.00 per unit per month in all years.

The Additional Benefit Rider may not be available in all states. See the Product Approval List for state approval information.

* Rider form series R-482-03.

AVAILABLE RIDERS

ADDITIONAL BENEFIT RIDER (Family Plan)*



ADDITIONAL BENEFIT RIDER TABLE

TIMBER RIDGE SERIES® CRITICAL ILLNESS PLANS

The Additional Benefit Rider (Family Plan) provides decreasing term coverage for the spouse (see table below) and level term coverage for the children, stepchildren and legally adopted children (age 14 days to 18 years) of the Insured. If the Insured does not have a spouse, the benefit is added on the life of the Insured. The benefit may be added up to five units of coverage. Each unit provides up to \$2,000 decreasing term coverage on the spouse per the schedule below and \$1,000 on each child.

Benefits for children cease on the attainment of age 22 or the policy anniversary nearest the Insured's 65th birthday. Coverage on the children may be converted to a policy, up to \$10,000 per unit. Notification is necessary to cover children (acquired) after completion of the application.

This rider becomes a paid-up policy upon death of the Insured. The rider remains in effect without further premium payments if the Insured dies before age 65. The rider will then continue in force until the policy anniversary on which the Insured would have been 65 years old.

The cost per unit includes the spouse and all children: \$1.00 per unit per month in all years

TABLE OF ADDITIONAL BENEFITS per unit of coverage			
AGE (Nearest Birthday)	ADDITIONAL BENEFIT	AGE (Nearest Birthday)	ADDITIONAL BENEFIT
25 or less	\$2000	45	\$1000
26	1950	46	950
27	1900	47	900
28	1850	48	850
29	1800	49	800
30	1750	50	750
31	1700	51	700
32	1650	52	650
33	1600	53	600
34	1550	54	550
35	1500	55	500
36	1450	56	450
37	1400	57	400
38	1350	58	350
39	1300	59	300
40	1250	60	250
41	1200	61	200
42	1150	62	150
43	1100	63	100
44	1050	64	50
		65 or more	NONE

REFER TO THE ACTUAL POLICY RIDER FOR A FULL DESCRIPTION OF THE COVERAGE.

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UNDERWRITING GUIDELINES

When an application is received in the home office, the following procedures will be completed:

- A telephone interview may be conducted with the applicant by the home office.
- An (MIB) search will be made on every application.
- The non-medical limit for issue ages is as follows:
 - The non-medical limit for issue ages 18-45 is \$100,000 face amount.
 - The non-medical limit for issue ages 46-55 is \$75,000 face amount.
 - The non-medical limit for issue ages 56-64 is \$50,000 face amount.
- A paramedical examination, blood profile and urinalysis must be completed for all issue ages above the non-medical limit.
- All examinations will be ordered directly by the home office. Please note on the transmittal the best time to call the applicant for an appointment.
- An external vendor handles all APS (medical records) requests on our behalf. Please do not contact the physician's office directly.
- Due to our total life retention limit or other factors, we may on occasion require additional underwriting requirements (such as paramedical exams for lower face amounts) before processing.

FIELD UNDERWRITING FOR THE TIMBER RIDGE

Eligible Issue Age: 18-64 (use current age)*

* If birthday is within 45 days of application, use next birthday age.

Field Underwriting Build Chart

Ht./Wt.	Ht./Wt.	Ht./Wt.	Ht./Wt.
4'10" 190	5'4" 217	5'10" 255	6'4" 301
4'11" 194	5'5" 223	5'11" 262	6'5" 309
5'0" 198	5'6" 229	6'0" 270	6'6" 317
5'1" 202	5'7" 235	6'1" 277	6'7" 326
5'2" 207	5'8" 241	6'2" 285	6'8" 333
5'3" 212	5'9" 248	6'3" 293	6'9" 340

Applicants that exceed the above maximums are not eligible for coverage. Applicants that fall below the maximums may still be declined if other health conditions are present.

Blood Pressure

Histories of Hypertension and/or Hyperlipidemia are acceptable if they are controlled with one medication (for each) for at least one year. If a time period is not mentioned, CBL will request more information (i.e. letter/questionnaire or APS). Medical records will be requested when multiple medications are taken to control Hypertension/High Blood Pressure and/or Hyperlipidemia. This will only be done for face amounts over \$20,000 for nonsmokers and over \$15,000 for smokers.

Diabetes

History of Non-Insulin Diabetes can be submitted if the applicant is above the age of 55, if no other health conditions (including obesity) exist. An APS will be required.

Application: Automatic Disqualification

- During the proposed Insured's lifetime, he/she has been told, treated for or diagnosed by a doctor for:

Alzheimer's Disease
 Angina
 Cancer – Treated for Internal or Melanoma
 Cerebral Palsy
 Ciffhosis
 COPD/Emphysema
 Coronary Artery Disease
 Heart Attack
 Heart Valve Surgery
 Hepatitis C
 HIV/AIDS
 Insulin Dependent Diabetes –All ages
 Internal Organ Transplant
 Kidney Dialysis
 Leukemia
 Multiple Sclerosis
 Muscular Dystrophy/ALS
 Non Insulin Dependent Diabetes–Under age 55
 Paraplegia
 Quadriplegia
 Stroke
 Terminal Illness

- Within the past 5 years, he/she has been treated or counseled for:

Alcohol Abuse/Alcoholism
 Attempted Suicide
 Drug Abuse or Addiction
 Major Depression
 Mental Illness

Note:

Applicants who answer "Yes" to any question must give complete and detailed information, including physician name, address and phone number. If details are not provided, the application may be returned or held for completion.

The above conditions represent some of the most common impairments. Other conditions can be discussed with the Underwriting department. Underwriting guidelines are subject to change.

FIELD UNDERWRITING FOR THE TIMBER RIDGE

For your reference, the following are some of the problems that could cause your business to be held, delayed or declined by Underwriting.

Asthma

A history of asthma with steroid usage within a year is a decline. In addition, any history of Asthma when the applicant is a smoker will also be declined.

Blood pressure

Histories of Hypertension (high blood pressure) and/or Hyperlipidemia (elevated cholesterol or triglycerides) are acceptable if controlled with one medication (for each) for at least one year. You need to provide us with the date of diagnosis or duration. If there is no duration or date of diagnoses listed on the application, CBL will request more information (i.e. a letter/questionnaire, APS or both). If multiple medications are prescribed to control Hypertension and/or Hyperlipidemia, we will order an APS (medical records).

Depression/anxiety

Depression—either situational, stress related or anxiety attacks—are all acceptable if controlled with medications or counseling. Applicants will be postponed if hospitalized within the past year. Major depression such as manic depression (bipolar disorder) will require an APS.

Diabetes

Applications can be submitted for non-insulin or diet-controlled diabetes if the applicant is over 55 and has no other health impairments including obesity. CBL will order an APS to verify control. If CBL approves the policy, the entire file will then go to our reinsurer for final approval.

Family history

The question regarding family history pertains to a first-degree relative (i.e., father, mother, sisters or brothers) If the question is answered “yes”, please provide the family member’s relationship, diagnosis, and age at diagnosis. Failure to provide this information will delay processing. Answering “yes” regarding family history on any of the other medical questions will cause the policy to have an amendment. If the applicant is applying for family coverage (i.e. spouse or children) then all medical questions pertaining to their respective health impairment or issues should be answered accordingly.

Annual salary requirements

Face amounts cannot exceed more than 5 times the applicant’s annual salary (i.e., if the annual salary is \$20,000, the face amount cannot exceed \$100,000). For face amounts over \$100,000, the annual salary is required on the application. If the requested face amount is over \$50,000 and if the insured is unemployed, the working spouse’s annual salary is required. Both of these requirements are waived if the minimum modal premium of \$5 per week (or \$20 per month) is requested. If the insured has no household income, only the face amount minimum corresponding to premium of \$20 per month can be purchased.

Alterations to the application

Since the application is a legal contract to apply for life insurance, the applicant must initial all changes. If there are three (3) alterations or more, a new application will be required. If the medical question regarding HIV/AIDS is not answered or is altered, we cannot accept the application. A new application must be completed.

Please remember that this is an abbreviated form of the underwriting rules and that a combination of any of the medical conditions listed above or other impairments including obesity could cause an APS or declination. Please obtain and record as many details as possible regarding impairments on the application. Always obtain complete name, address and telephone number for the treating physician for each medical condition listed on the application.

Underwriting guidelines are subject to change.

FIELD UNDERWRITING FOR THE CRITICAL CONDITION FAMILY RIDER (CCFR-604)

1. The underwriting guidelines and build chart for the primary Insured also apply to the Spouse.
2. On the tobacco use question, if either the Insured or Spouse use tobacco products, indicate in the Details of “Yes” answers who is the tobacco user. If the question is answered “Yes” without explanation, then both Insured and Spouse will be treated as tobacco users for premium calculations.
3. This rider is available as a Spouse only Rider, Spouse and Dependent Children Rider or Dependent Children only Rider.
4. If one or more children are not eligible for the CCFR, the Rider will be issued either as a Spouse only Rider, Spouse and Children who are eligible or Child/Children only who are eligible.
5. Ages and definition of Children – Any dependent child, stepchild or legally adopted child of the Insured is eligible if he or she is less than 22 years old on the rider effective date.
6. The Insured Spouse coverage terminates at the Insured’s age 70 or the Insured Spouse’s age 70, whichever occurs first. The Insured Child’s coverage terminates at the Insured’s age 70 or the Insured Child’s age 22, whichever occurs first.

INSURABLE INTEREST

Insurable interest is required when any person other than the Insured shall be considered the owner of a policy. Insurable interest exists when one person has a valid financial or emotional interest in the life of another person. Generally speaking, the Insured must be worth more to the policy owner while living, rather than while deceased (one should not profit from the death). The individuals should have some legal, permanent relationship, usually by blood or marriage, and should be considered immediate family members. The following are guidelines to consider:

INSURED	OWNER	INSURABLE INTEREST?
Husband or Wife	Wife or Husband	Yes
Domestic Partner	Domestic Partner	Yes, where recognized by applicable state law, with proper documentation where required
Child	Parent	Yes
Grandchild	Grandparent	Yes, with proven insurable interest or guardianship documentation
Child	Legal Guardian	Yes, with proper documentation
Child	Foster Parent	No
Parent	Child	Yes
Grandparent	Grandchild	Insurable interest must be proven
Girlfriend/Boyfriend	Boyfriend/Girlfriend	No
Fiancé/Fiancée	Fiancée/Fiancé	Insurable interest must be proven
Ex-Husband or Ex-Wife	Ex-Wife or Ex-Husband	Insurable interest must be proven
Child's Parent	Child's Parent	Insurable interest must be proven
Roommate	Roommate	No, unless common ownership or mortgage-holders of dwelling
Niece/Nephew	Aunt/Uncle	No
Aunt/Uncle	Niece/Nephew	No
Cousin	Cousin	No
Sibling	Sibling	No
Friend	Friend	No
Neighbor	Neighbor	No
Business Partner	Business Partner	Insurable interest must be proven
Employees	Business Owner	No
Any person	Insurance Agent	No

Any relationship listed above as not having insurable interest can be considered if certain criteria are met. Additional information regarding the relationship of the parties, their financial interest in each other, etc. will be required. The list above is not all-inclusive. Arrangements not mentioned above will be given individual consideration.

This chart will be considered when any mentally competent adult is not the owner of his/her own policy. When the Insured is a minor child, or mentally incompetent adult, ownership of the policy should be granted to the parents, or other party legally responsible for the everyday care of the Insured (with the exclusion of foster parents).

Insurable interest will only need to be proven with regards to ownership of a policy. Insurable interest does not need to be proven with regard to payors or beneficiaries of policies with one exception: In the absence of blood or marital relationship, the agent on a policy cannot be the payor or beneficiary.

WHAT YOU WILL NEED TO SUBMIT BUSINESS

NEW BUSINESS
TRANSMITTAL

TRANS 7/05

1

APPLICATION

C-APP OR A-LSP

2

DISCLOSURE(S)

SEE PRODUCT
APPROVAL LIST

3

MONTHLY
OR WEEKLY
MONEY
PURCHASE
RATES

See Form Below

4

PRESENTATION
SUMMARY

FORM-FACPESPRD

5

EMPLOYER
PAYROLL
DEDUCTION
AUTHORIZATION

WRK EPDA 08/10

6

Bank Draft Business

1. New Business Transmittal (TRANS 7/05)
2. Application
3. Any required disclosures (see Product Approval List)
4. Use monthly rate card – WRK MRCT-TRS-4/08 – Only for PAC (bank draft), periodic billing, direct bill and payroll deduction company paid semi-monthly or monthly
5. Presentation Summary FORM-PACPESPRD (Top portion for bank draft/PAC)

Payroll Deduction Business

1. New Business Transmittal (TRANS 7/05)
2. Application
3. Any required disclosures (see Product Approval List)
4. Use weekly Money Purchase rate card – WRCT-TRS-4/08
5. Presentation Summary FORM-PACPESPRD (bottom portion for PRD)
6. Employer Payroll Deduction Authorization Form # EPDA-1/02 (only one Employer Authorization per group)

APPLICATION SUBMISSION

Faxing Applications to the Home Office

We are able to accept faxed applications. Each transmittal and corresponding application(s)/paperwork need to be sent by separate fax — **THIS IS VERY IMPORTANT**. Once the application has been faxed, please **DO NOT** send the originals to the home office. This prevents duplicate processing.

Fax Numbers:

- 303-220-8056 – Main
- 303-773-9830 – Direct to Policy Issue Department
- 303-773-9710 – Direct to Policy Issue Department
- 303-221-0507 – Direct to Policy Issue Department
- 303-221-9432 – Direct to Policy Issue Department

Emailing Applications to the Home Office

We are also able to accept scanned and emailed applications. This must be done through a secured email. **Do not send applications through your regular email. These emails will be deleted.**

If you are interested in this option, please contact the Policy Issue department to set this up.

Application Status

- If you received a commission advance, the policy was approved (if you have qualified).
- The policy will be mailed to the individual policyholder or the General Agent within 5 days after the application is processed.

NEW BUSINESS TRANSMITTAL

The following are procedures followed by the Home Office upon receipt of new business. It is important that you are aware of these procedures in order to minimize delays in underwriting. Each new business submittal is first checked to ensure the pay modes and premium amounts are in agreement on the Application, Presentation Summary, the Employer Payroll Deduction Authorization and the New Business Transmittal. If one of the documents does not match, it may be questioned due to disagreeing information.

The New Business Transmittal allows us to properly set up and bill each employer. Answers on the Transmittal are used as follows:

- 1.** Is this a new account or is it an add-on to an existing account? If it is an existing account, please make sure that the company name is given exactly as on previous transmittals.
- 2.** Fill in the firm's name, address and phone number. It is important that the billing address coincides with the address on the Transmittal.
- 3.** What is the firm number of the company? If you do not know the number or if it is a new case, we will supply the number.
- 4.** Payroll Deduction/Worksite Companies – The effective date of the policies are set on the tenth (10th) of the month by Home Office personnel, which is at least one month after the date first deduction begins. This dating allows for one full month of payroll deductions. Allotments are given an effective date of 30 days from the first deduction date, not necessarily the tenth (10th), unless specified on the Transmittal.
- 5.** When will the deductions begin? It is important that this date is correct and is agreed to by the company and the bookkeeper.
- 6.** The bill will include deductions for each pay period in the month; consequently, it is important that this part of the Transmittal be completed correctly. In the sample, it is possible that for some months there will be four Friday pay periods and in other months there will be five. If an error is made (i.e., the pay day is really Wednesday or the pay period is really semi-monthly), then an incorrect bill may be sent to the employer.
- 7.** The writing agent's name must be entered here. If special coding for commissions is being requested for this case, enter it here also.
- 8.** Special remarks should have any special instruction or information for Home Office personnel. Also, mark the appropriate boxes shown for policy mailing and commissions.
- 9.** Each client that the agent (shown in number 7) is to receive commission on should be listed in this section. Under billing amount, separate entries for their annuity and insurance amounts as shown in the example.

NEW BUSINESS TRANSMITTAL



3 Firm # 12345 **Transmittal**

1

Date Submitted: 5/27/10
 Date Received in H.O. _____
 New Firm Existing Firm # 12345

2

Company to be billed, Gov. Allotment, or Elec. Funds Transfer (EFT) XYZ Company
 Billing Address: 123 Main Street
Anytown CO 12345
 City State Zip Code
 Phone: 303 555-1212

Effective Date 7/10/10 **4**
 Deductions Begin 6/4/10 **5**
 Weekly on Friday
 Bi-weekly on _____
 Semi-monthly on the _____ **6**
 & _____
 Monthly on the _____

General Agent James Cameron
 Commissions: _____
 Agent _____

	Life	Accident
	1st Ren	1st Ren
<u>Sally Baker</u>	<u>25</u>	<u>2</u>
<u>John Smith</u>	<u>5</u>	<u>1</u>

7

Mail Policies to: GA Agent Insured Other _____
 Commissions: As Earned Advance **8**
 Notes to Home Office: _____

9

	NAME	*PAY PERIOD MODE #	MODAL AMOUNT	SBP/FAR50/FAR ANNUAL PREMIUM		LSP MODAL AMOUNT	LSP ANNUAL PREMIUM	ACC MODAL AMOUNT	ACCIDENT ANNUAL PREMIUM	FUNDS (OTHER)	AGE	OFFICE USE
				INSURANCE	ANNUITY							
1.	<u>John Doe</u>	<u>W</u>					<u>582.35</u>				<u>48</u>	
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
TOTAL												

*1. Weekly 2. Bi-weekly 3. Semi-Monthly 4. Monthly (Indicate by #)

I certify that all Firm applicants have been employed 6 months or longer and that all applications listed above are bonafide, as represented therein, and that I have no knowledge or reason to believe that replacement of existing insurance may be involved, except where so indicated under the application. I agree that all sums advanced shall become liens against my contract earnings. I guarantee that if potential commissions do not satisfy such advance, I will repay the shortage in accordance with the terms of my advance agreement.

White - Home Office Yellow - Agent Pink - General Agent

ADVANCE RECIPIENT: Sally Baker

TRANS 7/05

APPLICATION COMPLETION FOR THE C-APP

The most important part of our business — the application — controls our joint success.

Print or **write legibly** with black pen. (Felt tip pens will not photocopy or duplicate through several copies).

Each item must be answered. Those which are self-explanatory are not mentioned here.

- A.** Complete address should include: **Street Address**, City, State, and **Zip Code**.
- B.** Please include the area code for both home and work phone numbers.
- C.** Age is **current age**.
- D.** Please include e-mail address.
- E.** State full name **and** relationship to beneficiary. If not completed, business will be held for phone call or e-mail for additional information.
- F.** Face Amount: State the amount of death benefit the applicant wants under the plan. Alternatively, if the applicant wants the amount of death benefit for the proposed insured under the plan to be determined by the amount of premium selected, either “money purchase” or “cash purchase” can be stated in the “Face Amount” space, instead of a specific amount. However, if this approach is used, you must make sure the applicant understands clearly that the Face Amount will be the amount of death benefit that the proposed insured will qualify for, based on the coverage selected, using the information given in the application and obtained in the underwriting process, and applying the premium amount stated in the application.
- G.** Premium: Include rider premium.
- H.** Boxes are available to designate desired riders.
- I.** Plan: 10 Year Renewable and Convertible Term Life Insurance with Critical Condition Accelerated Benefit Rider.
- J.** If Additional Benefit Rider (include number of units, up to five) or Critical Condition Family Rider is included, the “Persons to be Covered” must be carefully completed. Be sure to give full names and date of birth. If a child has a different surname, indicate the relationship to the insured. This rider covers the spouse (may not be fiancée or fiancé) and children up to age 17 years 364 days for Additional Benefit Rider and up to age 21 years 364 days for Critical Condition Family Rider.
- K.** Ask all medical questions: Remember these apply to persons covered under the Additional Benefit Rider or Critical Condition Family Rider as well and should be noted in the explanation of “Yes” answer(s). The doctor’s name/address and the hospital’s name/address, plus full details about the illness, are necessary for all “Yes” answers. For example: regarding High Blood Pressure, list date of onset, the current readings, name and dosage of medication. The more information is supplied, the faster the underwriting. Incomplete answers will delay issue and could jeopardize other business, if discrepancies arise with a claim.
- L.** If an owner is different than the Proposed Insured, you will need the owner’s signature and Social Security number. The owner must have an insurable interest, defined as “the owner must have an interest in that person remaining alive, or expect emotional or financial loss from that person’s death. This is typically based on blood, marriage, or monetary interest.”
- M.** If a spouse is to be covered, that spouse must separately sign the application. (check with underwriting).
- N.** Don’t forget the Agent Replacement question and **all necessary signatures!** Also, make sure to include any necessary replacement forms.

Leave the “Disclosure Statement” with the insured. A sample of a completed application follows.

APPLICATION COMPLETION FOR THE C-APP


APPLICATION TO COLORADO BANKERS LIFE INSURANCE COMPANY 5990 Greenwood Plaza Blvd., Greenwood Village, CO 80111
www.cblnet.com

PROPOSED INSURED John D. Doe		Height 6 0	Weight 180	Telephone No. Home 303 III-1111
Address: Street 11212 Elm Street		City Denver		State CO
City Denver		State CO	Zip Code 80222	State of Birth Utah
Soc. Sec. No. abc123456	Date of Birth 09-09-62	Age 48	Occupation Machinist	Length of Current Employment 6 years 2 months
E-mail Address john.doe@yahoo.com	Beneficiary Mary Doe		Relationship wife	
Face Amount Cash Purchases \$	Premium Life Insurance \$ 8.00	Annuitant Rider \$	Cash with Application \$	Employee Annual Salary \$
<input type="checkbox"/> 10 Year Renewable Term with Flexible Annuity Rider <input type="checkbox"/> Modified Whole Life with Flexible Annuity Rider <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accidental Death \$ <input type="checkbox"/> 10 Year Level Term \$		<input type="checkbox"/> Additional Benefit Unit(s) <input type="checkbox"/> Disability Income Benefit \$ <input type="checkbox"/> Critical Condition Benefit Unit(s) <input type="checkbox"/> Other		<input checked="" type="checkbox"/> 10 Year Renewal and Convertible Term Life Insurance with Critical Condition Accelerated Benefit Rider <input checked="" type="checkbox"/> Critical Condition Family Rider <input type="checkbox"/> Additional Benefit Unit(s) <input type="checkbox"/> Other
Automatic Premium Loan Provision Desired? (Modified Whole Life Only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Automatic Premium Withdrawal Benefit From Annuity Rider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this insurance intended to replace any existing life insurance, health insurance or annuity policy? (If yes, explain policy details below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PERSONS TO BE COVERED UNDER EITHER ADDITIONAL BENEFIT OR CRITICAL CONDITION FAMILY RIDER				
Spouse Mary Doe	SEX F	DATE OF BIRTH 07-14-63	Insured Child	SEX
Insured Child Susan Doe	SEX F	DATE OF BIRTH 04-06-01	Insured Child	SEX
NON-MEDICAL (Please furnish details to all "Yes" answers and your personal physician's name and address even if you answer "No" to all questions).				
Part I: All proposed insureds must answer questions 1-5.				
Yes	No	1. Have you or any family member to be covered ever had, been told you had or been treated for any of the following: (Check all that apply and give details below.)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Cancer, tumor, ulcer, neurological disorder or related disease or disease of the breast or reproductive organs?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Heart attack, angina pectoris, chest pain, stroke, high blood pressure or any other disease of the heart or blood vessels?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Disease of the kidney, urinary bladder, stomach, intestines, liver, gall bladder, lungs or respiratory system, nervous or mental disorder?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Diabetes, chronic hepatitis, leukemia, internal organ transplant, cirrhosis of the liver, paralysis, or disease of the eyes?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Have you ever been diagnosed or been treated for or been told by a member of the medical profession you will require treatment for a disorder of the Immune System including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition, or had a positive test for the AIDS virus Human Immunodeficiency Virus (HIV)?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Have you ever had or been treated for alcohol or drug abuse or addiction? (If yes, give full details below.)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Have you been hospitalized, consulted a physician, or received treatment for any illness or injury in the past 5 years, other than as stated above?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Have you ever been declined or rated-up for life or health insurance? (Provide dates and details below.)		
Part II: Only the proposed insureds applying for either of the Critical Condition Benefit Riders with their policy must answer questions 6-12.				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Have you smoked cigarettes or used tobacco products in the past 12 months?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Have you missed more than 5 consecutive days of work due to accident or sickness in the past 12 months?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Within the past 2 years have you been advised to have any diagnostic test, hospitalization, surgical procedure or treatment that has not been done?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Have you had a parent, brother or sister who prior to age 60 suffered from cancer, diabetes, stroke, heart attack (myocardial infarction), heart disease, or mental illness?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Do you currently have any growth, cyst or lump or any new pigmented area of skin that has not been evaluated by a physician?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Within the past 5 years have you had any symptoms for which future medical assessment is planned, contemplated, or for which you have not yet consulted your physician?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Are you currently taking or been advised to take prescription drugs? Indicate drugs and prescribing physician below.		
Question #	DETAILS OF "YES" Answers: Please include dates, duration, attending physicians or hospital name, address and phone number.		Provide Personal Physician's Name and Address	
4	Physical Exam		Dr. Judy Smith 808 Oak Street Denver, CO 80212	
Insurance will take effect on the application date. I understand that the Company will incur no liability because of this application unless and until it is approved by the Company and the first premium is paid or I have signed an authorization for payroll deduction while the health and other conditions affecting the insurability of the Proposed Insured are as described in this application. In addition, I understand that if the policy applied for includes a Critical Condition Benefit Rider, benefits under this Rider will take effect based on the effective date of the Rider and applicable provisions within this Rider. I hereby acknowledge receipt of the disclosure statement required by the Fair Credit Reporting Act.				
I hereby authorize any physician, medical practitioner, hospital, clinic, Health Maintenance Organization, including Mayo, Kaiser Foundation, Veterans Administration, or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institute, or person that has any records or knowledge of me or my family, or our health, medical history or physical condition, to give to Colorado Bankers Life Insurance Company or its reinsurers any such information including psychiatric histories and to testify as to such information. The purpose of this authorization is to solely obtain life insurance from Colorado Bankers Life Insurance Company.				
This authorization is valid for twenty-four (24) months after the date it was signed. A photostatic copy of this authorization will be as valid as the original, and I or my representative can obtain a copy on request.				
The statements on this application are true to the best of my (our) knowledge and belief. I (we) understand that this policy will be effective on the date it is issued by the Company.				
DATED AT Anytown	CITY	Colorado	STATE	THIS 27th DAY OF May 20 10.
OWNER'S SIGNATURE AND SOCIAL SECURITY NUMBER (If different than Proposed Insured)		PROPOSED INSURED'S SIGNATURE		
Sally Baker		Sally Baker		
AGENT'S SIGNATURE		AGENT'S NAME (Printed)		
Sally Baker		Sally Baker		
C-APP 9/04	WHITE COPY - HOME OFFICE	YELLOW COPY - AGENT	PINK COPY - APPLICANT	

REQUIRED DISCLOSURES

TIMBER RIDGE

Most states require a disclosure form to be signed by the client at the time of sale for the Critical Condition Accelerated Benefit Rider and/or the Critical Condition Family Rider (CCFR). The Forms section of the MyCBL Agent web portal has the required forms available for each state.



Colorado Bankers Life Insurance Company
5990 Greenwood Plaza Blvd.
Greenwood Village, CO 80111
800.367.7814

Understanding Your Critical Condition Accelerated Benefit Rider

This document provides a general summary of the Critical Condition Rider. It is intended to help You (the covered person under the Rider) understand this valuable coverage. It is not the Rider or the Policy contract with Colorado Bankers Life Insurance Company ("We," "Us"). The Policy and Rider contracts set forth the terms and limitations applicable to the Rider. (Terms which have definitions are capitalized). PLEASE READ THIS DOCUMENT CAREFULLY.

I. TAX & PUBLIC AID

Benefits paid under the Rider may be taxable. If so, the person who receives such benefits may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the impact of the receipt of this benefit. Also, any person who receives payment of accelerated benefits from a life insurance policy may lose his or her right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others.

II. HOW THE RIDER OPERATES

A. BASIC OPERATION OF THE RIDER

The benefits of the Critical Condition Rider (the "Rider") are provided in addition to any other benefits provided under the Life Insurance Policy to which it is added (the "Policy"). The Policy and the Rider must be in force for the Rider to provide any benefits. If the Policy or the Rider end, the Rider provides no benefits.

If the Primary Insured under the Policy experiences a Covered Condition, is eligible for benefits under the Rider, and meets all the other terms and requirements of the Rider, We will pay the benefits described in the Rider. Those benefits are payable to the Owner ("You") under the Policy, or in the event You do not survive the date a claim is payable under the Rider by 30 days, then to the Beneficiary under the Policy, using the Policy's rules for paying the death benefit to the Beneficiary. The amount of the benefit payable to the Owner under the Rider will depend on the Covered Condition that the Primary Insured experiences.

Covered Conditions have the definitions given below. Those definitions must be satisfied for benefits to be payable under the Rider.

The amount of benefit payable for a Covered Condition is 100%, 25%, or 10% of the Face Amount of the Policy. The specific percentage of the Face Amount of the Policy payable for each Covered Condition is given below. No more than a total of 100% of the Policy Face Amount (as defined in the Rider), prior to deducting any amount payable under the Rider, will be payable under the Rider.

To be eligible for benefits under the Rider: (1) the First Ever Diagnosis or procedure involving a Covered Condition must occur, after the Waiting Period, and while the Rider is in force, and must satisfy the other rules under the Rider; and (2) a request for benefits that complies with all the rules for filing such claim must be made to Us.

B. AMOUNT PAYABLE FOR EACH COVERED CONDITION

The percentage of the Policy's Face amount (death benefit) that is payable for each Covered Condition is listed below:

- **Covered Conditions eligible for 100% of the Policy Face Amount**
 - (1) Advanced Alzheimer's Disease
 - (2) Major Burns
 - (3) Heart Attack
 - (4) Invasive Cancer
- **Covered Conditions eligible for 25% of the Policy Face Amount**
 - (5) Loss of Independent Living
 - (6) Loss of Limbs
 - (7) Major Organ Transplant
 - (8) Paralysis
 - (9) End-stage Renal Failure
 - (10) Stroke
 - (11) Terminal Illness
- **Covered Conditions eligible for 10% of the Policy Face Amount**
 - (1) Coronary Bypass Surgery
 - (2) Heart Valve Replacement/Repair Surgery
 - (3) Aortic Surgery
- **Covered Condition eligible for 10% of the Policy Face Amount**
 - (1) Angioplasty

C. PAYMENT OF BENEFIT - EFFECT ON POLICY

When 100% of the Face Amount of the Policy is paid under the Rider, the Policy will end. When a benefit of less than 100% of the Face Amount is paid under the Rider, the following will occur: (1) the Face Amount of the Policy will be reduced by the amount of benefit paid under the Rider; (2) the premium for the Policy will be reduced to reflect that reduction; (3) these changes to the Policy will be effective as of the Eligibility Date of the Covered Condition supporting the benefit payment; and (4) the Rider will continue, but benefits for later Covered Conditions will be subject to the Rider's rules, including those for repeat occurrences of a Covered Condition stated below. The Eligibility Date is defined below.

D. GENERAL LIMITATIONS

- **Waiting Period - before benefits are payable**
Benefits will be payable under the Rider for a Covered Condition, only if: (1) the Eligibility Date for that Covered Condition is 30 or more days after the Rider first goes into effect, or 30 days after the Rider is reinstated, whichever is later; and (2) the Policy and Rider are in force at the time that Covered Condition occurs. Otherwise, no benefits will be payable for that Covered Condition.
- **Requirements of Diagnosis**
For proof of an occurrence of a Covered Condition, We must receive a Diagnosis of a Covered Condition by a Legally Qualified Physician, including documentation supported by clinical, radiological, histological and laboratory evidence of the Covered Condition. The proof of occurrence must be satisfactory to Us; and We may require, at our expense, an exam or further tests by a physician of our choice.
- **Repeat Occurrences of a Covered Condition**
If less than 100% of the Face Amount of the Policy is payable for a Covered Condition, only one benefit will be payable for that Covered Condition even if there is a later occurrence of the same or a similar condition. A similar condition includes any Covered Condition eligible for the same percentage of the Policy Face Amount as a benefit.

Colorado Bankers Life Insurance Company
DISCLOSURE OF COVERAGE
CRITICAL CONDITION ACCELERATED BENEFIT FAMILY RIDER (CCFR-604)

Benefits paid under the Rider may be taxable. If so, you or your Beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the impact of this benefit. Benefits of the Rider are not available if the Policy to which it is attached is not in force. Benefits payable under this Rider will have no effect on benefits payable under the Policy.

Covered Conditions

The following conditions are Covered Conditions. If a condition is not listed in this subsection it is not covered under this Rider.

We will pay \$10,000 for Insured Spouse and \$5,000 for Insured Child for the following Covered Conditions:

- (a) **Death** of a covered family member.
- (b) **Heart Attack:** Death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. The occurrence of this event must require extraordinary medical intervention without which the insured would die or the life span would be dramatically reduced.
- (c) **Stroke:** Any acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. Any acute cerebral accident in the absence of extensive medical treatment must result in a dramatically reduced life span. After a neurological deficit has persisted for at least thirty (30) days, the Eligibility Date will be the initial date of loss. This definition of life-threatening stroke will specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia.
- (d) **Life-Threatening Cancer:** The manifestation of a malignant tumor (a tumor which is not encapsulated and has properties to infiltrate and cause metastasis) including leukemia and Hodgkin's Disease (except Stage 1 of Hodgkin's Disease). The disease must be supported by histological evidence of malignancy.

Specifically excluded from coverage are the following:

- i. pre-malignant tumors or polyps;
- ii. cancer in-situ, intraductal non-invasive carcinoma of the breast, carcinoma of the appendix, Stage 1 transitional carcinoma of the urinary bladder;
- iii. any skins cancers other than melanomas;
- iv. Stage 1 Hodgkin's disease.

- (e) **Major Organ Transplant:** The actual undergoing of transplantation of heart, lung, liver or bone marrow, but not as the donor.
- (f) **Renal Failure:** End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted or renal transplantation is carried out.
- (g) **Terminal Illness:** Advanced or rapidly progressing incurable disabling terminal illness where, based on our investigation, the life expectancy is no greater than twelve months.

There are no administrative expense charges required at any time under the Rider.

This disclosure is only a brief summary of the Rider. It is not the Rider or the Policy Contract. The Rider sets forth all your rights and obligations, as well as ours. **PLEASE READ YOUR RIDER CAREFULLY!**

If you have any questions, call us at 1-800-367-7814 or call your agent.

Applicant's Signature

Licensed Agent's Signature

Date

Date

DIS-CCR-604

ORIGINAL & FIRST COPY - HOME OFFICE

SECOND COPY - AGENT

THIRD COPY - EXTRA

Critical Condition Accelerated Benefit Rider Disclosure Form

DIS-CCR

Critical Condition Family Rider Disclosure Form

DIS-CCFR

Note: The white copy of the last page must be left with the client for the DIS-CCR form. The yellow copy must be returned to the home office with the application.

Disclosures for the Timber Ridge | 20

NEW COMPANY ENROLLMENTS

EMPLOYER'S PAYROLL DEDUCTION AUTHORIZATION

The Employer's Payroll Deduction Authorization (EPDA) must accompany any submission for a new company. This authorization is available on MyCBL Agent Web Portal. Click on the Forms tab and then select "Enrollment" and any product.

Subsequent enrollment or re-enrollments by the company do not require a new Authorization. A new Employer Authorization **will be needed** if no new applications are submitted within 2 years from the last re-enrollment date.

The Authorization must be completely filled out and special care should be taken that the beginning deduction date is accurate and agrees with the date contained on the Presentation Summary and the Transmittal.

The Authorization must be signed by the owner(s), President or authorized officer.

Please see a sample on the next page.

NEW COMPANY ENROLLMENTS

EMPLOYER'S PAYROLL DEDUCTION AUTHORIZATION

Colorado Bankers Life Insurance Company®

A **Dearborn**  **NATIONAL** BRAND COMPANY

P.O. Box 17007
Denver, CO 80217
303.220.8500 ▲ 800.367.7814
www.dearbornnational.com

EMPLOYER'S PAYROLL DEDUCTION AUTHORIZATION

Full Name of Firm: XYZ Company

Billing Address: 123 Main Street

Anytown CO 80111
(City) (State) (Zip)

Phone Number: 303-555-1212 Fax Number: 303-555-1111

Nature of Business: Manufacturing Email Address: manuf@xyz.net

Length of time company has been in business: 14 years.

Does the nature of the company's business result in seasonal work, slow-downs or layoffs and/or use of significant numbers of part-time or temporary employees? yes no (If yes, please explain on the back.)

Is the company a subsidiary or division of another company? yes no

If yes, what company? _____

Total number of eligible employees: 30 (Active, full-time between age 18 and 65 with 6 months or more of service)

Permanent Part-time: _____

Paycheck date: MONTHLY ON THE _____ Will agent deliver first bill? yes no
(Date)

SEMI-MO. ON THE _____ & _____ Is this an employer-paid plan? yes no
(Date) (Date)

BI-WEEKLY ON _____ Are premiums being paid through a
(Day of the week) third party administrator? yes no

WEEKLY ON Friday
(Day of the week)

All correspondence and statements should be directed to:

Mary Jones Office Manager
(Name) (Title)

Please make checks payable to **COLORADO BANKERS LIFE** and mail to: P.O. Box 17007; Denver, CO 80217.

Until further notice, we will honor payroll deduction requests made by our employees and members of their immediate families.

We will begin deductions on 6/4/2012 in the amounts set forth on each employee's request.
(Date)

We assume no responsibility for payment of deposits that become due under any contract after the termination of the employment of an employee for whom payroll deductions had previously been made. Our only obligation is for prompt remittance of deductions that are made following receipt of the bill.

It is understood that we may, upon written notice of our employees and to Colorado Bankers Life Insurance, terminate these arrangements as a whole or that any employee may voluntarily discontinue her or his payroll deduction authorization.

Dated at Anytown, CO this 27th day of May, 20 12

Donna Summers
Signature of Employer (President or Chief Executive Officer)

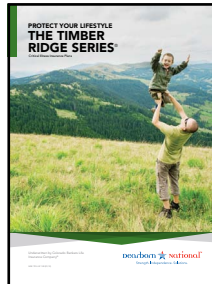
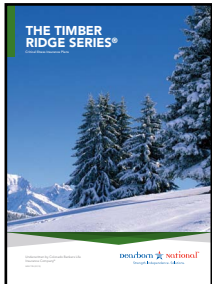
Donna Summers President
(Please Print Name of Employer) (Please Print Title of Employer)

EPDA 3/2012

TIMBER RIDGE BROCHURES

Brochures vary by state. Consult the Product Approval List or download/view available brochures for a particular state on the MyCBL Agent web portal under the Forms tab. Some items may not be available on MyCBL and are only available by ordering through our Supply Department. Supply orders must be requested by your General Agent.

TIMBER RIDGE CONSUMER BROCHURES



LARGE
TIMBER RIDGE
BROCHURE

WRK TRS

LARGE
TIMBER RIDGE
BROCHURE

WRK TRS-LSP (01/10)

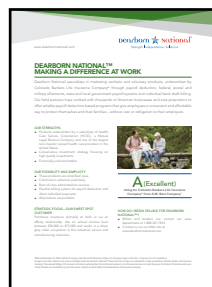
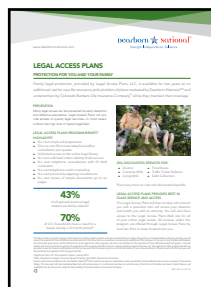
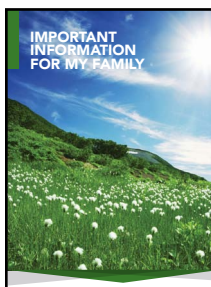
SMALL BIFOLD
TIMBER RIDGE
BROCHURE

WRK TRS-3 (01/10)

SMALL BIFOLD
TIMBER RIDGE
BROCHURE

WRK TRS LSP-3 (01/10)

MISCELLANEOUS CONSUMER BROCHURES



IMPORTANT
INFORMATION
FOR CLIENT
SAFE-KEEPING

WRK MG (01/10)

LEGAL ACCESS
PLANS

WRK CBL LGL (01/10)

WORKSITE
MARKETING
AGENT
BROCHURE

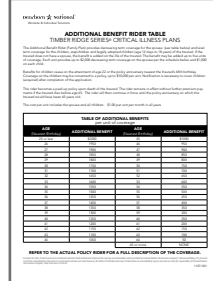
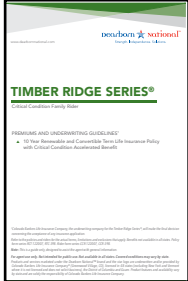
WRK CBL (01/10)

WORKSITE
MARKETING
EMPLOYER
BROCHURE

WRK ER (01/10)

TIMBER RIDGE BROCHURES

FOR AGENT USE



**CRITICAL
CONDITION
FAMILY RIDER
PREMIUMS AND
UNDERWRITING**

WRK CCFR-TRS

**MONTHLY
MONEY
PURCHASE
RATES AND
UNDERWRITING**

WRK MRCT-TRS

**WEEKLY
MONEY
PURCHASE
RATES AND
UNDERWRITING**

WRK WRCT-TRS

**ADDITIONAL
BENEFIT RIDER
INFORMATION
SHEET**

See Page 9 of this
manual.

Dearborn  National®
Worksite & Individual Solutions

5990 Greenwood Plaza Boulevard
Greenwood Village, Colorado 80111
303.220.8500 ▲ 800.367.7814
www.dearbornnational.com

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REG WRK TRS 11082201
Updated 8/23/2012