

MIB, Inc. Pre-Notice

Information regarding your insurability will be treated as confidential. However, United Security Life Insurance Company of Illinois may make a brief report to the MIB, Inc., a non-profit membership organization of life insurance companies operating as an information exchange for its members. If you apply to another MIB member company for life or health insurance or a claim is submitted to such a company, upon request the MIB will supply the company with information it has in its file.

Upon receipt of a request from you, the MIB, Inc., will arrange disclosure of any information it has in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Fair Credit Reporting Act. The MIB's information address is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, (617) 426-3660.

The Company and its reinsurers may release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted.

Investigative Consumer Report Notice

Thank you for your application. As part of our underwriting procedure, a routine investigative consumer report may be made during the next few days. This report typically concerns information on an applicant's character, general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation. This information will be obtained through personal interviews with your friends, neighbors and associates. We will be pleased to provide you with further information on the nature and scope of such a report, if one is made, upon receipt of your written request. Should you wish to contact us about questions you may have, please write to:

United Security Life Insurance Company of Illinois
Life Administration Division
10275 W. Higgins Road
Rosemont, Illinois 60018

CASH RECEIPT

Received of _____ this
____ day of _____, the sum of \$ _____
being the payment of _____ month(s) premium. The
insurance applied for shall not take effect until the
effective date of the policy, payment of the first premium
and before any change in the applicant's insurability.
In the event the application is declined, any payment
made by the applicant will be returned.

Agent's Signature

Make checks payable to **United Security Life Insurance Company of Illinois**. Do not make payable to agent or leave payee blank.

The key to a successful insurance company is to provide the best possible service to its clients. We, at United Security Life, not only have the competence, expertise and experience to provide such service, but the desire and caring that is needed to put it on a personal level.

Each of the major departments are headed by a seasoned veteran with over 20 years of experience. We look forward to serving all your needs now and in the future.

This brochure provides a brief description of the policy. Read the policy carefully. It alone describes in detail the rights and obligations of both you and the insurance company.

Refer to Policy EZ-Life or EZ-Life-GRDB.

 **UNITED SECURITY
LIFE INSURANCE COMPANY
OF ILLINOIS**

10275 WEST HIGGINS ROAD • ROSEMONT, ILLINOIS 60018
847/298-1400 • 800/875-4422

EZ-BROC. 99

A special opportunity for

E-Z LIFE

Finally, a life insurance

plan
designed
to help your
family
when they
will need it
the most.



Underwritten by



**UNITED SECURITY
LIFE INSURANCE COMPANY
OF ILLINOIS**

All through life you have made decisions with your family in mind...

Saving for college, providing a home...all ways you prepared for tomorrow by thinking about today. Preparing to meet your final expenses is something else you should think about. These are some reasons why:

- Funeral expenses alone could cost over \$10,000. These include:

<i>Cemetery plot</i>	<i>Legal/Probate fees</i>
<i>Funeral home service</i>	<i>Pastoral service</i>
<i>Casket</i>	<i>Memorial stone</i>
<i>Vault/outer case</i>	<i>Flowers</i>
<i>Transportation</i>	
- If eligible, Social Security would only pay a limited amount toward burial expenses.
- Veterans Administration only pays up to \$400 toward burial expenses.

Do you want your hard earned savings to be used to pay for your burial expenses? Even if you do have other life insurance, did you want the proceeds to be used for these expenses?

The last thing any of us wants to do is leave our loved ones with an additional financial burden.

United Security Life's E-Z Life Insurance Plan and the complimentary Memorial Guide is another way to show you care. Your family won't have to make a lot of decisions while grieving, they will not have to bear the expense, and they won't worry about whether or not they did the right thing.

✓ **Simplified Underwriting:**

No medical exams. No blood tests. No medical records! Just answer a few health questions and if questions 10 A, B, C and D are "No" you may qualify.

✓ **Issue Ages:**

STANDARD PLAN
0-85*

GRADED PLAN
30-85*

*age last birthday

✓ **Face Amounts:** \$2,500 – \$25,000

✓ **Premiums:**

Payable on an annual, semi-annual, quarterly, monthly direct, bank draft/PAC, or credit card basis. Two bands: Standard and Graded. Guaranteed never to increase.

✓ **Non Cancellable:**

Your policy can never be cancelled, except for non-payment of premiums.

✓ **Endowment Age:** 100

✓ **Cash Value:**

Since you can expect many happy years ahead, E-Z Life provides cash and loan values too. Guaranteed cash values are printed on the policy.

✓ **Benefit Summary (Two Plans):**

PLAN ONE—STANDARD

If you can answer "No" to all questions 10A through 10J, you may qualify for **full benefits for all causes of death.** (Available for all ages 0-85.)

PLAN TWO—GRADED

•30% 1st Year •70% 2nd Year •100% Thereafter
You may qualify for the Graded Benefit plan if you can answer "No" to questions 10A, B, C and D. *This plan provides full benefits for an accidental death. For other causes of death, benefits are reduced to 30% in the first year; 70% in the second year; and full benefits thereafter. (Available for ages 30-85 only.)

*This does not apply to residents of Arkansas.

✓ **Accelerated Death Benefit:**

This benefit is included at NO CHARGE. You can receive up to 50% of the death benefit if you are diagnosed as having a terminal medical condition which will result in death within 180 days.

You owe it to yourself as well as your family *not* to put these decisions off another day. The older you get, the more you will pay for the same coverage today.

E-Z Life Level Benefit

Gross Annual Premiums per \$1,000

Age	Male		Female		Age	Male		Female	
	EZ	EZ Gr	EZ	EZ Gr		EZ	EZ Gr	EZ	EZ Gr
0	\$ 5.80		\$ 4.80		43	\$27.30	38.30	\$ 22.60	31.70
1	5.90		4.90		44	28.20	39.50	23.30	32.60
2	6.20		5.20		45	29.10	40.80	23.90	33.40
3	6.40		5.40		46	30.10	42.20	24.50	34.40
4	6.60		5.50		47	31.10	43.60	25.20	35.30
5	6.80		5.70		48	32.10	45.00	26.00	36.40
6	7.20		5.90		49	33.30	46.60	26.70	37.30
7	7.40		6.20		50	34.40	48.20	27.40	38.40
8	7.70		6.50		51	35.50	49.70	28.20	39.50
9	8.10		6.70		52	36.70	51.40	29.00	40.70
10	8.40		6.90		53	38.00	53.20	29.80	41.70
11	8.80		7.30		54	39.20	54.90	30.60	42.80
12	9.20		7.60		55	40.50	56.80	31.50	44.00
13	9.50		8.00		56	42.40	59.50	32.50	45.50
14	10.00		8.30		57	44.50	62.30	33.70	47.20
15	10.30		8.60		58	46.60	65.20	34.90	48.90
16	10.80		9.00		59	48.80	68.30	36.20	50.60
17	11.20		9.40		60	51.20	71.70	37.50	52.50
18	11.60		9.70		61	53.80	75.30	39.00	54.50
19	12.00		10.20		62	56.30	78.80	40.50	56.80
20	12.50		10.60		63	59.20	83.00	42.10	58.90
21	13.00		11.10		64	62.20	87.00	43.80	61.30
22	13.60		11.50		65	65.30	91.40	45.50	63.60
23	14.00		12.10		66	69.30	97.10	48.30	67.50
24	14.70		12.50		67	73.70	103.20	51.20	71.70
25	15.20		13.10		68	78.30	109.60	54.30	76.00
26	15.70		13.60		69	83.30	116.70	57.80	80.90
27	16.20		14.00		70	88.70	124.20	61.60	86.20
28	16.70		14.30		71	94.50	132.40	65.70	92.10
29	17.10		14.90		72	100.70	141.00	70.20	98.30
30	17.70	24.80	15.30	21.50	73	107.30	150.20	75.00	105.10
31	18.40	25.80	15.80	22.10	74	114.20	159.90	80.30	112.40
32	19.00	26.70	16.40	22.80	75	121.50	170.10	85.80	120.10
33	19.70	27.60	16.90	23.60	76	128.60	180.00	92.10	128.90
34	20.50	28.70	17.60	24.60	77	136.10	190.50	99.20	138.90
35	21.30	29.80	18.10	25.40	78	144.00	201.60	107.40	150.40
36	22.00	30.70	18.60	26.00	79	152.70	213.70	116.70	163.40
37	22.60	31.70	19.20	26.80	80	161.80	226.60	127.20	178.10
38	23.40	32.80	19.70	27.60	81	172.10	241.00	139.40	195.20
39	24.20	33.80	20.30	28.30	82	183.30	256.70	153.00	214.10
40	24.90	34.80	20.80	29.10	83	195.30	273.50	168.00	235.20
41	25.60	36.00	21.40	29.90	84	208.30	291.60	184.60	258.40
42	26.50	37.20	22.10	30.90	85	222.20	311.10	202.60	283.70

Annual Policy Fee: \$30.00

[See reverse side of Application for sample premium calculation.](#)