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**HERE'S A TERM LIFE POLICY FOR FAMILIES AND HOMEOWNERS.**

# EQUITY PROTECTOR

**UNDERWRITING GUIDE**



**GPMLife**

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Policies underwritten by GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM Life).

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## QUESTIONS?

Contact GPM Life’s Agent Support Team  
(800) 938-4765 ext. 4003

## APPLICATION KIT & FORMS

Online – Agent Access: <https://gpmagent.gpmlife.com>

## RISK ASSESSMENT

Email: [uwrisk@gpmlife.com](mailto:uwrisk@gpmlife.com)



### NEW BUSINESS

1. This product requires an electronic application (e-app) to apply for coverage. The e-app is available on Agent Access – <https://gpmagent.gpmlife.com>.
2. This Equity Protector Underwriting Guide is intended to be a reference guide. GPM Life reserves the right to request information other than as stated in this guide. Underwriting will make its decisions based on the entirety of the information provided to and received by GPM Life, which may result in a decision that is more or less favorable than this guide, or the HELP provided on the e-app.

Note: All sales need to be suitable to the needs of the client. Please refer to the GPM Life Market Conduct Guide for details.

### PREMIUM MODES

1. Electronic Funds Transfer (Monthly EFT)  
Available Draft Dates: 1st through 28th
2. Direct Billing
  - Semi-Annual
  - Annual

### SUBMITTING INITIAL PREMIUM

1. Draft First Premium is permitted with EFT premium mode.
2. Direct Billing modes: Initial premium can be submitted on
  - Payor's Personal Check
  - Money Order (cash receipt form is required)
  - Cashier's Check (cash receipt form is required)

The following forms of payment will not be accepted.

- Cash on Delivery (COD)
- Agent/Agency checks (unless there is an immediate familial relationship identified between the agent and the insured and/or owner)
- Third Party checks
- Cash
- Post-dated checks (all checks will be cashed upon receipt)
- Charges to the agent's account

All forms of payment are subject to review.

3. Payors of the initial and/or recurring premiums must have an immediate familial relationship to the Proposed Primary Insured (PPI) or policy Owner.
4. If the PPI's name is not listed on the form of payment, please print the PPI's name on the form of payment. If the Owner's/payor's name is not listed on the check, indicate whether they are an authorized signor on the account.
5. All checks are cashed upon receipt.

### UNDERWRITING TIPS

Underwriting is the process of estimating the mortality and/or morbidity of an individual by applying the law of large numbers and the specifics of that individual's health history and habits. This estimate is based on information gathered on the individual from a variety of sources.

The best way to expedite the underwriting process is to ask proposed Insured(s) detailed questions regarding past and present health status, and include complete answers on the application. The more detailed information provided to the underwriter, the quicker a decision can be made.

Use this guide for assistance in determining the appropriate risk classification: Classic 1 or Classic 2, or Decline.

### REPLACEMENT BUSINESS

If the state uses the NAIC Replacement Form, the proposed Insured and Agent must disclose all in force life insurance and annuity policies, whether there are plans to replace the policy or not. If a life or annuity policy is in force, a Replacement Form must be submitted.

For all other states, any required Replacement Form and form 01.56, GPM Life Understanding of Policy Replacement, is required.

### Residency

- US Citizen
- Permanent Resident with a 10 year green card residing in the US for 3 years. Please include a copy of the green card with application.

## UNDERWRITING RATE CLASSES

Classic 1 Non-Tobacco	Applicants in this rate class have not used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept mildly substandard risks (Standard through Table C).
Classic 2 Non-Tobacco	Applicants in this rate class have not used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept substandard risks (Table D – F).
Classic 1 Tobacco	Applicants in this rate class have used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept mildly substandard risks (Standard through Table C).
Classic 2 Tobacco	Applicants in this rate class have used any form of tobacco, nicotine or vape products in the past 12 months. This rate class is designed to accept substandard risks (Table D – F).

## EQUITY PROTECTOR BUILD CHART

### GPM LIFE APPROVED GUIDELINES

HEIGHT	CLASSIC 1	HEIGHT	CLASSIC 1	HEIGHT	CLASSIC 2	HEIGHT	CLASSIC 2
4'8"	177	5'9"	268	4'8"	195	5'9"	295
4'9"	183	5'10"	276	4'9"	201	5'10"	304
4'10"	189	5'11"	284	4'10"	209	5'11"	312
4'11"	196	6'0"	292	4'11"	216	6'0"	321
5'0"	203	6'1"	300	5'0"	223	6'1"	330
5'1"	210	6'2"	308	5'1"	231	6'2"	339
5'2"	216	6'3"	316	5'2"	238	6'3"	348
5'3"	223	6'4"	325	5'3"	246	6'4"	358
5'4"	231	6'5"	334	5'4"	254	6'5"	367
5'5"	238	6'6"	342	5'5"	262	6'6"	377
5'6"	245	6'7"	351	5'6"	270	6'7"	387
5'7"	253	6'8"	360	5'7"	278	6'8"	396
5'8"	260	6'9"	369	5'8"	287	6'9"	406

## IMPAIRMENT GUIDE

Below are common impairments frequently encountered with potential applicants. This is not meant to be a comprehensive list. All cases are subject to underwriting review. Probable underwriting action is meant to provide the agent with general parameters of risk classification and should not be interpreted as quotes in any way. Please contact the Underwriting Department with any questions or for impairments not listed.

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
<b>ADL Assistance</b>	<b>Decline</b>
<b>ADD/ADHD</b>	Treated with one or two medications and no impact on daily living or time off work: <b>Classic 1</b>
	Treated with 3 medications (for all mental health conditions): <b>Classic 2</b>
	Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: <b>Decline</b>
<b>AIDS/HIV</b>	<b>Decline</b>
<b>Alcoholism</b>	Current abuse, or within five years of treatment: <b>Decline</b>
	Treatment over five years prior and no longer using alcohol: <b>Classic 1</b>
<b>Alzheimer's</b>	<b>Decline</b>
<b>Amputation</b>	From injury, no impact to ADLs: <b>Classic 1</b>
	From Disease: <b>Decline</b>
<b>Aneurysm</b>	Possible <b>Classic 1</b> if surgically corrected over three years prior.
	Otherwise: <b>Decline</b>
<b>Angina</b>	Over age 60, non-tobacco: minimum <b>Classic 2</b> if investigated with cardiac catheterization and treated/stable, described as either mild or moderate.
	Unstable angina, described as severe, not fully investigated with cardiac catheterization, tobacco user, or under age 60: <b>Decline</b> Combined with Stroke/TIA or diabetes: <b>Decline</b>
	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): <b>Decline</b>
<b>Angioplasty</b>	Under age 60, non-tobacco: minimum <b>Classic 2</b>
	Under age 60, tobacco: <b>Decline</b>
	Over age 60, non-tobacco: minimum <b>Classic 1</b>
	Over age 60, tobacco: <b>Classic 2</b>
	Ongoing angina after procedure: <b>Decline</b> Combined with Stroke/TIA or diabetes: <b>Decline</b>
	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): <b>Decline</b>
<b>Anxiety</b>	Treated with one or two medications and no impact on daily living or time off work: <b>Classic 1</b>
	Treated with 3 medications: <b>Classic 2</b>
	Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: <b>Decline</b>
<b>Arthritis – Rheumatoid</b>	Mild or moderate, without use of corticosteroids, immunosuppressants, Gold, sulphasalazine, chloroquine or methotrexate and able to perform all ADLs: <b>Classic 1</b>
	Severe, and/or use of any drugs listed above and able to perform all ADLs: <b>Classic 2</b>
	Otherwise: <b>Decline</b>

**IMPAIRMENT GUIDE (cont.)**

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
<b>Arrhythmia</b>	Atrial fibrillation (see below) Paroxysmal supraventricular tachycardia: <b>Classic 1</b> Paroxysmal ventricular tachycardia: <b>Decline</b> Premature atrial complexes <b>Classic 1</b> Premature ventricular complexes <b>Decline</b> Sick Sinus Syndrome <b>Decline</b> Sinus bradycardia (BPM $\geq$ 45) <b>Classic 1</b> Ventricular fibrillation <b>Decline</b> Wandering pacemaker <b>Classic 1</b> Any arrhythmia combined with ischemic heart disease or other organic heart disease: <b>Decline</b>
<b>Asthma – Mild</b>	Treated daily with single medication, inhaler use only as needed, non-tobacco or tobacco user: <b>Classic 1</b>
<b>Asthma – Moderate</b>	Non-tobacco user, treated daily with single medication, inhaler use only as needed: <b>Classic 1</b> Tobacco user: <b>Classic 2</b>
<b>Asthma – Severe</b>	Non-tobacco user with continuous use of steroids and rescue inhalers: <b>Classic 2</b> Recent history of hospitalization or tobacco user: <b>Decline</b>
<b>Atrial Fibrillation</b>	Corrected with successful Ablation: <b>Classic 1</b> Ongoing treatment or current symptoms: <b>Classic 2</b> Accompanied by coronary or cerebral vascular disease: <b>Decline</b>
<b>Bipolar Disorder</b>	Minimum one year after diagnosis: Mild or moderate, well controlled with one or two medications, little impact on daily living: <b>Classic 2</b> More than 2 total medications for bipolar or more than 3 total medications (for all mental health conditions) recent hospitalization, past suicide attempts, interferes with daily living: <b>Decline</b>
<b>Brain tumors (including benign)</b>	<b>Decline</b>
<b>Bypass Surgery</b>	Under age 60, non-tobacco: minimum <b>Classic 2</b> Under age 60, tobacco: <b>Decline</b> Over age 60, non-tobacco: minimum <b>Classic 1</b> Over age 60, tobacco: minimum <b>Classic 2</b> Ongoing angina after procedure: <b>Decline</b> . Combined with Stroke/TIA or diabetes: <b>Decline</b> Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): <b>Decline</b>
<b>Basal Cell Skin Cancer</b>	Successfully removed: <b>Classic 1</b> .
<b>Cancer – Internal</b>	The following cancers should be quoted <b>Classic 1</b> if: 1) Single occurrence, 2) Over 5 years since successful treatment, 3) regular follow up testing has been completed. Breast stage 0 & 1 Prostate stage 1 & 2 Testicular stage 1 Thyroid Stage 1 & 2 Melanoma Stage 1A & 1B Cervical Stage 0 & 1A All other types, staging, multiple cancers, recurrence, spreading to lymph nodes or other areas of the body: <b>Decline</b>

**IMPAIRMENT GUIDE (cont.)**

<b>IMPAIRMENT</b>	<b>PROBABLE UNDERWRITING ACTION</b>
<b>Cardiomyopathy</b>	<b>Decline</b>
<b>Cirrhosis – Liver</b>	<b>Decline</b>
<b>Colitis – Ulcerative</b>	Intermittent, mild or moderate (single or intermittent attack with clinical remission greater than 1 month), without corticosteroid or immunosuppressive therapy: <b>Classic 1</b> Otherwise minimum <b>Classic 2</b>
<b>Congestive Heart Failure</b>	(Current or history of): <b>Decline</b>
<b>COPD</b>	Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: <b>Classic 2</b> Severe, on oxygen or smoker: <b>Decline</b>
<b>Crohn’s Disease</b>	Over one year since last attack, no ongoing treatment with corticosteroids or immunosuppressive drugs and no current symptoms: <b>Classic 1</b> Use of corticosteroids or immunosuppressive but no current symptoms or attacks within the last year: <b>Classic 2</b> Current symptoms of attack within the last year: <b>Decline</b>
<b>Cerebral Palsy</b>	<b>Decline</b>
<b>Cerebrovascular Accident</b>	Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user. Under age 40 at time of diagnosis: <b>Decline</b> Age at diagnosis 40 to 69: <b>Classic 2</b> Age at diagnosis 70 or greater: <b>Classic 1</b> If multiple strokes or single stroke with severe residuals: Decline. Combined with heart disease or diabetes: <b>Decline</b>
<b>Defibrillator</b>	<b>Decline</b>
<b>Depression</b>	Treated with one or two medications and no impact on daily living: <b>Classic 1</b> Treated with 3 medications: <b>Classic 2</b> Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: <b>Decline</b>
<b>Diabetes (Gestational)</b>	Currently Pregnant: <b>Decline</b> After childbirth and recovery (diabetes resolved): <b>Classic 1</b> If diabetes isn’t resolved postpartum, refer to the following Diabetes section.
<b>Diabetes Type 1</b>	Applicant must provide an A1c reading from the past 12 months. If the A1c is not known, or is older than 1 year, do not submit. This is a <b>Decline</b> . Under age 30: <b>Decline</b> Current age 30 through 59, good control, non-tobacco: <b>Classic 2</b> Current age 30 through 59, good control, tobacco: <b>Decline</b> Current age 60 and older, good control, non-tobacco: <b>Classic 1</b> Current age 60 and older, good control, tobacco: <b>Classic 2</b> History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: <b>Decline</b> . Combined with heart disease, kidney disease, stroke, TIA, or peripheral vascular disease: <b>Decline</b> If also near upper limits of build chart <b>Classic 2 to Decline</b> .

**IMPAIRMENT GUIDE** (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION																			
Diabetes Type 2	Applicant must provide an A1c reading from the past 12 months. If the A1c is not known, or is older than 1 year, do not submit. This is a <b>Decline</b> .																			
	Under age 20: <b>Decline</b>																			
	Current age 20 through 39, good control, non-tobacco: <b>Classic 2</b>																			
	Current age 20 through 39, tobacco user: <b>Decline</b>																			
	Current age 40 and older, good control, non-tobacco: <b>Classic 1</b>																			
	Current age 40 and older, good control, tobacco: <b>Classic 2</b>																			
	History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: <b>Decline</b> . Combined with heart disease, kidney disease, stroke, TIA, or peripheral vascular disease: <b>Decline</b> . If also near upper limits of build chart: <b>Classic 2 to Decline</b> .																			
Disabled/Disability	<b>Decline</b>																			
Drug Use	Minimum five years after successful treatment, no relapse: <b>Classic 1</b>																			
	Within five years of treatment or current substance abuse: <b>Decline</b>																			
Driving History including DUI	>3 years since single DUI with no other citations: <b>Classic 1</b>																			
	3 DUIs ever: <b>Decline</b>																			
	Less than 3 speeding/similar tickets within the last 3 years: <b>Classic 1</b> Otherwise email uwrisk@gmpmlife.com for risk assessment with driving history.																			
Emphysema	Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: <b>Classic 2</b>																			
	Severe and/or on oxygen or smoker: <b>Decline</b>																			
Epilepsy	Absence or petit mal seizures: <b>Classic 1</b>																			
	Grand mal seizures, less than 12 episodes per year: <b>Classic 1</b>																			
	Grand mal seizures, greater than 12 episodes per year: <b>Classic 2</b>																			
	History of status epilepticus, personality or cognitive changes, progression of underlying disease: <b>Decline</b>																			
Felony	>3 years since parole/probation ended for a single nonviolent conviction: <b>Classic 1</b>																			
	Otherwise, or if multiple separate criminal convictions: <b>Decline</b>																			
Gastric Bypass	<b>Classic 1</b> if successful surgery over 6 months before application.																			
Heart Attack	All cases must be at least six months since heart attack, no or minimal heart damage, non-smoker without other medical issues.																			
	All ages, described as severe attack, or multiple attacks: <b>Decline</b>																			
	Any current age, tobacco user: <b>Classic 2 to Decline</b>																			
	<table border="1"> <thead> <tr> <th colspan="3">MILD HEART ATTACK</th> <th colspan="3">MODERATE HEART ATTACK</th> </tr> <tr> <th>UNDER AGE 40</th> <th>AGE 40 TO 59</th> <th>AGE 60 &amp; OVER</th> <th>UNDER AGE 50</th> <th>AGE 50 TO 69</th> <th>AGE 70 &amp; OVER</th> </tr> </thead> <tbody> <tr> <td><b>Decline</b></td> <td><b>Classic 2</b></td> <td><b>Classic 1</b></td> <td><b>Decline</b></td> <td><b>Classic 2</b></td> <td><b>Classic 1</b></td> </tr> </tbody> </table>		MILD HEART ATTACK			MODERATE HEART ATTACK			UNDER AGE 40	AGE 40 TO 59	AGE 60 & OVER	UNDER AGE 50	AGE 50 TO 69	AGE 70 & OVER	<b>Decline</b>	<b>Classic 2</b>	<b>Classic 1</b>	<b>Decline</b>	<b>Classic 2</b>	<b>Classic 1</b>
	MILD HEART ATTACK			MODERATE HEART ATTACK																
	UNDER AGE 40	AGE 40 TO 59	AGE 60 & OVER	UNDER AGE 50	AGE 50 TO 69	AGE 70 & OVER														
<b>Decline</b>	<b>Classic 2</b>	<b>Classic 1</b>	<b>Decline</b>	<b>Classic 2</b>	<b>Classic 1</b>															
Combined with Stroke/TIA or diabetes: <b>Decline</b>																				
Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): <b>Decline</b>																				
Heart Valve Replacement or Repair	<b>Decline</b>																			
Heart Valve Disease	<b>Decline</b>																			
Hemophilia	<b>Decline</b>																			
Hepatitis B	Fully resolved with no residual effects and not currently on anti-viral drugs: <b>Classic 1</b>																			
	Currently on anti-viral drug treatment: <b>Classic 2</b>																			
Hepatitis C	<b>Decline</b>																			

**IMPAIRMENT GUIDE** (cont.)

<b>IMPAIRMENT</b>	<b>PROBABLE UNDERWRITING ACTION</b>
<b>Hypertension (High Blood Pressure)</b>	If blood pressure reading was last taken over 12 months ago do not submit.
	If they do not know their blood pressure, the application will refer for Underwriter Review.
	Well controlled (with or without medication): <b>Classic 1</b>
	Uncontrolled: <b>Classic 2 to Decline</b>
<b>Kidney Disease</b>	<b>Decline</b>
<b>Lap Band Surgery</b>	<b>Classic 1</b> if successful surgery over 6 months before application.
<b>Liver Disease</b>	<b>Decline</b>
<b>Lupus – Discoid</b>	<b>Classic 1</b>
<b>Lupus – Systemic</b>	Mild: few symptoms without use of corticosteroids, immunosuppressants, antimalarial drugs, or biologics and able to perform all ADLs: <b>Classic 1</b>
	Moderate: SLE related chest pain, Swollen joints or treated with corticosteroids, immunosuppressants, antimalarial drugs, or biologics. Able to perform all ADLs: <b>Classic 2</b>
	Severe: <b>Decline</b>
<b>Multiple Sclerosis</b>	Within one year of diagnosis: <b>Decline</b>
	Greater than one year since diagnosis, mild (no or minimal symptoms and disability): <b>Classic 1</b>
	Moderate (moderate symptoms preventing full time work, but working part-time): <b>Classic 2</b>
	Severe (requiring assisted ambulation to being restricted to wheelchair): <b>Decline</b>
<b>Osteoarthritis</b>	<b>Classic 1</b>
	Use of corticosteroids or immunosuppressive but no current symptoms or attacks within the last year: <b>Classic 2</b>
<b>Osteoporosis</b>	Mild or moderate with little impact on daily activities: <b>Classic 1</b>
	Regular use of aids for ambulation: <b>Decline</b>
<b>Oxygen Use</b>	<b>Decline</b>
<b>Pacemaker</b>	<b>Classic 1</b>
	Accompanied by ischemic heart disease or other organic heart disease: <b>Decline</b>
<b>Pancreatitis</b>	Single acute episode, over one year since recovery, not alcohol related: <b>Classic 1</b>
	Chronic or related to alcohol, or complications mentioned above: <b>Decline</b>
<b>Peripheral Vascular Disease</b>	<b>Decline</b>
<b>PTSD</b>	Treated with one or two medications and no impact on daily living or time off work: <b>Classic 1</b>
	Treated with 3 medications: <b>Classic 2</b>
	Treated with 4 medications (for all mental health conditions), recent hospitalization, past suicide attempts, interferes with daily living: <b>Decline</b>
<b>Schizo/psychotic disorders</b>	<b>Decline</b>
<b>Sickle Cell Anemia</b>	<b>Decline</b>
<b>Sickle Cell (Trait only)</b>	<b>Classic 1</b>
<b>Sleep Apnea</b>	Well controlled with consistent CPAP use: <b>Classic 1</b>
	If treated with oxygen: <b>Decline</b>

## IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
<b>Stent</b>	Under age 60, non-tobacco: minimum <b>Classic 2</b>
	Under age 60, tobacco: <b>Decline</b>
	Over age 60, non-tobacco: minimum <b>Classic 1</b>
	Over age 60, tobacco: minimum <b>Classic 2</b>
	If ongoing angina after procedure: <b>Decline</b> Combined with Stroke/TIA or diabetes: <b>Decline</b>
	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): <b>Decline</b>
<b>Stroke</b>	Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user.
	Under age 40 at time of diagnosis: <b>Decline</b>
	Age at diagnosis 40 to 69: <b>Classic 2</b>
	Age at diagnosis 70 or greater: <b>Classic 1</b>
	If multiple strokes or single stroke with severe residuals: <b>Decline</b> Combined with heart disease or diabetes: <b>Decline</b>
<b>Thrombocythemia</b>	<b>Decline</b>
<b>TIA</b>	All applicants must be at least one year since single TIA and non-tobacco use.
	Ages less than 40: <b>Classic 2</b>
	Ages 40 and older: <b>Classic 1</b>
	If multiple TIAs or current tobacco use: <b>Decline</b> Combined with heart disease or diabetes: <b>Decline</b>
<b>Tuberculosis</b>	<b>Classic 1</b> if treatment complete and recovered.
	Otherwise: <b>Decline</b>
<b>Weight Loss Surgery</b>	<b>Classic 1</b> if successful surgery over 6 months before application.

## CONVERSION *Not available in first 2 Policy years.*

Term Period	Issue Age	Conversion Period
10 Year	18 – 65	Earlier of the 8 <sup>th</sup> anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70
	66 – 73	Earlier of the 5 <sup>th</sup> anniversary of the Policy Date, or the Policy Date the Insured is attained Age 75
15 Year	18 – 65	Earlier of the 12 <sup>th</sup> anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70
	66 – 70	Earlier of the 5 <sup>th</sup> anniversary of the Policy Date, or the Policy Date the Insured is attained Age 75
20 Year	18 – 65	Earlier of the 15 <sup>th</sup> anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70
30 Year	18 – 55	Earlier of the 20 <sup>th</sup> anniversary of the Policy Date, or the Policy Date the Insured is attained Age 70

Classic 1 risks will convert to the UL Standard Plus Table B risk class. Classic 2 risks will convert to the UL Standard Plus Table E risk class.

- A decreasing term life insurance rider may be allowed on the permanent policy, so long as the total face amount and risk class are not increased. If the term policy is 100,000 or greater, the permanent policy must be at least 25% of the total insurance amount of the converted policy. If the term policy is less than 100,000, the permanent policy must be at least 50% of the total insurance amount of the converted policy, but no less than the minimum base amount required in the UL policy.
- The conversion may take place prior to and including the Last Day to Convert shown on each policy schedule page. The Last Day to Convert will vary depending upon the policy term period.
- The policy can be converted to a permanent life insurance policy offered by GPM Life, for which a comparable underwriting class exists

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Equity Protector Term Life with Living Benefits is issued by Government Personnel Mutual Life Insurance Company (GPM Life). Policy and rider form and numbers may vary by state of issue, and this product and/or riders may not be available in all states. Insurance eligibility and premiums are subject to underwriting.

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Policy form series #ICC20 74N ETA20, and state variations, is a term life insurance policy issued by Government Personnel Mutual Life Insurance Company. Product features and availability may vary by state. Consult policy for benefits, riders, limitations, and exclusions. Subject to underwriting. In Montana, unisex rates apply. Not available in all states.

Neither GPM Life nor its representatives offer legal or tax advice. Please consult with your legal or tax advisor regarding your individual situation before making any tax related decisions.

Terminal Illness Accelerated Death Benefit Rider Series #ICC17 70G ALBR17, #70G ALBR17 and state variations  
Waiver of Premium Benefit Rider Series ICC19 74J WPD19  
Accidental Death Benefit Rider Series ICC19 74I ADB19