



SENSIBLE BENEFITS

Life Insurance. Simplified.

Decatur County Schools
Voluntary Life Insurance
Participant Information





SENSIBLE BENEFITS

Life Insurance. Simplified.

Your employer has invited Grange Life Insurance Company to offer you affordable, valuable life insurance protection.

Here's a simple guide to help you find the right coverage to protect what's most important to you. Take some time with your spouse or loved ones to review the value of life insurance and how affordable it is with Grange Life.

Have You Thought to Yourself...

“I can't afford life insurance right now.”

You may be surprised at how affordable coverage is! For example, a 40-year-old could get \$25,000 of coverage for about \$2 per week (about \$9 per month). And, not having any coverage or enough coverage could be more costly to your family.

“I know I need life insurance but I'm too busy right now.”

The future's unpredictable. Plan now to ensure your loved ones are protected. With Grange Life Sensible Benefits, it's convenient for you to purchase the protection you need. The application process is simple; the premiums are paid automatically and you can also purchase coverage for your spouse and children at the same time (subject to underwriting approval).

“Life insurance is overwhelming and confusing; what type do I buy?”

We're here to help, not use high-pressure sales tactics. A Grange Life agent will answer your questions and guide you through the buying process to help you choose the best plan to meet your needs and satisfy your budget.

Life Insurance Is Important.

It can keep your family in the home they love and allow them to continue their lifestyle. Protect the future of your loved ones today. Grange Life makes it simple.

Why Does Grange Life Sensible Benefits Make Sense?

✓ **Affordable.**

Premiums may be lower than you think.

✓ **Convenient.**

Premiums are paid automatically through payroll deduction or bank withdrawal.

✓ **Simple.**

It's easy to enroll with a short paper or online application and no medical exams. A licensed life insurance professional will meet with you to help you choose the coverage that's right for you.

✓ **Guaranteed.**

Whole life cash values are guaranteed by Grange Life, grow tax-deferred and are not affected by interest rate changes.*

✓ **Family-friendly.**

Coverage is available for spouses and children. Coverage for children aged 0-17 is available as an addition to a parent's policy. Adult children aged 18-25 can apply for their own policy.

✓ **Available early.**

Get the death benefit early if diagnosed with a terminal illness.

✓ **Portable.**

You can take your policy with you if you leave the organization.

✓ **Tax-free.**

In most cases policy proceeds are distributed to beneficiaries income tax-free.

✓ **Flexible.**

You choose the length of coverage: 10 years, 20 years or a lifetime – and select additional coverages as needed.

✓ **Reliable.**

Grange Life has the financial strength and stability to stand behind our promises.

* Guarantees and protections are subject to the claims-paying ability of Grange Life.

Why Do I Need Life Insurance?

- **Married, recently married or getting married?** You may want to update your coverage or apply for more. Your new spouse may apply for coverage too.
- **A new parent or about to become one?** Another reason to re-examine the amount of coverage you carry.
- **Own a home or have other financial obligations?** Increasing financial obligations may be a reason to apply for additional coverage. Your Grange Life agent will be happy to discuss your options with you.

How Much Do I Need?

Everyone's financial circumstances and goals are different. The worksheet below can help you determine the amount of coverage that's right for you.

Debt	$\frac{\quad}{\text{Mortgage}} + \frac{\quad}{\text{Credit Cards}} + \frac{\quad}{\text{Auto Loans}} + \frac{\quad}{\text{Other}} = \underline{\quad}$				
Income	$\frac{\quad}{\text{Annual Salary}} \times \frac{\quad}{\text{Number of Years}} = \underline{\quad}$				
Mortality	$\frac{\quad}{\text{Funeral Expenses (Median cost \$8,508)}^1} + \frac{\quad}{\text{Medical Expenses}} = \underline{\quad}$				
Education	$\frac{\quad}{\text{Annual Cost (Average public four-year in-state \$19,548)}^2} \times \frac{\quad}{\text{Number of Years}} \times \frac{\quad}{\text{Number of Children}} = \underline{\quad}$				
			Subtotal	=	
			Current Life Insurance (-)	=	
			Amount of Life Insurance Needed	=	

Amount of insurance needed may vary based upon individual circumstances. Contact your agent for a more in-depth review of your insurance needs.

¹ Source: 2014 National Funeral Directors Association median cost of a basic funeral with vault.
² Source: The College Board, Annual Survey of Colleges 2015-2016

If your need is over \$100,000, ask about additional solutions.

What Plan Is Right for Me?

	Term Insurance	Whole Life Insurance
Length of Coverage	A specified term of 10 or 20 years	Until age 121
Premiums	Less expensive, guaranteed to stay the same during the initial level term period	Guaranteed to stay the same for the lifetime of the policy
Cash Value	None	Guaranteed cash value
Key Advantage	Highest death benefit for lowest cost	Lifelong protection and tax-deferred savings

Coverage Is More Affordable than You Might Think.

20-year level term coverage for non-smokers – weekly premiums:

Age	\$25,000	\$50,000	\$75,000	\$100,000
25	\$1.60	\$2.57	\$3.60	\$4.63
30	\$1.69	\$2.74	\$3.86	\$4.97
35	\$1.98	\$3.29	\$4.68	\$6.07
40	\$2.50	\$4.29	\$6.18	\$8.06
45	\$3.37	\$5.92	\$8.63	\$11.34
50	\$4.66	\$8.33	\$12.24	\$16.14
55	\$7.20	\$13.10	\$19.40	\$25.70
60	\$10.46	\$19.25	\$28.61	\$37.98

10-year level term and whole life policies are also available.

Ask for a premium quote.



Optional Coverage Choices

Children's Term Life Insurance

Available for ages 15 days - 17 years

This rider provides up to \$10,000 level term insurance coverage for all of the insured's existing children (including stepchildren and adopted children) as well as future children for one low cost.

Accidental Death Benefit Rider

Available for ages 18-69

This rider will add to the benefit amount the beneficiary will receive if the insured's death is a result of an accident. Maximum rider benefit amount can be up to insured's base face amount.

Your Personalized Quote

Work with your Grange Life agent or consult the Sensible Benefits premium guide to put together the cost details for you and your family. AD&D : Multiply Amount of Coverage X .07916635 = \$10,000 Children Insurance = \$4.17 Month

YOUR PLAN

Premium and Coverage Worksheet	
Premium Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input checked="" type="checkbox"/> Monthly
Coverage Details	<input type="checkbox"/> 10-Year Term <input type="checkbox"/> 20-Year Term <input type="checkbox"/> WL
Individual Life Insurance	Coverage Amount Premium
Accidental Death Benefit Rider	Coverage Amount Premium
Children's Term Rider	Coverage Amount Premium
YOUR PLAN Estimated Premium = \$ _____	

SPOUSE PLAN

Premium and Coverage Worksheet	
Premium Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input checked="" type="checkbox"/> Monthly
Coverage Details	<input type="checkbox"/> 10-Year Term <input type="checkbox"/> 20-Year Term <input type="checkbox"/> WL
Individual Life Insurance	Coverage Amount Premium
Accidental Death Benefit Rider	Coverage Amount Premium
Children's Term Rider	Coverage Amount Premium
SPOUSE PLAN Estimated Premium = \$ _____	

ADULT CHILDREN PLAN (Ages 18-25)

Premium and Coverage Worksheet	
Premium Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input checked="" type="checkbox"/> Monthly
Coverage Details	<input type="checkbox"/> 10-Year Term <input type="checkbox"/> 20-Year Term <input type="checkbox"/> WL
Individual Life Insurance	Coverage Amount Premium
Accidental Death Benefit Rider	Coverage Amount Premium
Children's Term Rider	Coverage Amount Premium
ADULT CHILDREN PLAN Estimated Premium = \$ _____	

\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
YOUR PLAN Estimated Premium		SPOUSE PLAN Estimated Premium		ADULT CHILDREN PLAN Estimated Premium		TOTAL Estimated Premium

Application for Individual Life Insurance
Sensible Benefits

Please print using dark ink.



Grange Life Insurance Company
 671 South High Street, PO Box 1218
 Columbus, OH 43216-1218
 800-399-3797

The full application L-3-55 must be used if the applicant is applying for more than \$100,000 in Term Life Insurance or in Whole Life Insurance.

Proposed Effective Date: ____/____/____	Group Name Decatur County Board of Education	Group Number G 3101
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Section 1 Billing Group Information* (to be completed by the agent)

*This is not a group product	<input type="checkbox"/> Payroll Deduction (select one below)	<input type="checkbox"/> Individual Billing: EFT is the only option *By providing my account information and my financial institution's name, I authorize Grange Life Insurance Company (Grange) to withdraw funds from my checking or savings account to pay premiums on my life insurance policy. This authorization will remain in effect until Grange has received a written request to terminate this agreement.
	<input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid	

Section 2 Employee Information

If US Citizen and Permanent Residence questions are both answered "No", stop and contact underwriting	Name (First MI Last)		Date of Birth / /	Social Security Number - -		
	Former Name			Mailing Address		
	City		State	Zip Code	Actively at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Hours/Week
	Physical Address (if mailing address is a P.O. Box)		City	State	Zip Code	
	Sex	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other		Occupation		Date of Hire / /
	Daytime Phone () -		<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home	Evening Phone () -		<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home
	Email Address			Have you smoked cigarettes in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen	Permanent Residence Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration #		State of Birth

Section 3 Insured Information: (if different from Employee) Spouse Adult Child Address Same as Above

If US Citizen and Permanent Residence questions are both answered "No", stop and contact underwriting	Name (First MI Last)		Date of Birth / /	Social Security Number - -		
	Former Name			Resident Address		
	City		State	Zip Code		
	Sex	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other		Occupation		
	Daytime Phone () -		<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home	Evening Phone () -		<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home
	Email Address			Have you smoked cigarettes in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen	Permanent Residence Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration #		State of Birth



Section 4 Dependent Child(ren) - Child Rider

	First	Middle	Last	Gender	Date of Birth	Age
<i>The proposed insured must have an issue age under 18 to qualify</i>				<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
				<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
				<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
				<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
				<input type="checkbox"/> F <input type="checkbox"/> M	/ /	
				<input type="checkbox"/> F <input type="checkbox"/> M	/ /	

Section 5 Owner (complete only if the owner is not the employee)

<i>The Employee is the assumed Policyowner</i>	Policyowner (Full Legal Name)		Tax ID/Social Security Number		Relationship	
			- -			
	Mailing Address		City		State	Zip Code
	Physical Address (if mailing address is P.O. Box)		City		State	Zip Code

Section 6 Beneficiary For Proposed Insured (use Section 13 if additional space is needed)

<i>If more than one beneficiary is named, the payments will be made equally to the surviving beneficiaries, unless otherwise stated</i>	Primary Beneficiary: Full Name	Birth Date Or Trust Date	SSN/Tax Id #	Percent	Relationship to Insured
		/ /	- -	%	
		/ /	- -	%	
	Contingent Beneficiary: Full Name	Birth Date Or Trust Date	SSN/Tax Id #	Percent	Relationship to Insured
		/ /	- -	%	
		/ /	- -	%	

Section 7 Insurance Information (use Section 13 if additional space is needed)

<p><i>Be sure to answer all questions. If applicable, check the appropriate box and complete replacement form</i></p>	<p>1. Is there any existing life insurance policy or annuity contract covering the proposed insured?</p> <p>2. Will the policy applied for replace any existing life insurance or annuity?</p> <p>If the answer to either question is "Yes", please provide the information below. List all life insurance policies and annuity contracts on the proposed insured (including pending applications and reinstatements).</p>				<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	
	Insured	Insurer	Policy #	Face Amount	Year Issued		

Please print using dark ink.



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Section 8 Products and Riders Selection

<i>Select either Term Life or Whole Life. A separate application is required if you would like to apply for both plans</i>	Select Products and Riders Select Product If any changes to this section are made at the time of policy issue, a signed amendment will be required.		
	Term Life Insurance Face Amount \$ _____ <input type="checkbox"/> 20 Year Term <input type="checkbox"/> 10 Year Term	Whole Life Insurance Face Amount \$ _____ Non-Forfeiture Options: Reduced Paid Up is the only option	Insurance Coverage Riders <input type="checkbox"/> Child Rider: \$10,000 <input type="checkbox"/> Accidental Death \$ _____ Accidental Date Rate: .07916635 Child Rate \$10,000 All Children \$4.17

Section 9 Qualification Questions (Spouses and adult children of the employee must complete this section. If you are the employee, your agent will tell you if this section is required to be completed.)

<i>All applicants that do not qualify for Guarantee Issue must complete this section</i>	1. Height _____ ft. _____ in. Weight _____ lbs. Weight change in the past year <input type="checkbox"/> Gain <input type="checkbox"/> Loss <input type="checkbox"/> None _____ lbs.			
	2. Has the proposed insured been diagnosed by a member of the medical profession as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.)	Yes	No	
	3. Has a member of the medical profession diagnosed the proposed insured with, or treated or prescribed medication to the proposed insured for: Alzheimer's / Dementia, Cystic Fibrosis, Sickle Cell Anemia, Lou Gehrig's Disease (ALS), or have they received Dialysis.....	Yes	No	
	4. Has the proposed insured ever been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex) by a member of the medical profession, or tested positive for HIV antibodies as part of a test conducted for the purpose of obtaining insurance?.....	Yes	No	
	5. In the past 2 years , has a member of the medical profession diagnosed the proposed insured with, or treated or prescribed medication to the proposed insured for Alcohol or Drug Abuse?.....	Yes	No	
	Questions 2 through 5 must be answered "No" in order to qualify for Sensible Benefits.			
	6. In the past 2 years , has a member of the medical profession diagnosed the proposed insured with, or treated or prescribed medication to the proposed insured for: Angina/Chest Pain, Chronic Kidney Disease, Multiple Sclerosis, Parkinson's Disease, Peripheral Vascular Disease, TIA (mini-strokes), Stroke or Systemic Lupus?.....	Yes	No	
	7. In the past 5 years , has a member of the medical profession diagnosed the proposed insured with or treated or prescribed medication to the proposed insured for: Aneurysm, Cancer other than basal cell, Cardiomyopathy, Organ transplant, Congestive Heart Failure, Emphysema, Heart Attack, Liver Disease (other than fatty liver), Pulmonary Fibrosis, or amputation due to disease?.....	Yes	No	
8. Has a member of the medical profession ever diagnosed the proposed insured with, or treated or prescribed medication to the proposed insured for Vascular Disease, Heart Condition or Kidney Disease, and if so, have they been diagnosed, treated or prescribed medication for Diabetes within the last 5 years ?.....	Yes	No		
If questions 6, 7 or 8 are answered "Yes," please provide details below.				
Details <i>Use Section 13 if additional space is needed)</i>	Question Number	Details or Reason	Date	Name, Address and Phone Number of Attending Doctor and Hospital
			/ /	
			/ /	
			/ /	

Please print using dark ink.



Section 10 Agreement and Authorization

I/We authorize any insurance company, employer, physician, medical professional, hospital, medical facility, pharmacy, pharmacy benefit manager, consumer reporting agency, the Medical Information Bureau, or any other person or organization that has any record of information about me/ us or my/our minor children who are to be insured, to give to Grange Life Insurance Company, its reinsurers or its authorized representatives, (together, the Company) information about other insurance coverage, employment, age, general character, finances, participation in hazardous activities, medical care or advice about any physical or mental condition including information about drugs and alcoholism, prescription history, medications prescribed, or other information the Company requires to determine insurability, eligibility for benefits, investigate claims, or support the business operations of the Company related thereto. I/We further authorize the sources listed above except the Medical Information Bureau to give such information to a consumer reporting agency acting on behalf of Grange Life Insurance Company. Grange Life Insurance Company may release information obtained by this Authorization to its reinsurers, to the Medical Information Bureau, to other insurers with whom I/we have policies or to whom I/we may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me/us, or as may otherwise be lawfully required. **I/We have received a copy of the Notice of Insurance Information Practices and Fair Credit Reporting Act Disclosure Notice.** I/We, or my/our authorized representative, may obtain a copy of this Authorization on request. This Authorization will be valid for 24 months from the date signed which complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. It is the Company's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. I understand that there is a possibility of redisclosure of any information disclosed pursuant to this authorization, and that information, once disclosed, may not be protected by Federal rules governing privacy and confidentiality. A photographic copy shall be as valid as the original. I/We understand that a copy of this authorization will be provided, upon request, to me/us or a person authorized on my/our behalf. I/We understand that disclosure of information to the Company may subject the information to redisclosure in accordance with the Company's privacy policy and MIB, Inc. rules. This authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent the Company has taken action in reliance on this authorization. Notice of revocation may be sent, in writing, to Grange Life Insurance Company at the address above.

I understand that my Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, Grange Life Insurance Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

FRAUD NOTICE: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

REQUEST FOR OWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: Under penalties of perjury, I as the Owner, certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

I/We represent to Grange Life Insurance Company that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I/We agree that the Company can rely on these statements. I/We agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application. Any policy issued on this application will be deemed to be delivered in and governed by the laws of the jurisdiction in which this application was signed.

The **USA PATRIOT Act** requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

Section 11 Proposed Insured and Owner Signatures

<p><i>The Other Insured must sign if coverage is more than \$50,000.</i></p>	<p>I (We) represent that all statements and answers made in all parts of this application are full, complete and true to the best of my (our) knowledge and belief. It is agreed that:</p>	
	<p>(1) All such statements and answers shall be the basis for and a part of any policy issued on this application.</p>	
	<p>(2) No agent or medical examiner can accept risks or make or change contracts or waive Grange's right or requirements.</p>	
	<p>(3) Grange Life Insurance Company shall incur no liability unless:</p> <ul style="list-style-type: none"> A. This application, including a valid group number, is fully completed, dated and signed; B. The first premium due is paid in full or either the Payroll Deduction Authorization or the Electronic Funds Authorization is completed while each proposed insured is alive; C. The insurability of each proposed insured remains as described in this application and in any supplements to the application; D. A policy is formally approved by us and issued on this application and delivered to and accepted by the Owner. 	
<p>(4) Acceptance of a policy by the Owner shall constitute ratification of any changes made by Grange under "Additional Information/Home Office Endorsement."</p>		
<p>Signature of Employee _____</p>	<p>Date _____ / _____ / _____</p>	
<p>Signature of Insured (if other than employee) _____</p>	<p>Date _____ / _____ / _____</p>	
<p>Signature of Owner (if other than employee) _____</p>	<p>Bainbridge, Georgia City and State Signed _____</p>	



Grange Life Insurance Company
 671 South High Street, PO Box 1218
 Columbus, OH 43216-1218
 800-399-3797



Sensible Benefits Payroll Deduction Authorization

Employee:	
Employer:	Decatur County Board of Education
Group Number:	G 3101

Please select and complete one of the two options provided below:

Option 1: Deduction Authorization

1. I hereby authorize my employer, named above, to deduct from my salary (or wages) the required premium payment as consideration for contracts issued by Grange Life Insurance Company, Columbus, Ohio, as they fall due during the continuance of my employment by said employer or until this authorization is revoked by me.
2. The final amount charged may vary from the amount quoted based on underwriting results or coverage changes you elect.

Amount of Deduction

Employee _____	\$ _____
Child Rider _____	\$ _____
Spouse _____	\$ _____
Other _____	\$ _____
Total Amount of Deduction	\$ _____

Date of Initial Deduction ____ / ____ / ____

- 13thly (paid weekly or bi-weekly)
 Monthly (paid semi-monthly or monthly)

____ / ____ / ____	X
Date Signed	Employee Signature

Option 2: Waiver of Participation

My signature below certifies that I have been made aware of the features and benefits of the plan offered to me as an optional benefit through my employer, and I have decided not to participate at this time. By waiving this benefit, I understand that I will not be eligible for guaranteed issue in the future.

____ / ____ / ____	X
Date Signed	Employee Signature



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Sensible Benefits Electronic Funds Authorization
(Initial Premium Payment and Monthly Easy Pay Authorization)
Fax Number 614-449-6777

This form authorizes Grange Life Insurance Company to charge the account you specify below to pay the initial policy premium and all subsequent premiums, assessed on a monthly basis. Please complete all fields below, sign/date the form and submit it to Grange Life Insurance Company.

Accountholder Information

Policy Number:	
Group Number:	G 3101
Insured Name (First and Last):	
Policy Owner Name (First and Last):	

Accountholder Information

Bank Name:	
Account Number:	
Routing Number (9 digits):	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Note: The charge will occur from your designated account on the 1st of each month.

Disclosures and Authorization

Grange Life Insurance Company (the Company) is authorized to withdraw funds from my checking or savings account noted above. This authorization will remain in effect until grange has received a written request to terminate this agreement.
Note: The initial premium will automatically be charged upon underwriting approval/acceptance from the account above based on the information provided – **There is no advance notification.** Please maintain a sufficient balance to cover the quoted premium. All subsequent monthly payments will be withdrawn from the account you specify above.

The final amount charged may vary from the amount quoted based on underwriting results or coverage changes you elect; an additional charge or credit may occur at issue.

Grange Life Insurance Company shall incur no liability unless:

1. This form and application, including a valid group number, are fully completed, dated and signed.
2. The first premium due is paid in full or this Sensible Benefits Electronic Funds Authorization is completed while each proposed insured is alive.
3. The insurability of each proposed insured remains as described in the application and any supplements to the application.
4. A policy is formally approved by us and issued on this application and delivered to and accepted by the Owner.

Grange may remove policies from this payment service if any request for payment is not honored upon the second draft attempt initiated by your financial institution. As part of the Company's Anti Money laundering program, a Bank Account Owner must have a specific relationship to the insured/policy owner such as parent, grandparent, guardian, child or employer. If this relationship does not exist, Grange may refuse to establish the Bank Draft or may terminate the payment of funds to this policy.

X

Signature of Bank Accountholder

_____/_____/_____

Date

**NOTICE OF INFORMATION PRACTICES AND
FAIR CREDIT REPORTING ACT NOTICE**
(Including Medical Information Bureau Notice)



Grange Life Insurance Company
671 South High Street, PO Box 1218
Columbus, OH 43216-1218
800-399-3797

In considering your application, information from various sources will be considered. These include your statements, the results of your physical examination (if required), and reports we get from doctors or medical facilities which have attended you.

We may get an Investigative Consumer Report from a consumer reporting agency. This report requires personal interviews with your neighbors, friends, or other acquaintances for information as to your general reputation, personal characteristics and mode of living. As part of your application, you have authorized us to do this. You have the right to be personally interviewed and to make a written request within a reasonable period about the nature and scope of this investigation. Upon written request you will be told if such a report has actually been ordered, and if it has, we will give you the name and address of the consumer reporting agency. You may contact this consumer reporting agency and ask for a copy of such report.

In addition, information about your insurability will be treated as confidential. We, or our reinsurers, may, however, make a brief report of this to the MIB, Inc. (Medical Information Bureau), a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, telephone number 866-692-6901.

We, or our reinsurers, may also release information to other life companies to whom you apply for life or health insurance, or to whom a claim is submitted. MIB information will only be released to MIB, Inc. members.

Unless a legitimate business need exists or we are required to do so by law, the information we get in this report, as well as any other information which we later acquire, will not be disclosed to anyone else without your consent. You may request a copy of all information acquired by us and have a right to correct any personal information which you feel is inaccurate. We will, if required by law, give you a more detailed notice of the types of personal information which we get in considering your application, as well as any additional rights which you may have.

ICC10 L-15-37 (10-2010)

**GRANGE LIFE INSURANCE COMPANY
DISCLOSURE STATEMENT
ACCELERATED DEATH BENEFIT PROVISIONS**

NOTE: Accelerated Benefits do not and are not intended to qualify as long-term care insurance. Receipt of Accelerated Benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. Accelerated Benefits are intended to qualify for favorable tax treatment, but there are circumstances when receipt of accelerated benefit payments may be taxable. Assistance should be sought from a personal tax advisor.

Accelerated Benefit for Terminal Illness

The Owner of the policy will receive the Terminal Illness Accelerated Benefit by providing acceptable proof that the Insured has a Terminal Illness.

Terminal Illness refers to an illness or condition certified by a licensed physician as being non-correctable and which can reasonably be expected to result in a life expectancy of twelve months or less.

There is no extra premium charged for this benefit.

The Terminal Illness Accelerated Benefit payable is equal to 100% of the Death Benefit payable under the Policy at the time of the Terminal Illness Accelerated Benefit request. No discounts or fees are taken from the benefit amount.

Payment of the Terminal Illness Accelerated Benefit will be paid in a lump sum, and will result in the termination of the Policy.

L-24-47 (4-2017)

SENSIBLE BENEFITS

For More Information
Contact
George E Daniel Jr
Danielhealth
119 N Donalson Street
Bainbridge, Georgia 39817
229-246-3342
or
229-416-7030 Cell
229-416-4999 Fax
www.dcboebenefits.com
dan@danielhealth.com



grangeinsurance.com

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All life policies are underwritten by Grange Life Insurance Company, Columbus, OH. Simplified policies are subject to underwriting approval. Premiums are based on proposed insured's age and face amount when issued. Additional plans, face amounts and underwriting classifications are available. Premium rates will vary by underwriting classification. The description herein of Grange Life policies is in the most general terms and in no way alters actual policy conditions or exclusions. For specific coverage details, consult your Grange Life insurance professional or refer to your policy contract. Not available in all states.

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