Height & Weight Chart

Unisex Height	Under Weight	Max Weight Select	Max Weight Standard
4'10"	80	192	232
4'11"	83	198	239
5'00"	86	205	247
5'01"	89	212	255
5'02"	92	219	264
5'03"	95	226	273
5'04"	98	233	282
5'05"	101	240	291
5'06"	104	247	300
5'07"	107	254	309
5'08"	110	262	318
5'09"	113	270	327
5'10"	117	278	336
5'11"	121	286	345
6'00"	125	294	355
6'01"	129	302	365
6'02"	133	310	375
6'03	137	318	385
6'04"	142	326	395
6'05"	147	334	405
6'06"	152	342	415

KSKJ LIFE

Final Expense

FEATURES:

- Available for people age 50 to 80
- Premiums that never increase
- Three ways to cover your clients:
  Select, Benefit: $5,000-$25,000
  Standard, Benefit: $5,000-$25,000
  Modified , Benefit: $5,000-$15,000
- Immediate full benefit for Select and Standard coverage
- No medical exams, APS or blood test required
- MIB, Script check and phone interview possible.
- Once approved and paid for, coverage can not be cancelled.
- Financially strong fraternal
- Living Benefit Rider available on Select and Standard Levels

2439 Glenwood, Joliet, IL 60435

855-332-8809 • kskjlife.net

For Sales Representative Use Only:
Not Intended for Public Distribution

FINEX 09.2017

KSKJ LIFE PRESCRIPTION KNOCK-OUT LIST

The medications listed below apply if they have **EVER been PRESCRIBED or TAKEN.**

Medication	Medical Condition	Medication	Medical Condition
Acetyl L-Carnitine	Alzheimer's/Dementia	Mycobutin	AIDS
Agenerase	AIDS	Namenda	Alzheimer's/Dementia
Ambisome	AIDS	Nebupent	AIDS
Aricept	Alzheimer's/Dementia	Neutrexin	AIDS
Atripla	AIDS	Norvir	AIDS
Cognex	Alzheimer's/Dementia	Panretin	AIDS
Combivir	AIDS	Pentam	AIDS
Complera	AIDS	Pentamidine	AIDS
Didabosine	AIDS	Prezista	AIDS
Donepezil HCL	Alzheimer's/Dementia	Razadyne	Alzheimer's/Dementia
Edurant	AIDS	Reminyl	Alzheimer's/Dementia
Emtriva	AIDS	Rescriptor	AIDS
Epivir	AIDS	Retrovir	AIDS
Epizicom	AIDS	Reyataz	AIDS
Ergoloid Mesylates	Alzheimer's/Dementia	Rivastigmine Tartrate	Alzheimer's/Dementia
Exelon	Alzheimer's/Dementia	Selzentry	AIDS
Fortovase	AIDS	Sustiva	AIDS
Foscarnet Sodium	AIDS	Trizivir	AIDS
Foscavir	AIDS	Truvada	AIDS
Fuzeon	AIDS	Valcyte	AIDS
Galantamine	Alzheimer's/Dementia	Videx	AIDS
Ganciciovir	AIDS	Viracept	AIDS
Hivid	AIDS	Viramune	AIDS
Hydergine	Alzheimer's/Dementia	Viread	AIDS
Intelence	AIDS	Vistide	AIDS
Invirase	AIDS	Zerit	AIDS
Mepron	AIDS	Ziagen	AIDS
		Zidovudine	AIDS

The following medications denote significant underlying disease. It is highly unlikely that we can offer insurance if your client is taking any of the following medications.

Brand Name/Generic Name:

Antabuse/disulfram | Depade/naltrexone | ReVia/naltrexone
Suboxone/buprenorphine/naloxone | Vivitrol/nalrexone

KSKJ Life reserves the right to take action on any drug not listed here.

SELECT LEVEL – TIER 1 & STANDARD LEVEL—TIER 2

- Face Amounts $5,000 to $25,000
- Gross premiums are per $1000 of face
- Non- commissionable policy fee $65.00

For modes other than Annual premium, multiply:
.0865 for Monthly Bank Draft
.265 for Quarterly **.520** for Semi-Annual

KSKJ Life Couple's Advantage:

- Ages 81-85 (rates are in red below)
- $15,000 Max Death Benefit
- Select & Standard Level Only
- Corresponding application must be submitted on a spouse younger than 80 years old.
- Non-Commissionable policy Fee $65.00

SELECT Level Benefit

Issue	Male		Female	
Age	Nonsmoker	Smoker	Nonsmoker	Smoker
50	23.60	31.30	20.21	28.44
51	24.56	32.87	20.91	29.71
52	25.58	34.54	21.63	30.97
53	26.65	36.32	22.36	32.25
54	27.76	38.19	23.15	33.59
55	28.92	40.08	24.00	34.92
56	30.14	41.98	24.94	36.21
57	31.44	44.00	25.94	37.54
58	32.78	46.08	27.01	38.95
59	34.19	48.23	28.15	40.42
60	35.65	50.44	29.33	41.91
61	37.19	52.75	30.56	43.42
62	38.88	55.30	32.07	45.00
63	40.71	58.18	33.44	46.83
64	42.68	61.24	35.22	48.77
65	45.32	64.29	36.64	50.63
66	48.44	67.39	38.96	52.51
67	51.41	70.98	41.50	54.69
68	54.52	74.74	44.32	57.19
69	57.90	78.64	47.39	59.97
70	61.81	83.33	50.25	63.05
71	65.89	88.90	53.58	67.03
72	70.10	95.02	57.27	71.21
73	74.69	101.66	61.07	75.13
74	79.85	109.11	65.26	79.34
75	85.63	117.10	69.81	84.36
76	91.73	125.45	74.83	90.41
77	98.73	134.95	80.49	97.24
78	106.71	145.97	86.65	104.62
79	115.73	158.68	93.49	112.57
80	126.05	172.84	101.31	121.83
81	137.28	188.75	110.16	132.63
82	150.64	207.50	120.04	144.62
83	167.49	230.76	131.56	158.49
84	187.71	259.75	144.99	175.13
85	211.78	294.78	161.07	195.43

STANDARD Level Benefit

Issue	Male		Female	
Age	Nonsmoker	Smoker	Nonsmoker	Smoker
50	26.22	38.24	22.46	34.64
51	27.44	40.52	23.33	36.42
52	28.71	42.91	24.21	38.19
53	30.05	45.41	25.11	39.98
54	31.46	48.06	26.06	41.87
55	32.92	50.75	27.13	43.77
56	34.47	53.47	28.30	45.56
57	36.14	56.42	29.56	47.41
58	37.92	59.59	30.91	49.38
59	39.81	62.96	32.35	51.42
60	41.78	66.51	34.01	53.45
61	43.88	70.26	35.82	55.52
62	46.31	74.43	37.35	57.68
63	49.17	79.09	39.14	60.39
64	52.19	84.01	41.44	63.28
65	54.90	89.01	43.24	65.81
66	59.77	94.25	47.54	68.31
67	64.03	100.49	50.34	71.30
68	67.88	107.19	52.98	74.89
69	74.22	114.13	57.62	78.91
70	80.14	122.77	61.58	83.46
71	86.78	132.88	66.57	89.27
72	94.05	144.66	72.14	95.44
73	101.91	157.08	77.68	100.78
74	110.47	170.04	83.95	106.69
75	119.75	182.97	90.98	114.09
76	129.43	192.92	99.05	124.28
77	140.69	202.26	108.54	136.41
78	154.14	220.97	119.09	149.80
79	170.19	243.82	131.15	164.57
80	189.31	270.73	145.66	182.75
81	211.32	305.19	162.71	206.55
82	238.77	348.75	182.55	234.05
83	274.64	407.45	207.17	267.81
84	320.48	488.38	237.84	311.85
85	379.47	599.12	277.47	371.45

MODIFIED LEVEL – TIER 3

- Face Amounts $5,000 to $15,000
- Gross premiums are per $1000 of face
- Non- commissionable policy fee $65.00

For modes other than Annual premium, multiply:
.0865 for Monthly Bank Draft
.265 for Quarterly **.520** for Semi-Annual

MODIFIED Graded Benefit

Issue	Male		Female	
Age	Nonsmoker	Smoker	Nonsmoker	Smoker
50	31.76	46.77	27.28	42.17
51	33.25	49.56	28.33	44.34
52	34.84	52.59	29.38	46.49
53	36.53	55.87	30.45	48.69
54	38.33	59.34	31.59	51.02
55	40.17	62.88	32.86	53.32
56	42.13	66.53	34.28	55.54
57	44.23	70.49	35.81	57.93
58	46.42	74.68	37.46	60.48
59	48.72	79.10	39.19	63.10
60	51.07	83.69	40.98	65.75
61	53.55	88.57	42.91	68.42
62	56.36	94.14	45.22	71.07
63	59.95	100.49	47.25	74.17
64	63.89	107.31	49.36	77.44
65	67.48	114.30	51.48	80.51
66	74.17	120.83	57.09	83.36
67	79.33	128.28	60.31	86.64
68	84.67	135.98	63.91	90.48
69	90.25	143.82	67.93	94.89
70	96.66	153.15	72.47	99.86
71	103.54	164.64	77.64	105.83
72	111.06	178.14	83.37	112.32
73	119.19	192.34	89.59	118.87
74	128.04	203.16	96.59	126.07
75	138.04	208.03	104.37	134.92
76	149.14	219.07	113.21	146.56
77	161.95	230.10	123.34	160.08
78	177.09	241.17	134.82	175.39
79	195.04	252.23	147.96	192.69
80	216.78	273.55	163.79	214.18

Modified Graded Benefit Plan If DEATH Occurs:

- If death occurs during Year 1, the death benefit is 110% of paid premium + policy fee paid.
- If death occurs between Year 1 and Year 2, the death benefit is 40 % to 65% of the face amount depending upon your age.

When death occurs under a Modified Graded Benefit in Year 1, Year 2, and Year 3+ with a Face Amount of $10,000

Issue Age	Year 1	Year 2	Years 3+
50-65	110% Prems Paid to Death	4000	10000
66	110% Prems Paid to Death	4100	10000
67	110% Prems Paid to Death	4200	10000
68	110% Prems Paid to Death	4300	10000
69	110% Prems Paid to Death	4400	10000
70	110% Prems Paid to Death	4500	10000
71	110% Prems Paid to Death	4600	10000
72	110% Prems Paid to Death	4700	10000
73	110% Prems Paid to Death	4800	10000
74	110% Prems Paid to Death	4900	10000
75	110% Prems Paid to Death	5000	10000
76	110% Prems Paid to Death	5250	10000
77	110% Prems Paid to Death	5500	10000
78	110% Prems Paid to Death	5750	10000
79	110% Prems Paid to Death	6000	10000
80	110% Prems Paid to Death	6500	10000