



ACT NOW!

LIFE PLUS LONG TERM CARE

Guaranteed Issue

- No Medical Questions
- \$100/\$200k Life and LTC*majority of states
- Payroll Deduct
- Fully Portable
- Allows Home Health Care Options
- Employees to Age 76 if 20 hrs/wk
- Coverage Available for Spouse, Children or Grandchildren
- Fully Voluntary for Employer

GET GUARANTEED ISSUE LIFE AND LTC COVERAGE FOR YOUR MOST PRECIOUS ASSET. YOU.

Normally, Permanent Life Policies are hard for employees to afford or qualify for, let alone Long Term Care. Many employees may be "uninsurable" – up til now. Now, you can provide "no medical question" coverage up to \$100k life and/or \$200k LTC. This product provides peace of mind, allows those who waited too long to gain insurance and is designed for the average American employee. 1 in 5 Americans will need LTC by 2040. Contact Mack or Byron Today for More Info

This is your chance to act now while you can still get Guaranteed Issue insurance.

(800) 862 5392

mackpos@gmail.com or byron.young@me.com

Wealth management > cost savings > life > long term care



Great News!

Announcing a **BRAND NEW**, additional benefit to help you prepare for your future:

Life Insurance / Long Term Care Combination

Life Insurance provides:

- Death Benefit – even if you have taken LTC payments!!
 - Builds Cash Value
- **GUARANTEED ISSUE TO ALL EMPLOYEES (NO HEALTH QUESTIONS!)**

Long Term Care Includes:

- Nursing Home
- Rehabilitation Services
- Assisted Living AND
- Home Health Care

More Information will be provided during upcoming brief meetings!

**Offered through payroll deduction by:*

Mack Poss/Byron Young and Associates

Mack Poss

Byron Young

Phone: 1.800.862.5392 or

Email: byron.young@me.com

**Subject to board policy of at least 10 applicants*

Transamerica Universal Life – *TransElite* Overview

- Employees - Guarantee Issue: Up to \$150,000 (rates in booklet)**
 Buy Up: Face Amount up to 5x salary or \$500,000 (simplified issue)
- Spouse - Guarantee issue up to \$15,000 (rates in booklet)**
 Buy Up: Face Amount up to \$100,000 (simplified issue)
- Children - \$10,000/\$20,000 of Term Life coverage available (up to age 26)**
 - \$25,000 of Universal Life coverage available (No LTC benefit)

1. Permanent Life Insurance: Flexible Premium Universal Life
2. Portable: When employment ends, employee can take coverage with him/her at the same premium.
3. Policy earns guarantee interest rate of 3%, current interest rate is 5.25%.
4. ***Chronic Condition Rider (Living Benefits)** – Pays (in cash) if you have severe memory or reasoning problems or if you are unable to perform at least two activities of daily living (ADL's: bathing, dressing, feeding, transferring, toileting & continence).
5. 30 day waiting period for the Chronic Condition Rider
6. Chronic Condition rider not available to employees over the age of 76 years old
7. Coverage is not offered for spouses over the age of 65 years old.

***How Does the Chronic Condition Rider Pay?**

You will be paid **4%** of your Face Amount/Death Benefit each month for the first 25 months. If you require chronic condition care after 25 months, you will be paid 4% for an additional 25 months if you have the Extension Benefit Rider. If you go beyond the first 25 months, you will automatically receive a **fully paid death benefit** of 25% of your face amount.

Example: An Employee has a \$100,000 life insurance policy with the Extension Benefit Rider and is diagnosed by a certified physician that they are chronically ill. They will receive: **\$4,000 per month for 50 months**, which is a total of **\$200,000 dollars, or double the death benefit.**

This is an '**Indemnity**' **Chronic Condition Contract** which means **the benefits are paid directly to the owner of the policy. You will receive your benefits in CASH** and may use this money to pay for Home Care, Assisted Living Care, or a Skilled Facility Care. You may pay non-licensed caregivers (neighbors, family, and friends).

TransElite Life Insurance with Living Benefits

Guaranteed Issue Spouse or Employee	GI-SP/EE	GI-EE	GI-EE	GI-EE	GI-EE
Face Amount/Death Benefit	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
Total Pool for Long Term Care	\$30,000	\$50,000	\$100,000	\$150,000	\$200,000
Monthly LTC Benefit Amount @ 4% up to 50 months	\$600	\$1,000	\$2,000	\$3,000	\$4,000
25% of Face Amount if all LTC benefits exhausted	\$3,750	\$6,250	\$12,500	\$18,750	\$25,000
Sample Ages	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
30	\$17.33	\$17.33	\$24.15	\$36.22	\$48.30
35	\$17.33	\$17.33	\$29.87	\$44.80	\$59.74
40	\$17.33	\$18.65	\$37.30	\$55.95	\$74.60
45	\$17.33	\$23.87	\$47.73	\$71.60	\$95.46
50	\$18.95	\$31.58	\$63.15	\$94.72	\$126.29
55	\$25.45	\$42.42	\$84.83	\$127.24	\$169.65
60	\$36.27	\$60.44	\$120.88	\$181.32	\$241.76
65	\$55.95	\$93.24	\$186.48	\$279.71	\$372.96
70	\$83.45	\$139.08	\$278.15	\$417.22	\$556.30
75	\$132.66	\$221.12	\$442.24	\$663.35	\$884.46
Child Term Rider Weekly premium	\$10,000 \$0.58	\$20,000 \$1.16			
Child Term Rider Bi-weekly premium	\$10,000 \$1.15	\$20,000 \$2.30			
Child Term Rider Semi-Monthly premium	\$10,000 \$1.25	\$20,000 \$2.50			
Child Term Rider Monthly premium	\$10,000 \$2.50	\$20,000 \$5.00			

Mack Poss & Associates

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*Illustration purposes only

ENROLLMENT FORM

GENERAL INFORMATION SECTION

(Please complete entire section)

EMPLOYEE'S NAME (Last, First, M.I.)		<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER	<input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco
RESIDENCE ADDRESS		CITY	STATE	ZIPCODE
BIRTHDATE (MM/DD/YEAR)	PHONE NUMBER	EMPLOYEE'S EMAIL		<input type="checkbox"/> Married <input type="checkbox"/> Single
EMPLOYER		DATE HIRED (MM/DD/YEAR)	OCCUPATION	ANNUAL SALARY
SPOUSE NAME (Last, First, M.I.)	<input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco	<input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (MM/DD/YEAR)	DATE OF MARRIAGE
BENEFICIARY'S NAME (Last, First, M.I.)	RELATIONSHIP	Is your Spouse or Child Disabled?		YES NO

PERSONS TO BE COVERED SECTION

(Please complete additional rows if dependent coverage is elected. Use additional paper if needed)

Name (Last, First, M.I.)	Relationship	Sex	Date of Birth (MM/DD/YEAR)	Social Security Number	Used tobacco in any form?
	Child			N/A	Y / N
	Child			N/A	Y / N
	Child			N/A	Y / N
	Child			N/A	Y / N
	Child			N/A	Y / N
	Child			N/A	Y / N

Deduction Frequency Option Weekly - 52
 Bi-Weekly - 26
 Semi-Monthly - 24
 Monthly - 12

First Deduction Date _____

Coverage Effective Date _____

Payroll Deduction _____

Additional Terms (please initial below):

_____ I authorize the above amount to be payroll deducted each pay period.

_____ I have read and understand the Pre-Existing Condition clause associated with my policy.

_____ I do not wish to participate and understand that future application for such insurance may require evidence of insurability.

Signature: _____

Date: _____

Mothers Maiden Name: _____

COVERAGE SECTION

(Please circle which coverage you elect)

TransElite Universal Life

Employee _____ Tobacco _____ Non-Tobacco Issue Age _____ Face Amount _____ Premium _____	Spouse _____ Tobacco _____ Non-Tobacco Issue Age _____ Face Amount _____ Premium _____
Child Term Rider may be added for \$2.50 per Monthly per \$10,000	
Face Amount _____ Premium _____	
Total Monthly Premium _____	