

"The ABACUS Series"

Issued through:

KANSAS CITY LIFE INSURANCE CO.

Request form For
VOLUNTARY Proposal

The ABACUS Group

252 Harry Lane Blvd., Suite 100 • Knoxville, TN 37923
2541 LaFayette Plaza Drive • Albany, Georgia 31707

FAX: 800-653-5507 865-539-5011

Phone: 800-653-5242 865-539-5000

Proposal Enrollment Materials Re-enrollment Materials

AGENCY: _____ GROUP NAME: _____

AGENT: _____ # _____ ADDRESS/CITY: _____

STREET: _____ PHONE #: _____ STATE: _____

CITY/ST/ZIP: _____ No. of EMPLOYEES: _____ SIC: [Internal Use Only] _____

PHONE #: _____ FAX: _____ INDUSTRY: _____

EMAIL: _____

PROPOSAL: Just Ratesheets Emailed Faxed Date Needed: _____
 Full Proposal Faxed Date Needed: _____

Bound Formal Proposals (via FedEx) Qty: _____ Date Needed: _____

SHOW PREMIUMS: Weekly Bi-Weekly Monthly Semi-Monthly

NOTE: THESE INDUSTRIES REQUIRE UNDERWRITING APPROVAL: PLEASE INCLUDE A CENSUS.
MINING, OIL & GAS EXTRACTION, LOGGING, SAWMILLS, PLANING MILLS, PAPER & PULP MILLS, PAPER PRODUCTS, ASBESTOS, POSTAL SERVICE, RAIL AIR & WATER TRANSPORTATION, EMPLOYMENT & HELP SUPPLY SERVICES & PEO'S, LABOR FRATERNAL & POLITICAL ORGANIZATIONS, PRIVATE HOUSEHOLDS.

Supplemental Questionnaire Required for:
- Hotel Chains over 999 lives, 1099's, Associations, PEO's and Unions.

Voluntary STD YES NO

TRADITIONAL PLAN OPTIONS:

PLAN TYPE:	BENEFIT DURATION:	ELIMINATION PERIOD:				
		0/7	7/7	0/14	14/14	30/30
<input type="checkbox"/> PREMIER (65%)	13 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TRADITIONAL (60%)	26 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB COVERAGE:	52 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NON-OCC	104 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 24 HR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PORTABILITY: YES NO

PRE-EXISTING BENEFIT: YES NO

65% MAXIMUM BENEFIT: YES NO

ISSUE AGE RATE STRUCTURE: YES NO

* Selecting all Traditional Plan Options is the same as selecting the Premier plan.

PLAN OPTIONS: LOWER PRE-EX BENEFIT: 3/12 6/12

FULL COMMISSION ON REPLACEMENT: YES NO

Minimum participation is 6 enrolled lives.

12/12 Pre-existing Condition limitations (in most states).

Minimum Hours worked per week is 20 hours.

Proposal valid for up to 1,000 lives.

Voluntary LTD YES NO

PLAN OPTIONS:

ELIMINATION PERIOD: 90 DAYS 180 DAYS 365 DAYS

BENEFIT DURATION:

2 year Injury / Sickness 5 year Graded (Duration reduces gradually after Age 60)

3 year Injury / Sickness Age 65 Injury / Sickness

RATE BASIS: ISSUE AGE ATTAINED AGE

OWN OCCUPATION: 1 YEAR 2 YEAR

PORTABILITY: YES NO

SURVIVOR INCOME BENEFIT: YES NO

ACCIDENTAL DISMEMBERMENT & LOSS OF SIGHT: YES NO

FULL COMM. ON REPLACEMENT: YES NO

LOWER PRE-EX BENEFIT: 3/12 6/12 12/12

Minimum participation - Greater of 6 enrolled or 25% of eligible lives.
(Reduced Participation/Commission Option requires 15 enrolled.)

12/24 Pre-existing Condition limitations (in most states).

Minimum Hours worked per week is 30 hours.

Proposal valid for up to 1,000 lives.

Voluntary Group Term Life YES NO AD&D

Guarantee Issue based on eligible lives.

CHILD RIDER: \$5,000 \$10,000

Minimum participation is greater of 6 lives or 20%.

Proposal valid for up to 1,000 lives.

Rx Card YES NO MEMBER RATE: \$16/MO OTHER _____ FAMILY RATE: \$23/MO OTHER _____

* Not an insured product.

COMMENTS / SUPPLIES (Qty): _____ Employer Apps _____ Employee Apps _____ EOI's _____ Claim forms _____ Transmittals