

Supplement to Life and Health Application

Apply policy number sticker or write in policy number

2. Permanent Participating Life Insurance

Note to Advisor: use this supplement when applying for Optimax III and using the Life and Health Insurance Application (D-0082-ENG). Submit this supplement with the application and discard the Optimax section in the application (pages 3d and 4d).

2.1 Base Coverage				Extender
	Life Insured 1	\$	<input type="radio"/> 20 pay <input type="radio"/> Optimax 100	\$
	Life Insured 2	\$	<input type="radio"/> 20 pay <input type="radio"/> Optimax 100	\$
	Joint Coverage	\$	<input type="radio"/> 20 pay <input type="radio"/> Optimax 100	\$
2.2 Joint Coverage	If Joint Coverage, is it: <input type="radio"/> Joint First Death <input type="radio"/> Joint Second Death			
2.3 Dividend Option Choose one.	Which Dividend Option would you like for the policy?			
	<input type="radio"/> Cash <input type="radio"/> Bonus Additions <input type="radio"/> Reduction of Premiums (annual payment only) <input type="radio"/> Extender — excess (if any) to Bonus Additions <input type="radio"/> Deposit to Tax-Exempt Investment Account			
	If you selected the Tax-Exempt Investment Account, please choose one of the investment options below.			
	<input type="radio"/> Daily Interest Option	Guaranteed Interest Options <input type="radio"/> 1-Year GIO <input type="radio"/> 3-Year GIO <input type="radio"/> 5-Year GIO <input type="radio"/> 2-Year GIO <input type="radio"/> 4-Year GIO <input type="radio"/> 10-Year GIO		
2.4 Riders			Life Insured 1—Rider amount	Life Insured 2—Rider amount
	Solution 10 — Term		\$	\$
	Solution 20 — Term		\$	\$
	20 Pay Solution — with Values		\$	\$
	Solution 100 — Term		\$	\$
	Solution 100 — with Values		\$	\$
	If you are choosing Vital Link riders would you like:	Vital Link 10	\$	\$
	Vital Link 75	\$	\$	
	Vital Link 100	\$	\$	
2.5 Additional Benefits for Life Insured(s)			Life Insured 1	Life Insured 2
	Waiver of Premium (Disability Waiver)		<input type="radio"/> Yes	<input type="radio"/> Yes
	Payor Death and Disability (Child's Waiver)		<input type="radio"/> Yes	<input type="radio"/> Yes
	Return of Premium at Maturity (Vital Link 10 or 75 only)	Choose one Return of Premium benefit.	<input type="radio"/> Yes	<input type="radio"/> Yes
	Return of Premium on Surrender (Vital Link 100 only)		<input type="radio"/> Yes	<input type="radio"/> Yes
	Policy Anniversary Return of Premium (Vital Link 10, 75 and 100)		<input type="radio"/> Yes	<input type="radio"/> Yes
	Guaranteed Insurability		\$	\$
	Accidental Death and Dismemberment		\$	\$
Children's Life Rider		\$	\$	
Children's Critical Illness Rider		\$	\$	
2.6 Additional Benefits for Owner(s)	If the Owner(s) are not Life Insured(s), which additional benefits would you like for the Owner(s)?		Owner 1	Owner 2
	Waiver of Premium (Disability Waiver)		<input type="radio"/> Yes	<input type="radio"/> Yes
	Payor Death and Disability (Child's Waiver)		<input type="radio"/> Yes	<input type="radio"/> Yes
	If yes, complete the relevant sections of form D-0056-ENG (Supplemental Health Information).			

2. Permanent Participating Life Insurance cont'd

2.7 Regular Scheduled Payments	Will you be making Regular Scheduled Payments to the policy? <input type="radio"/> Yes				
	If yes, how much? \$		<input type="radio"/> Monthly <input type="radio"/> Annually		
	Please note that you must select the same frequency as you select for premium payments in Section 3 on D-0082-ENG.				
	How would you like the Regular Scheduled Payments to this policy invested?		Tax-Exempt Investment Account (Regular)		
	Daily Interest Option		\$		
	Guaranteed Interest Option (choose one below)		\$		
<input type="radio"/> 1-Year GIO <input type="radio"/> 3-Year GIO <input type="radio"/> 5-Year GIO <input type="radio"/> 2-Year GIO <input type="radio"/> 4-Year GIO <input type="radio"/> 10-Year GIO					
2.8 Conversion Complete if this policy is a full or partial conversion of an existing policy with Empire Life for any of the Life Insured(s). If existing policy has cash surrender value, complete from C-0056-ENG.	Life Insured #	Policy #	Conversion	Details for partial conversion(s)	
				Amount to convert	Balance to be:
	1		<input type="radio"/> Full <input type="radio"/> Partial	\$	<input type="radio"/> terminated <input type="radio"/> retained
	2		<input type="radio"/> Full <input type="radio"/> Partial	\$	<input type="radio"/> terminated <input type="radio"/> retained
Is any Life Insured in this application currently disabled due to injury or sickness? <input type="radio"/> Yes <input type="radio"/> No					
2.9 Reduced Fee	Does any Owner or Owner's spouse have any other policies at Empire Life that may qualify this one for a reduced policy fee? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the policy number(s):				
2.10	Has the Owner signed a compliant illustration and submitted it with this application? <input type="radio"/> Yes <input type="radio"/> No				



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