



Sentinel Security Life

Serving Families for Over 62 Years



Medicare Supplement/Select and New
VantageSM Final Expense

Company History



- Founded in 1948 to provide Utah seniors with a way to fund final expenses
- In 1962 Merged with Uinta National Insurance Company and United Reserve Underwriting Company of Montana
- Company has a strong surplus position with unassigned surplus representing approximately 37% of admitted assets
- Began offering a full line of Medicare Supplement and Select products in 2009
- Sentinel is positioned for substantial growth and it is our goal to provide quality insurance products to the ever expanding senior market.

We invite you to join us and grow together.

Program Basics



- Commissions are paid weekly
- Commission advancing is available
- Affordable, easy to sell plans
- Simple yes/no applications for all products
 - All three of our New Vantagesm Final Expense plans are included in one application
- Fax App Program is available
 - Simply fax the completed application and other applicable forms to our office, no need to delay the approval time by using traditional mail services
- Phone Applications are accepted

Sentinel Plan™ Medicare Supplement



- Available Plans
 - Medicare Supplement
 - Plans A, B, C, D, F & N
 - Medicare Select
 - Plans C, D, F & N

(Plan N is not available in all states)
- \$25 Application Fee
- Two Application Choices
 - Standard application for Supplement/Select plans
 - Combo application for Supplement/Select and Life Insurance (availability varies by state)

Medicare Supplement Plan N



Basic Benefits

Include:

- Part A inpatient hospital care coinsurance
- Part B medical costs coinsurance
- First 3 pints of blood each year
- Part A hospice coinsurance or copayment (New effective June 1, 2010)

X indicates benefits are paid

Medicare Supplement Benefit	Plan N
Basic Benefits	X
Skilled Nursing Facility Coinsurance	X
Part A Deductible	X
Part B Deductible	
Part B Coinsurance	100% except for: <ul style="list-style-type: none"> • Up to \$20 copay for Doctor visit • Up to \$50 copay for ER visit
Foreign Travel Emergency	X

Plan N - Continued



Target Market

- Plan N has lower premiums because policyholders help pay more out-of-pocket costs Medicare doesn't cover. This will appeal to:
 - Healthy people seeking catastrophic coverage at a lower premium
 - People who are familiar with managed care plans' cost sharing concept and copayments

Sentinel Plan™ Combo Application



- One simplified yes/no application for Medicare Supplement/Select and Final Expense
- New Vantagesm I Final Expense plan is included
 - Issue ages and face amounts
 - Ages 0-75 \$1,000 - \$35,000
 - Ages 76-80 \$1,000 - \$25,000
 - Ages 81-85 \$1,000 - \$15,000
 - Pays the full death benefit in all years
 - Rated on age last birthday
- Commissions are not reduced on either product
- Great opportunity to increase your income

Sample Combo Application



If you are applying during Open Enrollment or a Guaranteed Issue period, SKIP SECTION 4 and GO TO SECTION 5.

4. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. Make sure all questions are answered by each applicant. If either you or Applicant B answer "YES" to any of the following questions 1-14, that person is not eligible for coverage.

	Applicant	Applicant B
1. Are you currently hospitalized, confined to a nursing facility, receiving hospice or home health care; or, are you bedridden or confined to a wheelchair?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis or kidney disease requiring dialysis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or the Human Immunodeficiency Virus (HIV)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure) or kidney disease? If you do not have diabetes, this question should be answered "NO".	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism or drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you been advised by a physician that surgery may be required within the next 12 months for cataracts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you been hospital confined three or more times in the last two years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? If "YES," please list the drug and the condition in the following table.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant (please attach a separate sheet if needed)	Applicant B (please attach a separate sheet if needed)
Lotrel	Medication Name (copy off pharmacy label)
5 years ago	Date Originally Prescribed
10/40 daily	Frequency and Dosage
Blood Pressure	Diagnosis/Condition
	Medication Name (copy off pharmacy label)
	Date Originally Prescribed
	Frequency and Dosage
	Diagnosis/Condition

5. IF APPLYING FOR WHOLE LIFE INSURANCE, PLEASE COMPLETE ALL QUESTIONS

NOTE: If you are in Open Enrollment or eligible for Guaranteed Issue for a Medicare Supplement policy and are applying for Whole Life Insurance, you must answer all the questions in Section 4 of the application.

APPLICANT	APPLICANT B (if applying for coverage)
Beneficiary Name	Beneficiary Name
Relationship to Applicant	Relationship to Applicant B
Face Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other	Face Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other
Automatic Premium Loan provision (if available) Yes <input type="checkbox"/> No <input type="checkbox"/>	Automatic Premium Loan provision (if available) Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance Premium Collected: \$	Life Insurance Premium Collected: \$
Mode: A, S, Q, ACH	Mode: A, S, Q, ACH

1. Are you a citizen of the United States?
If "No," complete Foreign National and Foreign Travel Questionnaire

2. List below all life insurance policies and/or annuity contracts on the Applicants that have terminated in the last 13 months, are now in force (including any that have been assigned or sold), or that are now pending (This includes any life insurance policies and/or annuity contracts under a binding or conditional receipt or within an unconditional refund period.) **If none, check the following box:** None

3. List below if you have had or intend to have, any life insurance policies and/or annuity contracts replaced, converted, reduced, reissued, sold, subjected to borrowing, or otherwise discontinued because of this application.

The Producer shall comply with any additional state and/or company replacement requirements.

Company	Applicant	Policy or Contract Number	Face Amount	Pending?	ADB Amount	1035 Exchange?	To Be Replaced or Converted?	Assigned or Sold?
				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Why Use Sentinel's Combo Application?



- Most seniors need both Medicare supplement and additional life insurance coverage to pay final expenses
- Up to a \$35,000 death benefit – first day coverage & premiums are guaranteed not to change as long as they are paid on time
- \$35 Life Policy Fee is fully commissionable
- Help retain clients longer – having multiple products with the same carrier will make clients less likely to switch & have to deal with multiple companies
- Up to **Four** sales with one lead (ex. Husband & wife apply for both products)

Why Use Sentinel's Combo Application - Cont'd?



Increase your commissions:

Medicare Supplement

Average annual premium – Plan F	\$1,500
Commission (20% with 12 mo. advancing)	300

Final Expense

Average annualized premium - NT, age 65, 10,000 Face	\$ 550
Commission (100% with 9 mo. advancing)	<u>413</u>

Total	713
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Total Commission – Two Clients – Four Policies \$ 1,426

(Sample commissions for illustration purposes only)

Medicare Supplement Underwriting Requirements



- Prescription Database Inquiry
- Personal Health Interview (PHI)
 - Stand alone Med. Supp. App. – ~50% of cases completed by underwriting dept.
 - Combo App. – 100% of cases – can be completed at point of sale by agent:
 - Call EMSI: 800-762-0450 Mon – Fri 8:00am – 9:00pm Central
Saturday 10:00am – 2:00pm Central
- **Current average underwriting time: 7-10 days**
(once complete application is received)
 - 83% of Med. Supp. Applications are processed in 7 days or less
 - 96% of Med Supp. Applications are processed in 14 days or less

Modernized Plan Availability



Licensed States	Combo Application	Standard Plans	Select Plans
Arizona, Kansas, Nebraska, North Carolina, Oklahoma, Texas	Yes	A, B, C, D, F, & N	C, D, F, & N
Colorado	Yes	A, B, C, D, F, & N	B, C, D, F, & N
Utah	Yes	A, B, C, D & F	C, D, & F
Hawaii, Idaho, Montana, Nevada, New Mexico, South Dakota, Wyoming	Yes	A, B, C, D & F	No
Iowa	Yes	A, B, C, D, F, & N	No
Louisiana	No	A, B, C, D, F, & N	C, D, F, & N
California, Oregon	No	A, B, C, D, F, & N	No
North Dakota, Washington	No	A, B, C, D & F	No
Florida	No Plans Available Until 2013		
Minnesota	No Plans Available Until 2012		

Sentinel Plan™

Competitive Picture



Texas Plan F - 65 Year Old Female Non-Tobacco

➤ Sentinel Life	\$106
➤ Lincoln Heritage	\$225
➤ Admiral Life	\$122
➤ American Continental	\$138

Utah Plan F – 65 Year Old Female Non-Tobacco

➤ Sentinel Life	\$93
➤ Gerber Life	\$99
➤ Woodmen of the World	\$97
➤ Sterling Investors Life	\$102

New VantageSM Final Expense Plans



The Basics:

- Three plans included on one application
- Simplified underwriting – no medical exams required
- Yes/No application questions
- All three plans are Whole Life
- All three plans build cash values
- \$35 annual policy fee is fully commissionable
- Three optional Riders – WOP, ADR, CPR

New VantageSM Final Expense Plans



- New Vantagesm I – Immediate Death Benefit

- Issue Ages

- Full Pay 0 - 85
- 10-Pay 0 - 75
- 20-Pay 0 - 65
- Paid-up 65 0 - 55
- Paid-up 85 0 - 65

- Policy Size

- Ages 0-75 \$1,000 - \$35,000
- Ages 76-80 \$1,000 - \$25,000
- Ages 81-85 \$1,000 - \$15,000
- Single Prem. \$2,000 - \$35,000

New VantageSM Final Expense Plans



- New Vantagesm II

- Graded Death Benefit

- Year 1 – 30% of face amount
- Year 2 – 70% of face amount
- Year 3 and thereafter - 100% of face amount
- AD Rider (no cost) - If death occurs during the first two years as a result of an accident, the death benefit is equal to the full face amount

- Issue Ages

- 45 - 85

- Policy Size

- Ages 45-80 \$1,000 - \$20,000
- Ages 81-85 \$1,000 - \$15,000

New VantageSM Final Expense Plans



- New VantageSM III
 - Modified Death Benefit
 - Year 1 – Return of all premiums paid plus 10% interest
 - Year 2 – Return of all premiums paid plus 10% interest
 - Year 3 and thereafter - 100% of face amount
 - AD Rider (no cost) - If death occurs during the first two years as a result of an accident, the death benefit is equal to the full face amount
 - Issue Ages
 - 45 - 85
 - Policy Size
 - Ages 45-85 \$1,000 - \$15,000

New VantageSM Plan Riders



Waiver of Premium (WOP)

- Provides for the waiver of the policy premiums if the Insured becomes totally and permanently disabled
- Available for issue ages 15 – 55
- Expires on the policy anniversary following the Insured's 60th birthday or the end of the premium paying period of the base policy, whichever comes first

Accidental Death Rider (ADR)

- Benefit is paid if death results, directly and independently of all other causes, from accidental bodily injury
- Available for issue ages 0 – 60
- Expires on the policy anniversary following the Insured's 65th birthday or the end of the premium paying period of the base policy, whichever comes first
- \$1.25 per thousand
- Maximum amount is 5 X the base policy face amount

New VantageSM Plan Riders Cont'd



Children's Protection Rider (CPR)

- Available for issue ages 15 days to 17 years old
- Available for natural children, step-children and legally adopted children
- Each unit provides \$1,000 of term insurance
- Minimum – ½ unit
- Maximum – 5 units (or the parent's coverage, whichever is less)
- \$10 annual premium per unit
- Maximum amount is 5 X the base policy face amount

Final Expense Underwriting Requirements



Answer all health questions in Parts A, B, & C
Point of Sale Personal Health Interview (PHI)

- 800-762-0450
- Mon-Fri 8:00am – 9:00pm Central Time
- Saturday 10:00am – 2:00pm Central Time

Prescription Data Base inquiry

Medical Information Bureau (MIB) inquiry

Average underwriting time: 3-5 days

(once complete application is received)

Application – Part A



Elimination Questions

7. HEALTH INFORMATION – Circle any impairments that apply		Yes	No
Has the Proposed Insured used any tobacco products in the past 12 months (excluding occasional cigar/pipe use)?.....		<input type="checkbox"/>	<input type="checkbox"/>
Please state the Proposed Insured's height _____ and weight _____			
Part A – if any question is answered "Yes", the Proposed Insured is not eligible for coverage			
1. Is the Proposed Insured currently: hospitalized, bedridden, confined to a nursing or correctional facility, receiving hospice or home health care, received or been advised to receive an organ or tissue transplant?.....		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Proposed Insured currently use a wheelchair due to a chronic illness or disease, or require assistance with activities of daily living such as bathing, dressing, eating or toileting?.....		<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Proposed Insured been medically treated or diagnosed by a licensed member of the medical profession, or taken medication for:			
a. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or the Human Immunodeficiency Virus (HIV)?.....		<input type="checkbox"/>	<input type="checkbox"/>
b. Alzheimer's, Dementia, Lou Gehrig's disease (ALS), Huntington's disease, or prior to age 25, cerebral palsy, Downs Syndrome, spina bifida, cystic fibrosis, mental retardation, or muscular dystrophy?.....		<input type="checkbox"/>	<input type="checkbox"/>
c. A terminal medical condition that would reasonably be expected to cause death within the next 12 months?.....		<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Proposed Insured within the past 12 months, been advised to have a diagnostic test, surgery, dialysis, home health care or hospitalization which has not yet been started, completed or for which results are not known?.....		<input type="checkbox"/>	<input type="checkbox"/>

Application – Part B & C



NV III

7. HEALTH INFORMATION – Continued – Circle any impairments that apply
Part B – if any question is answered “Yes”, the Proposed Insured may be eligible for the Sentinel Plan New Vantage III

	Yes	No
1. Within the past 2 years, has the Proposed Insured been medically treated or diagnosed by a licensed member of the medical profession, or taken medication for:		
a. Drug or alcohol dependency/habit or treatment for alcoholism or drug addiction?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart attack, congestive heart failure, cardiomyopathy, stroke, Transient Ischemic Attack (TIA), aneurysm, or had heart or circulatory surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Treatment for insulin shock, diabetic coma, or had an amputation due to complications of diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 3 years, has the Proposed Insured been medically treated or diagnosed by a licensed member of the medical profession, or taken medication for: brain tumor, internal cancer, malignant melanoma, or leukemia?.....	<input type="checkbox"/>	<input type="checkbox"/>

NV II

Part C – if any question is answered “Yes”, the Proposed Insured may be eligible for the Sentinel Plan New Vantage II

1. Within the past 5 years, has the Proposed Insured been diagnosed or treated by a licensed member of the medical profession, or taken medication for:		
a. Coronary artery disease, heart attack, heart surgery to include heart bypass, angioplasty, balloon procedure, stent placement or heart valve replacement, pacemaker, stroke, aneurysm, angina, chest pain, or any other heart or circulatory disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, chronic asthma, chronic bronchitis, or any other chronic respiratory disorder, or a disease that requires the use of oxygen to assist with breathing?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Parkinson’s disease, Systemic Lupus (SLE), kidney disease, kidney failure, cirrhosis, or other liver disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes treated by insulin?.....	<input type="checkbox"/>	<input type="checkbox"/>

NV I

If all questions in Part A, B and C are answered “No”, the proposed insured may be eligible for the Sentinel Plan New Vantage I

New VantageSM Final Expense Plans



Common Health Impairments

New Vantage I (first day coverage)

- High Blood Pressure
- Non-Insulin dependent Diabetic with HBP
- Insulin dependent Diabetic <50 units daily
- High Cholesterol

New Vantage II (graded)

- Insulin dependent Diabetic - 50 units or more daily
- Certain Heart conditions treated within 5 years

New Vantage III (modified)

- Certain Heart conditions treated within 2 years
 - Congestive Heart Failure
- Treated for internal cancer ended within 3 years
- Some mental disorders

New VantageSM Availability



SENTINEL SECURITY LIFE NEW VANTAGE FINAL EXPENSE PLANS

Licensed States	Application Packet	Individual Forms			Special Instructions
		Application	Hipaa	Replacement	
Colorado, Hawaii, Idaho, Iowa, Louisiana, New Mexico, North Dakota, Oklahoma, Oregon, Texas, Utah	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Arizona	Arizona	SSLNV09-AZ	SSLHIPAA1-AZ	REP Rev (03/08)	
California	Approval Pending				
Florida	Florida	SSLNV09-FL	SSLHIPAA1-FL	REP Rev (03/08)	
Kansas	Kansas	SSLNV09-KS	SSLHIPAA1-OT	REP Rev (03/08)	
Minnesota	Minnesota	SSLNV09-MN	SSLHIPAA1-MN	REP Rev (03/08)	New Vantage I and II Only*
Montana	Montana	SSLNV09-LV	SSLHIPAA1-OT	REP Rev (03/08)	Unisex Rates, New Vantage I Only*
Nebraska	Nebraska	SSLNV09-NE	SSLHIPAA1-OT	REP Rev (03/08)	
Nevada	Nevada	SSLNV09-NV	SSLHIPAA1-OT	REP Rev (03/08)	New Vantage I and II Only*
North Carolina	North Carolina	SSLNV09-LV	SSLHIPAA1-OT	REP Rev (03/08)	New Vantage I Only*
South Dakota	South Dakota	SSLNV09-OT	SSLHIPAA1-OT	SD Rep	
Washington	No Plans Available				
Wyoming	Wyoming	SSLNV09-OT	SSLHIPAA1-OT	WY Rep	

*See Underwriting Guide for more information

FOR AGENT USE ONLY

Premium Tables

New Vantage I Full Pay

Male Non-Tobacco

POLICY FEE - \$ 35

AGE LAST BIRTHDAY	ANNUAL PREMIUM	ACP MONTHLY PREMIUMS INCLUDING POLICY FEE					
		FACE AMOUNT					
		1,000	5,000	6,000	7,000	8,000	9,000
45	25.27	13.88	16.05	18.22	20.40	22.57	24.74
46	25.97	14.18	16.41	18.64	20.88	23.11	25.34
47	26.70	14.49	16.79	19.08	21.38	23.68	25.97
48	27.46	14.82	17.18	19.54	21.90	24.26	26.63
49	28.16	15.12	17.54	19.96	22.38	24.81	27.23
50	28.18	15.13	17.55	19.97	22.40	24.82	27.24
51	29.76	15.81	18.37	20.93	23.49	26.05	28.61
52	31.32	16.48	19.17	21.87	24.56	27.25	29.95
53	32.61	17.03	19.84	22.64	25.45	28.25	31.06
54	34.23	17.73	20.67	23.62	26.56	29.50	32.45
55	35.82	18.41	21.49	24.57	27.65	30.73	33.81
56	37.55	19.16	22.39	25.62	28.85	32.08	35.31
57	39.36	19.93	23.32	26.70	30.09	33.47	36.86
58	41.07	20.67	24.20	27.73	31.27	34.80	38.33
59	42.85	21.43	25.12	28.80	32.49	36.17	39.86
60	44.94	22.33	26.20	30.06	33.93	37.79	41.65
61	47.03	23.23	27.27	31.32	35.36	39.41	43.45
62	49.37	24.24	28.49	32.73	36.98	41.22	45.47
63	52.02	25.38	29.85	34.33	38.80	43.28	47.75
64	54.97	26.65	31.37	36.10	40.83	45.55	50.28
65	57.92	27.92	32.90	37.88	42.86	47.84	52.82
66	61.34	29.39	34.66	39.94	45.21	50.49	55.76
67	64.79	30.87	36.44	42.01	47.59	53.16	58.73
68	68.62	32.52	38.42	44.32	50.22	56.12	62.02
69	72.11	34.02	40.22	46.42	52.62	58.82	65.02
70	76.29	35.81	42.37	48.93	55.49	62.05	68.62
71	82.56	38.51	45.61	52.71	59.81	66.91	74.01
72	88.83	41.20	48.84	56.48	64.12	71.76	79.40
73	95.10	43.90	52.08	60.26	68.44	76.61	84.79
74	101.37	46.60	55.31	64.03	72.75	81.47	90.18
75	107.64	49.30	58.55	67.81	77.07	86.32	95.58
76	120.20	54.70	65.03	75.37	85.71	96.04	106.38
77	133.10	60.24	71.69	83.14	94.58	106.03	117.48
78	144.10	64.97	77.37	89.76	102.15	114.54	126.94
79	154.00	69.23	82.47	95.72	108.96	122.21	135.45
80	164.23	73.63	87.75	101.88	116.00	130.12	144.25
81	177.10	79.16	94.39	109.62	124.85	140.09	155.32
82	189.20	84.37	100.64	116.91	133.18	149.45	165.72
83	202.40	90.04	107.45	124.85	142.26	159.67	177.07
84	214.97	95.45	113.93	132.42	150.91	169.40	187.88
85	227.70	100.92	120.50	140.09	159.67	179.25	198.83

The New VantageSM Underwriting Guide includes sample calculations for all plans

The rate per 1,000 is also included to calculate the premium for face amounts not shown

1.25	0.54	0.65	0.75	0.86	0.98	1.08
Add for ACCIDENTAL DEATH benefit Issue ages 0-60						

New VantageSM

Competitive Picture



Male Non-tobacco, Age 65, \$10,000 of Coverage

➤ New VantageSM I

- **Sentinel Life** \$52.82
- Foresters \$51.28
- Assurity \$53.87
- Columbian \$55.70

➤ New VantageSM II

- **Sentinel Life** \$82.37
- Foresters \$83.65
- Assurity \$78.45
- Chesapeake \$86.89

➤ New VantageSM III

- **Sentinel Life** \$91.27
- Foresters \$88.03
- Assurity \$78.45
- Columbian \$93.96

FOR AGENT USE ONLY

Why Choose Sentinel?






- Established company with more than 60 years serving the senior market
- Multiple products on one application
 - Build a stronger relationship with your customers
 - Make multiple sales off of the same lead
- Competitive commission rates
- Service oriented
 - Direct company contact
 - We are here to serve our agents and policyholders
- Quick application turn-around (assuming complete applications)
 - Med Supp: 5 - 10 days
 - Final Expense: 3 - 5 days

Announcing Sentinel Security Life Agent Retreat



BELLAGIO RESORT - Las Vegas, Nevada

<p>March 2012 Specific Dates to Follow</p> <p>Qualifications will be based on total production credits</p>	<p>Top 20 Agents Will Qualify With A Minimum Production Credit of \$60,000.</p> <p>For Every 3 writing agents who qualify, their FMO will receive an invitation to attend.</p> <p>Qualification Period January 12th, 2011 thru December 31st, 2011. Applicants must be issued by January 15th, 2012.</p>
<p>PRODUCTION CREDITS Issued Policies</p> <p>COMBO APPLICATIONS 100% of Annualized Premium</p>	 <p>Grant yourself the luxury of discovery time as you explore the dramatic features which distinguish our exquisite Las Vegas resort from every other destination in the world.</p>
<p>FINAL EXPENSE (Stand Alone) 80% of Annualized Premium</p>	 <p>Escape to the Old World and soak up rays of reprieve at our classic Mediterranean-style Las Vegas Pools and Courtyards.</p>
<p>MEDICARE SUPPLEMENT SELECT 35% of Annualized Premium</p>	 <p>Elevate your Las Vegas golf game to the height of exhilaration, challenge and, most importantly, enjoyment!</p>

The BELLAGIO RESORT is landscaped on a hillside with a 10 acre lake and is furnished with art masterpieces. Guest rooms are elegantly appointed with custom European-style furnishings. First class shopping and restaurants. This is a luxury AAA Five Diamond Award-winning Las Vegas Resort.

SET YOUR GOAL NOW TO BE WITH US AND ENJOY ON SENTINEL...

- 3 Night Accommodations - Agent and Guest
- Show and Dinner at Bellagio's Magnificent Theatre "O Cirque du Soleil"
- Elegant Buffet Breakfast each morning
- Gourmet Dining
- Complimentary round of golf or spa

Application Submission



- **Medicare Supp and/or Combo Application - submit new business to:**

Mail: Sentinel Security Life

P.O. Box 16960

Clearwater, FL 33766-6960

Fax: (only if initial premium paid by ACH)

1-800-719-1264

Phone:

1-888-510-0668

- **Stand-alone Final Expense Application – submit new business to:**

Mail: Sentinel Security Life, Attn: New Business

P.O. Box 65478

Salt Lake City, UT 84165

Express Mail: Sentinel Security Life; Attn: New Business

2121 South State Street

Salt Lake City, UT 84115

Fax: 1-877-841-8613

Phone: 800-247-1423

- **Website – www.sentinelife.org**