



Sentinel Security Life

Medicare Supplement and 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
- Concentrated on the Final Expense market for 60 years
- Company has a strong surplus position with unassigned surplus representing approximately 37% of admitted assets
- Company recently revised its Final Expense products with the introduction of the New Vantagesm line
- Management revised the strategic business plan in 2009 to include a line of Medicare Supplement and Select insurance products
- 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 App Program is available

Sentinel Plansm Medicare Supplement

- Available Plans
 - Medicare Supplement
 - Plans A, B, C, D & F
 - Medicare Select
 - Plans C, D & F
 - Plan N is currently being developed and will be available later this year
- Two Application Choices
 - Standard application for Supplement/Select plans
 - Combo application for Supplement/Select and Life Insurance (availability varies by state)

Sentinel Plansm 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
- 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	Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicant B Yes <input type="checkbox"/> No <input type="checkbox"/>
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: <input type="checkbox"/> 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.		

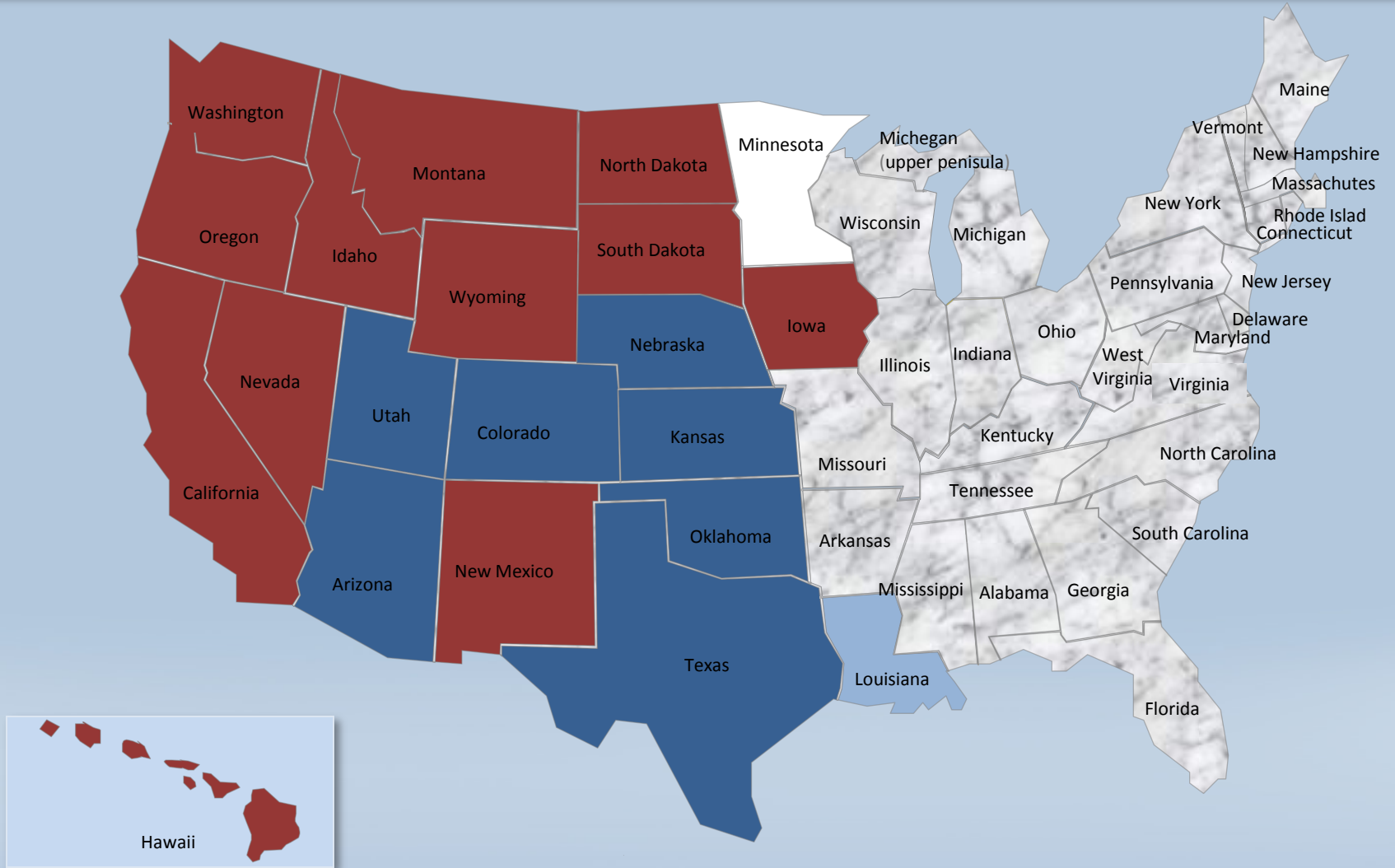
Company	Applicant	Policy or Contract Number	Face Amount	Pending?	ADB Amount	1035 Exchange?	To Be Replaced or Converted?	Assigned or Sold?
				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>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

Modernized Plan Availability

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

Plan N Anticipated Release Date - August 2010

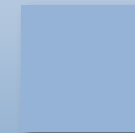
Medicare Supplement/Select Availability



Std. A,B,C,D,&F



Std. A,B,C,D,&F
Select C,D,&F



Approval
Pending

Sentinel Plansm Competitive Picture

Texas Plan F - 65 Year Old Female Non-Tobacco

➤ Sentinel Life	\$1,161
➤ Lincoln Heritage	\$2,695
➤ Admiral Life	\$1,462
➤ American Continental	\$1,653

Utah Plan F – 65 Year Old Female Non-Tobacco

➤ Sentinel Life	\$1,008
➤ American National Life	\$1,133
➤ United World Life	\$1,161
➤ Lincoln Heritage	\$1,195

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

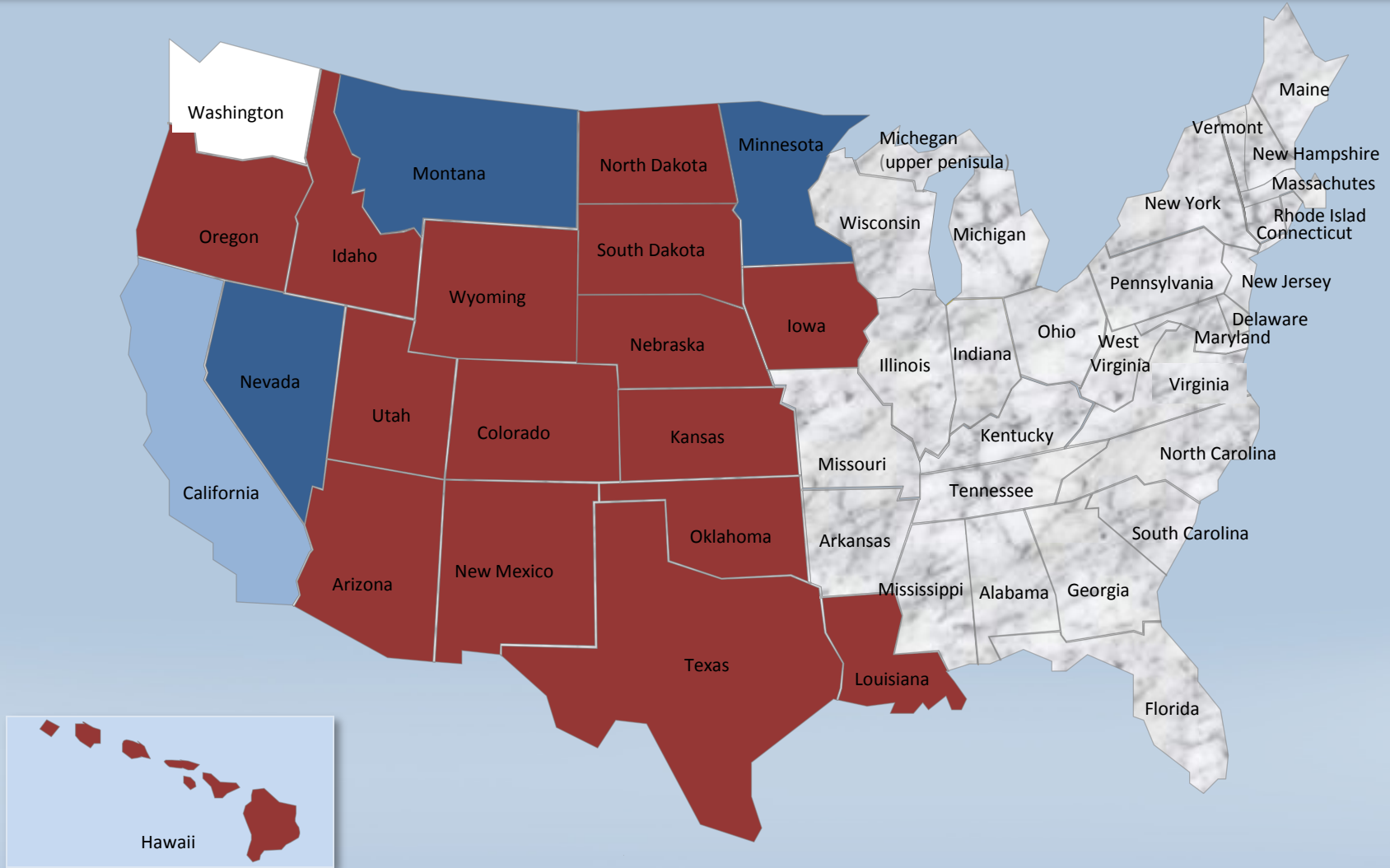


New Vantagesm –Availability

Licensed States	Application Packet	Individual Forms			Special Instructions
		Application	Hipaa	Replacement	
Arizona	Arizona	SSLNV09-AZ	SSLHIPAA1-AZ	REP Rev (03/08)	
California		Approval Pending			
Colorado	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Hawaii	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Idaho	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Iowa	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Kansas	Kansas	SSLNV09-KS	SSLHIPAA1-OT	REP Rev (03/08)	
Louisiana	Standard	SSLNV09-OT	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*
New Mexico	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
North Dakota	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Oklahoma	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Oregon	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
South Dakota	South Dakota	SSLNV09-OT	SSLHIPAA1-OT	SD Rep	
Texas	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Utah	Standard	SSLNV09-OT	SSLHIPAA1-OT	REP Rev (03/08)	
Washington		No Plans Available			
Wyoming	Wyoming	SSLNV09-OT	SSLHIPAA1-OT	WY Rep	

*See Underwriting Guide for more information

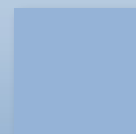
New Vantage Availability



All New
Vantage I, II, III



MT - New Vantage I only
MN & NV - New Vantage I, II only



Approval
Pending

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

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 – Up to 5 days
 - Final Expense – 3 to 4 days

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

- **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

- **Website – www.sentinelife.org**