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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 Sales Support Team  
(800) 938-4765 ext. 4003

## **APPLICATION KIT & FORMS**

Online – Agent Access: [www.gpmagent.com](http://www.gpmagent.com)

## **RISK ASSESSMENT**

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



## GUIDELINES

### NEW BUSINESS

1. This product requires an electronic application (e-app) to apply for coverage. The e-app is available on Agent Access – www.gpmagent.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
  - Quarterly
  - 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.

### REQUIREMENTS FOR THE CHILDREN'S INSURANCE RIDER

1. Insurable Interest: The Proposed Primary Insured (PPI) should be the parent (by birth or adoption) or the stepparent of the child.
  - Stepparents may not insure stepchildren without written consent of a custodial parent.
  - Foster Parents DO NOT have an insurable interest.
2. Children ages 15 and older MUST sign the application.

### 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 tobacco in any form 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 tobacco in any form 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 a form of tobacco 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 a form of tobacco in the past 12 months. This rate class is designed to accept substandard risks (Table D-F).

## ACTIVE DUTY MILITARY APPLICATION LIMITS

To determine the military insurance limit from the following table, include

1. The total initial amount of life insurance applied for.
2. The current amount (exclusive of paid-up additions) of any life insurance already in force with GPM Life.

### GENERAL LIMITS ON ACTIVE DUTY MILITARY PERSONNEL FOR EQUITY PROTECTOR TERM INSURANCE

PAYGRADE	LIMITS
E1, E2, E3	\$50,000
E4 - 1st enlistment	\$100,000
E4 - 2nd enlistment	\$250,000
E5, E6	\$250,000
E7, E8, E9	\$300,000
O1, O2, W1, W2	\$250,000
W3, W4, W5	\$300,000
O3 and up	\$300,000

### ▲ PLEASE NOTE:

Military personnel currently serving in the Special Forces, Rangers, SEALs, Airborne, Recons, other elite or commando forces are not eligible for coverage. Pilots and crew members of A, B, F, H, R, and T type aircraft will require individual consideration.

## 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
AIDS/HIV	<b>Decline</b>
Alcoholism	Current abuse, or within two years of treatment: <b>Decline</b>
	Treatment within two to five years: minimum <b>Classic 2</b>
	Treatment over five years prior: <b>Classic 1</b>
Alzheimer's	<b>Decline</b>
Amputation	From injury, no impact to ADLs: <b>Classic 1</b>
	From Disease: <b>Decline</b>
Aneurysm	Possible <b>Classic 1</b> if surgically corrected over three years prior.
	Otherwise minimum <b>Classic 2</b>
Angina	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>
Angioplasty	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>
Arthritis – Rheumatoid	Mild or moderate, without use of corticosteroids, Gold, sulphasalazine, chloroquine or methotrexate and able to perform all ADLs: <b>Classic 1</b>
	Severe, use of any drugs listed above and able to perform most or all ADLs: <b>Classic 2</b>
	Otherwise: <b>Decline</b>
Arrhythmia	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>	
Asthma – Mild	Treated daily with single medication, inhaler use only as needed, non-tobacco or tobacco user: <b>Classic 1</b>
Asthma – Moderate	Non-tobacco user, treated daily with single medication, inhaler use only as needed: <b>Classic 1</b>
	Tobacco user: <b>Classic 2</b>

**IMPAIRMENT GUIDE (cont.)**

<b>IMPAIRMENT</b>	<b>PROBABLE UNDERWRITING ACTION</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 fewer than three medications, little impact on daily living: <b>Classic 2</b>
	Otherwise: <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>Cancer – Basal Cell</b>	Potential rate class depends on tumor stage, grade, location, type of and time since treatment.
	Stage 1 or 2, over two years since successful treatment: <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>
<b>Cardiomyopathy</b>	<b>Decline</b>
	Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59: minimum <b>Table F</b> . Age 60 and over: minimum <b>Table D</b>
<b>Cirrhosis – Liver</b>	<b>Decline</b>
	Would consider application for UL subject to medical records. <b>Table D</b> to <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>	<b>Decline</b>
	Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59: minimum <b>Table F</b> . Age 60 and over: minimum <b>Table D</b>



**IMPAIRMENT GUIDE (cont.)**

<b>IMPAIRMENT</b>	<b>PROBABLE UNDERWRITING ACTION</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>
	Otherwise: <b>Classic 2</b>
	Current symptoms or within one year of last attack: <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>Depression Moderate</b>	Treated with one or two medications and no impact on daily living: <b>Classic 1</b>
	Treated with 3 or more medications: <b>Classic 2</b>
	More than 3 medications, recent hospitalization, interferes with daily living: <b>Decline</b>
<b>Depression Moderate</b>	Minimum <b>Classic 2</b>
	More than 3 medications, recent hospitalization, interferes with daily living: <b>Decline</b>
<b>Depression Severe</b>	<b>Decline</b>
	Would consider application on UL policy subject to medical records. More than two years since single episode, stable symptoms, on low dose antidepressant preventive medication only, fully functioning: minimum <b>Table D</b>
<b>Diabetes Type 1</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> .
<b>Diabetes Type 2</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> .
<b>Disabled/Disability</b>	<b>Decline</b>

**IMPAIRMENT GUIDE (cont.)**

IMPAIRMENT	PROBABLE UNDERWRITING ACTION																		
Drug Use	Minimum five years after successful treatment, no relapse: <b>Classic 1</b>																		
	History of attempted reform with relapse, minimum five years after last successful treatment: <b>Classic 2</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>																			
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>																		
	Would consider application on UL policy subject to medical records. Minimum <b>Table D to Decline</b> . If cleared of virus with Harvoni treatment would consider <b>Standard</b> after one year.																		
Hypertension (High Blood Pressure)	Well controlled (with or without medication): <b>Classic 1</b>																		
	Uncontrolled: <b>Classic 2 to Decline</b>																		
Kidney Disease	<b>Decline</b>																		
	Would consider application for UL policy subject to medical records. Rating dependent upon cause of disease and extent of kidney damage.																		
Lap Band Surgery	<b>Classic 1</b> if successful surgery over 6 months before application.																		
Liver Disease	<b>Decline</b>																		
	Would consider application for UL policy subject to medical records. Rating dependent upon cause of disease and extent of liver damage.																		



**IMPAIRMENT GUIDE (cont.)**

<b>IMPAIRMENT</b>	<b>PROBABLE UNDERWRITING ACTION</b>
Lupus – Discoid	<b>Classic 1</b>
Lupus – Systemic	Mild: <b>Classic 1</b>
	Moderate: <b>Classic 2</b>
	Severe: <b>Decline</b>
Multiple Sclerosis	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 and disability preventing full time work): <b>Classic 2</b>
	Severe (requiring assisted ambulation to being restricted to wheelchair): <b>Decline</b>
Osteoarthritis	<b>Classic 1</b>
Osteoporosis	Mild or moderate with little impact on daily activities: <b>Classic 1</b>
	Regular use of aids for ambulation: <b>Decline</b>
Oxygen Use	<b>Decline</b>
Pacemaker	<b>Classic 1</b>
	Accompanied by ischemic heart disease or other organic heart disease: <b>Decline</b>
Pancreatitis	Single acute episode, over one year since recovery, not alcohol related: <b>Classic 1</b>
	Chronic condition, not related to alcohol, without complications (such as malabsorption, diabetes, or impaired glucose tolerance), less than three years since last symptoms: <b>Classic 2</b>
	Greater than three years since last symptoms: <b>Classic 1</b>
	Related to alcohol, or complications mentioned above: <b>Decline</b>
Sleep Apnea	Well controlled with consistent CPAP use: <b>Classic 1</b>
	If treated with oxygen: <b>Decline</b>
Stent	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>
Stroke	Subsequent cardiac events including multiple heart attacks, new stenosis or restenosis requiring additional bypass, angioplasty, (re)stent(s): <b>Decline</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>	
TIA	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>	

## IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Tuberculosis	Classic 1 if treatment complete and recovered.
	Otherwise: <b>Decline</b>
Weight Loss Surgery	Classic 1 if successful surgery over 6 months before application.

## CONVERSION

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

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

Classic 1 risks will convert to the Alliance UL Standard Express risk class. Classic 2 risks will convert to the Alliance 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  
Children's Benefit Rider Series ICC19 74F CIR19  
Accidental Death Benefit Rider Series ICC19 74I ADB19