

# THE PEACE OF MIND YOUR FAMILY NEEDS



LA PAZ MENTAL QUE SU FAMILIA NECESITA





## **Lincoln Heritage es su poderoso aliado para el financiamiento funerario.**

Más de 1 Millón de personas confían en la protección que Lincoln Heritage brinda a sus seres queridos — al proveer más de \$10 billones de cobertura vigente.



4343 East Camelback Road, Phoenix, AZ 85018  
1-800-433-8181 • LHLIC.com

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## Calificado A+ por el Better Business Bureau (BBB)

El Better Business Bureau es la autoridad de confianza en el mercado. Establecen y mantienen un alto estándar de comportamiento ético en el mercado, por lo que la acreditación es un honor codiciado. Debido a esto, el Better Business Bureau es el principal recurso al que recurrir para obtener información objetiva e imparcial sobre empresas y organizaciones benéficas.



### Estamos orgullosos de ser una empresa acreditada por el Better Business Bureau que practica los ocho estándares de confianza:

**Generar confianza:** Establecer y mantener un historial positivo en el mercado.

**Publicidad honesta:** Cumplir con los estándares establecidos de publicidad y venta.

**Decir la verdad** — Representar honestamente los productos y servicios, incluidas las revelaciones claras y adecuadas de todos los términos materiales.

**Ser transparente:** Identificar abiertamente la naturaleza, la ubicación y la propiedad del negocio, y divulgue claramente todas las políticas, garantías y procedimientos que influyen en la decisión de compra de un cliente.

**Honrar las promesas:** Cumplir con todos los acuerdos escritos y representaciones verbales.

**Ser receptivo:** Resolver las disputas del mercado de forma rápida, profesional y de buena fe.

**Proteger la privacidad:** Proteger cualquier dato recopilado contra el mal manejo y el fraude, recopilar información personal solo cuando sea necesario y respetar las preferencias de los consumidores con respecto al uso de su información.

**Incorporar integridad:** Abordar todos los tratos comerciales, las transacciones del mercado y los compromisos con integridad.





# Lincoln Heritage Life Insurance Company

BestLink AMB #: 006694 NAIC #: 65927 FEIN #: 042314290

**Administrative Office**  
 4343 East Camelback Road  
 Phoenix, Arizona 85018  
 United States

[View Additional Address Information](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



**Web:** [www.lhlic.com](http://www.lhlic.com)  
**Phone:** 602-957-1650  
**Fax:** 602-840-9765

[View additional news, reports and products for this company.](#)

Based on AM Best's analysis, 053070 - Londen Insurance Group, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

## Best's Credit Ratings

### Financial Strength [View Definition](#)

**Rating (Rating Category):** A- (Excellent)  
**Outlook (or Implication):** Stable  
**Action:** Affirmed  
**Effective Date:** June 21, 2022  
**Initial Rating Date:** June 30, 1976

### Best's Credit Rating Analyst

**Rating Office:** A.M. Best Rating Services, Inc.  
**Senior Financial Analyst:** Shauna Nelson  
**Senior Financial Analyst:** Wayne J Kaminski  
*Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.*

### Long-Term Issuer Credit [View Definition](#)

**Rating (Rating Category):** a- (Excellent)  
**Outlook (or Implication):** Stable  
**Action:** Affirmed  
**Effective Date:** June 21, 2022  
**Initial Rating Date:** March 15, 2007

### Disclosure Information

**Disclosure Information Form**  
[View AM Best's Rating Disclosure Form](#)  
[View AM Best's Rating Review Form](#)

### Financial Size Category [View Definition](#)

**Financial Size Category:** VIII (\$100 Million to \$250 Million)

u Denotes [Under Review Best's Rating](#)





# LICENCIA AQUÍ

Imprima una copia de  
su licencia de seguro  
y colóquela aquí.

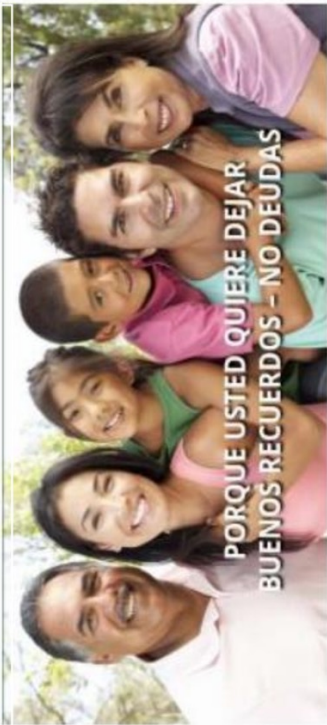


## RECLAMACIONES PAGADAS

- ✓ 14 Asociados aseguraron que las familias recibieron el cheque cuando más lo necesitaban.
- ✓ Las reclamaciones son pagadas dentro de las 24 horas.
- ✓ Se cubrieron **48,770** fallecimientos tramitados en el **2022**.
- ✓ Se pagaron más de **\$267 millones** de dolares en reclamos a los beneficiarios en el **2022**.
- ✓ Los reclamos se pagan de una forma rápida y sencilla.
- ✓ No se necesita un formulario de reclamación a menos que el estado lo requiera.
- ✓ Tenemos un personal calificado que ayuda a leer los reportes médicos para asegurar un pago rapido



## Por que Funeral Advantage?



Como todo hoy los gastos funerarios están aumentando.

No es raro que los funerales cuesten muchos miles de dólares, lo que potencialmente deja a sus seres queridos con una gran carga

El programa Funeral Advantage ha ahorrado millones de dólares a las familias de los asegurados

# UNA PROMESA HECHA ES UNA PROMESA CUMPLIDA

## Funeral Consumer Guardian Society®

- Nos distingue de cualquier otra compañía de seguros.
- Mas de **1millon de miembros** y continuamos creciendo.
- FCGS le ayudo a nuestros clientes en el

Año 2022 a ahorrarse un promedio de **\$2,000 dolares!** en funeral tradicional y **\$1,000 Dolares** en cremacion

Somos socios exclusivos con el fundador original del programa de asistencia funeral

- Una entidad administrada por sus propios dueños
- Tiene una gran credibilidad dentro De la industria Funebre
- Más de 20 años de experiencia



- **SOLAMENTE CLIENTES  
SATISFECHOS PUEDEN  
GARANTIZAR UN EXITO  
A LARGO TIEMPO**

Lincoln Heritage  
**Funeral Advantage™**



Usted recibirá sus materiales de bienvenida de Funeral Advantage por correo

## Lincoln Heritage Funeral Advantage

Beneficio de Seguro en Efectivo Servicios de Apoyo a la Familia

Su paquete de bienvenida incluirá:

- Un documento de bienvenida en su valioso idioma.
- Copias de su póliza de seguro y sus beneficios de Funeral Advantage.



- Su paquete de membresía FCGS incluirá:**
- Su tarjeta de membresía primaria
  - Copias de su tarjeta de membresía para sus familiares y amigos
  - Formularios para especificar sus deseos de funeral
  - Un sobre pre-pagado para devolver sus formularios



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

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SPFCGSF19



## Beneficio de Seguro

Lincoln Heritage Life Insurance Company es uno de los líderes en la nación en brindar ayuda para cubrir sus gastos funerales y otros gastos finales.

- El beneficio es pagado dentro de 24 horas\*.
- Beneficio de por vida hasta \$35,000.
- NO se requiere examen médico para calificar — solamente unas preguntas sobre su salud.
- Solicitud sencilla.
- La mayoría de las personas obtienen cobertura, aun con problemas de salud.
- Las Tarifas y Beneficios nunca cambiarán en la vida de la póliza\*\*.
- \$100,000 de beneficio adicional disponible por muerte accidental.

\*Una vez que los documentos sean recibidos y aprobados.

\*\*Siempre y cuando las primas sean pagadas.

## Incremento del Beneficio en Efectivo (AD&D)

Este incremento se ofrece como un aditamento a su plan Funeral Advantage™; usted puede añadir cualquier paquete para aumentar su beneficio (básico o de lujo) sin examen médico o prueba de asegurabilidad.

Paga un monto adicional por:	Plan Básico	Plan de Lujo
Muerte accidental	\$5,000	\$25,000
Desmembramiento singular	\$2,500	\$12,500
Muerte por accidente automovilístico	\$10,000	\$50,000
Muerte por accidente de transporte público	\$20,000	\$100,000
Transporte de restos mortales	hasta \$1,000	hasta \$5,000

Consulte el formulario de la póliza para recibir información completa acerca de los detalles, exclusiones y limitaciones del beneficio. Transporte Público le cubre a usted como pasajero que paga pasaje en cualquier transporte público autorizado en cualquier parte del mundo, incluyendo avión, tren, autobús, taxi, tren subterráneo o barco. Reembolso de costo de transporte de restos mortales si usted muere a más de 200 millas de distancia de su hogar.

## Servicios de Apoyo a la Familia

Funeral Consumer Guardian Society es una organización independiente que se dedica a brindar ayuda para obtener un trato justo en el momento de comprar un funeral.

- Usted decide el tipo de funeral que desea... los formularios de últimos deseos lo hacen rápido y fácil.
- FCGS mantiene sus deseos archivados con seguridad.
- Sus seres queridos obtienen un número de servicio gratuito al cual llamar las 24 horas para el momento en que lo necesite.
- FCGS toma acción inmediata — comparando hasta 3 funerarias distintas para encontrar el mejor precio disponible.
- Las familias se ahorran un promedio de \$1,800 en funerales tradicionales y hasta \$600 en cremación.



Usted obtendrá una Membresía Gratuita de Funeral Consumer Guardian Society con su plan de gastos finales de Lincoln Heritage.

## Gracias

*"Nosotros no podíamos pagar un atáúd de \$4,000... y ustedes hicieron la llamada para dejarnos saber lo que estábamos dispuestos a pagar... y obtuvieron el mismo atáúd que queríamos por casi \$2,000 menos."*

J. Torres



*"Mis más queridos se fueron... los días por haber dado un servicio que ha hecho que sea más fácil durante este momento difícil. Deberían estar orgullosos de haber ayudado a una familia en Sta. A.C., Virginia."*



# Presupuesto de Costos Funerales

En su área – Entierro o Cremación



— ACTUALIZACIÓN 2018 —

Proveído por:



Funeral Consumer  
Guardian Society®

## Presupuesto de Costos Funerarios

## Entierro Tradicional

### Los Costos Funerarios y Otros Gastos Funerarios Incluyen:

- Servicios de funeraria
- Ataúd
- Transporte – carroza fúnebre
- Vestimenta y flores
- Contenedor externo de la tumba
- Propiedad del cementerio
- Apertura y cierre de la tumba
- Monumento o lápida
- Obituario para periódico
- Gastos médicos pendientes
- Deudas pendientes
- Costos de sucesión testamentaria
- Honorarios legales

	Buena Calidad	Mejor Calidad	Calidad Superior
Alabama	\$8,000	\$9,750	\$12,250
Alaska	\$8,500	\$10,250	\$12,750
Arizona	\$7,500	\$9,250	\$11,750
Arkansas	\$7,500	\$9,250	\$11,750
California	\$7,500	\$9,250	\$11,750
Colorado	\$7,500	\$9,250	\$11,750
Connecticut	\$8,500	\$10,250	\$12,750
Delaware	\$8,000	\$9,750	\$12,250
Distrito de Columbia	\$8,000	\$9,750	\$12,250
Florida	\$8,000	\$9,750	\$12,250
Georgia	\$8,000	\$9,750	\$12,250
Hawaii	\$8,500	\$10,250	\$12,750
Idaho	\$7,500	\$9,250	\$11,750
Illinois	\$8,500	\$10,250	\$12,750
Indiana	\$8,500	\$10,250	\$12,750
Iowa	\$7,500	\$9,250	\$11,750
Kansas	\$7,500	\$9,250	\$11,750
Kentucky	\$8,000	\$9,750	\$12,250
Louisiana	\$8,000	\$9,750	\$12,250
Maine	\$8,500	\$10,250	\$12,750
Maryland	\$8,000	\$9,750	\$12,250
Massachusetts	\$8,500	\$10,250	\$12,750
Michigan	\$8,500	\$10,250	\$12,750
Minnesota	\$8,500	\$10,250	\$12,750
Mississippi	\$8,000	\$9,750	\$12,250
Missouri	\$8,000	\$9,750	\$12,250
Montana	\$7,500	\$9,250	\$11,750
Nebraska	\$7,500	\$9,250	\$11,750
Nevada	\$7,500	\$9,250	\$11,750
New Hampshire	\$8,500	\$10,250	\$12,750
New Jersey	\$8,500	\$10,250	\$12,750
New Mexico	\$7,500	\$9,250	\$11,750
New York	\$8,000	\$9,750	\$12,250
North Carolina	\$8,000	\$9,750	\$12,250
North Dakota	\$7,500	\$9,250	\$11,750
Ohio	\$8,500	\$10,250	\$12,750
Oklahoma	\$7,500	\$9,250	\$11,750
Oregon	\$8,500	\$10,250	\$12,750
Pennsylvania	\$8,500	\$10,250	\$12,750
Rhode Island	\$8,500	\$10,250	\$12,750
South Carolina	\$8,000	\$9,750	\$12,250
South Dakota	\$7,500	\$9,250	\$11,750
Tennessee	\$8,500	\$10,250	\$12,750
Texas	\$8,500	\$10,250	\$12,750
Utah	\$7,500	\$9,250	\$11,750
Vermont	\$8,500	\$10,250	\$12,750
Virginia	\$8,500	\$10,250	\$12,750
Washington	\$8,500	\$10,250	\$12,750
West Virginia	\$8,000	\$9,750	\$12,250
Wisconsin	\$8,500	\$10,250	\$12,750
Wyoming	\$7,500	\$9,250	\$11,750

### Buena:

- Ataúd: acero calibre 20, o pino
- Revestimiento de la tumba: caja de concreto con huecos de drenaje (sin capacidad sellante)
- Transportación: carroza fúnebre, auto del clérigo, y vehículo porta coronas
- Flores: Corona de flores y arreglo floral para la tapa interior del ataúd.

### Mejor:

- Ataúd: acero calibre 18, o roble
- Bóveda de entierro: parte superior de concreto sellada con un revestimiento plástico, o un sello hermético de acero
- Transportación: carroza fúnebre, auto del clérigo, y vehículo porta coronas
- Flores: Corona de flores y arreglo floral para la tapa interior del ataúd.

### Superior:

- Ataúd: acero calibre 16, acero inoxidable o cobre, o cerezo, roble, arce o nogal
- Bóveda de entierro: parte superior de concreto sellada con un revestimiento de acero o un sello hermético de acero galvanizado
- Transportación: carroza fúnebre, auto del clérigo, limusina y vehículo porta coronas
- Flores: Arreglo floral de la familia, corona de flores y arreglo floral para la tapa interior del ataúd.

### Los Costos de la Funeraria Incluyen

- Servicios básicos del director y del personal funerario.
- El uso de las instalaciones y personal durante el velorio en la funeraria, y durante la ceremonia fúnebre en la funeraria o la iglesia.
- Tratado de los restos a la funeraria.
- Embalsamar y asear al difunto; vestir, maquillar y colocar al cuerpo del difunto en el ataúd.
- Paquete de papelería, incluyendo el libro de condolencias, tarjetas conmemorativas o de oración y tarjetas de agradecimiento.
- Acta de defunción; esquelas mortuorias.
- Honorarios de la iglesia o clérigo.





# A Letter For My Trusted Loved One

## A Personal Funeral Advisor

from the Funeral Consumer Guardian Society (FCGS)\* will manage all the details of my final wishes for you — FREE of charge.



*The Funeral Consumer Guardian Society (FCGS) is an independent senior consumer advocate now serving hundreds of thousands of Americans.*

To: My Trusted Loved One(s)

**My final wishes are securely on file with Funeral Advantage.**

In the event of my death, Funeral Advantage has been authorized to share my final wishes with a trusted loved one to help with my final arrangements. I have carefully selected you as my trusted representative.

Because this is a big responsibility, I want to do my best to ease any burden that might be placed on you when it comes to my funeral arrangements. So, I've recorded all my final wishes and they're securely on file.

My final expense insurance policy through Lincoln Heritage Funeral Advantage® includes free funeral planning services to make sure my final wishes are carried out.

*My wishes will guide you through the complicated decisions. You can start with one easy call.*

**When the time comes, and before you contact any funeral homes** — just call the number on this card first. A Personal Funeral Advisor will happily work with the person arranging my funeral and will help manage the details, **FREE** of charge.

See my additional notes on the back of this card.

— **Sample Funeral Advantage Member**

\*FCGS is not affiliated with any religion, funeral home, cemetery, or any particular funeral approach.

**Lincoln Heritage  
Funeral Advantage**



Funeral Advantage Member

**Sample Funeral Advantage Member  
Membership ID# 123456**

In the event of my death  
**CALL THIS NUMBER FIRST 1-866-571-2772**

A personal funeral advisor will handle all funeral details for you.  
My final wishes are safely on file with Funeral Advantage.



# Perfil de mis Últimos Deseos



**Complete este formulario, guardaremos sus preferencias en un archivo seguro hasta que llegue el momento.**

<b>Paso 1</b>	<b>Datos personales</b>
	Nombre completo <input type="text"/> Fecha de nacimiento <input type="text"/> / <input type="text"/> / <input type="text"/> Teléfono <input type="text"/> Sexo <input type="radio"/> Masculino <input type="radio"/> Femenino Es usted <input type="radio"/> Casado(a) <input type="radio"/> Viudo(a) <input type="radio"/> Soltero(a)
<b>Paso 2</b>	<b>Su ser querido de confianza</b>
<b>!</b> Esta es la persona que se encargará de los preparativos de su funeral.	Nombre <input type="text"/> Relación <input type="text"/> Teléfono <input type="text"/> Dirección <input type="text"/> Ciudad <input type="text"/> Estado <input type="text"/> Código postal <input type="text"/>
<b>Paso 3</b>	<b>Tipo de servicio</b>
<b>!</b> Elija entre entierro o cremación.	<input type="radio"/> <b>Entierro</b> — ¿Desea una visita para condolencias o un velorio? <input type="radio"/> Sí <input type="radio"/> No Si NO hay visita para condolencias o velorio: ¿Le gustaría un servicio junto a la tumba? <input type="radio"/> Sí <input type="radio"/> No <input type="radio"/> <b>Cremación</b> — ¿Desea una visita para condolencias o un velorio? <input type="radio"/> Sí <input type="radio"/> No Si NO hay visita para condolencias o velorio: ¿Le gustaría un servicio de celebración de su vida? <input type="radio"/> Sí <input type="radio"/> No
<b>Paso 4</b>	<b>Características opcionales</b>
	Vea el reverso para especificar cualquier característica/servicio adicional que desee.
<b>Paso 5</b>	<b>Envíe su Perfil de Últimos Deseos en el sobre con envío prepago</b>
<b>!</b> Para un resumen en formato digital, por favor elija un método.	Devuelva este formulario a Funeral Advantage Member Services, PO Box 91; New Albany, IN 47150 Si desea recibir un resumen digital de este documento para sus archivos, por favor proporcione su dirección de correo electrónico y/o su número móvil a continuación. <input type="radio"/> Texto/Móvil <input type="text"/> <input type="radio"/> Correo electrónico <input type="text"/>

# Características opcionales



Esta sección es totalmente opcional. Complétela sólo si lo desea.

## Opcional

## Características que deseo

! Seleccione una opción, si desea servicios con el cuerpo presente o no.

! Adjunte páginas adicionales si desea dejar instrucciones más específicas sobre las características que desea.

Una visita para condolencias/velorio en una funeraria  
Me gustaría en: *Nombre de la funeraria*

No tengo ninguna preferencia sobre la funeraria y me gustaría que FCGS busque precios en el momento que lo necesite mi familia.

Los servicios se llevarán a cabo CON el cuerpo presente.  
 Los servicios se llevarán a cabo SIN el cuerpo presente.

Si desean un ataúd, quiero un  Ataúd abierto  Ataúd cerrado

Honores militares  Sí  No *Rama de servicio*

Servicio en la iglesia *Nombre de la iglesia*

Ceremonia conmemorativa *Lugar*

Recepción *Lugar*

Elogio fúnebre pronunciado por

Música

Oraciones

Relatos o testimonios

Otros detalles (flores, fotos, etc.)

## Lugar de descanso final

Cementerio *Nombre del cementerio*

Esparcimiento de cenizas *Lugar*

Devolver las cenizas a

Envíe su Perfil de Últimos Deseos en el sobre con envío prepago

Devuelva este formulario a Funeral Advantage Member Services, PO Box 91; New Albany, IN 47150  
Si desea recibir un resumen digital de este documento para sus archivos, por favor proporcione su información en el paso 5.



## **Funeral Advantage Plan Beneficios**

**Una de las maneras más confiables y eficientes para pagar los últimos gastos.**

- 1. Cobertura Inmediata (no examen médico).**
- 2. Los Beneficios nunca disminuyen con el aumento de edad ni cambio en su salud.**
- 3. El Beneficio se paga directamente al beneficiario.  
Servicio de Apoyo Familiar. F C G S**
- 4. La suma asegurada puede usarse en cualquier parte del mundo y no está vinculada con ninguna funeraria en particular (traslado).**
- 5. Acumula valor en efectivo.**
- 6. Su plan puede incluir un Beneficio por muerte accidental de hasta \$100,000.**
- 7. Se pagan los reclamos dentro de 24 horas de haber recibido todos los documentos requeridos.**
- 8. Depósito de prima mensual ajustado a su presupuesto.**



**KNOW the symptoms**



**Every 37 seconds, someone in the U.S. someone dies from a heart attack or another heart-related condition.**

***-American Heart Association***

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders,

Each year in the United States, about 1.2 million people have a heart attack. More than 40 percent of those people die before they reach a hospital indicating that potentially a large portion of Americans do not clearly know the warning signs of a heart attack. As terrible as these numbers sound, they are much lower than figures of 30 years ago. Today, thanks to the help of preventive health services like Healthism, many Americans are doing better job of reducing their own risk of heart attack equipped with the right information.

<http://www.healthism.com/articles/healthy-heart>



**UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY  
Mutual of Omaha Plaza, Omaha, NE 68175



**"Why didn't I get more life insurance when I was younger...and when it was cheaper?"**

**IF YOU'VE EVER SAID THAT –  
NOW YOU'VE GOT A SECOND CHANCE.**

Dear Maria G. Alvarez,

For a long time we wanted to do something really important for an exceptional group of Americans. Especially the ones in your age group. The solid, decent, dependable Americans who have raised their families...paid their taxes...served our country...without asking for or getting anything themselves.

So we're happy to offer you a second chance; an opportunity to get up to \$10,000 of whole life insurance. Your Guaranteed Life whole life insurance will be issued if you are age 45 to 85. Your acceptance is guaranteed. If you already have policies of this type through United of Omaha, you may own a combined maximum of \$25,000. Please see the enclosed information for the benefits, features, exceptions and limitations of this coverage. **Note that in order to guarantee acceptance, death benefits payable for natural causes (any cause other than accidental) are reduced during the first two years you own the policy -- your beneficiary receives all the premiums you've paid plus 20%.**

\*\*\*\*\*  
\* As an Orchard Bank® cardmember \*  
\* you've been selected to receive an \*  
\* offer to get up to \$10,000 graded \*  
\* benefit whole life insurance \*  
\* protection at an affordable cost \*  
\* from United of Omaha Life \*  
\* Insurance Company (United of \*  
\* Omaha). Your acceptance is \*  
\* guaranteed regardless of the \*  
\* condition of your health. Your \*  
\* premium will never increase \*  
\* because of your age or your health. \*  
\* \*  
\* \*  
\*\*\*\*\*

You can't make a mistake when you complete and mail your Application. The 60-day free look assures you that if you change your mind within that time you can return your policy. You'll get all your money back. It will cost you nothing, not one single penny.

Sincerely,

John R. O'Malley, Director, Marketing Services and Licensed Agent  
United of Omaha Life Insurance Company

P.S. We strongly recommend that you give this offer your careful consideration. Most people are surprised at how affordable this protection is once they see the enclosed rates. Remember, this insurance does not require a medical examination. Your Application Form is enclosed and takes only a few minutes to fill out.

HSBC Bank USA, N.A., HSBC Bank Nevada, N.A. and/or HSBC Card Services Inc., including their respective affiliates, are not responsible for the products and/or services offered herein.

**NOT A DEPOSIT • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY •  
NOT GUARANTEED BY A BANK**

**You can't be turned down for this life insurance. IMMEDIATE ACTION ENVELOPE enclosed.**





# Affordable Coverage

UP TO **\$50,000**  
in Term Life Insurance Protection

**No Medical Exam — Just 3 Health Questions.**

Affordable Rates • No Waiting Period

**Exclusively for AARP members.** Members ages 50 to 74 may apply for this group coverage. Not an AARP member? You can join and apply at the same time.

**No medical exam.** Your acceptance is based on your answers to just three health questions.

**Affordable life insurance.** The lower initial rates for term life insurance may allow you to buy higher coverage amounts.

**No waiting period.** You're protected for your full benefit amount from the first day your insurance becomes effective.

**AARP endorsed.** Offered through the only life insurance program with the endorsement of AARP.

**Simple and quick.** Apply by mail in minutes.

**Simply return the card below now** for your FREE information and your FREE gift. There's no obligation.

## Affordable Current Monthly Rates

AARP Level Benefit Term Life from New York Life Insurance Company

WOMEN'S RATES				MEN'S RATES			
Issue Age	\$10,000	\$20,000	\$50,000	Issue Age	\$10,000	\$20,000	\$50,000
45-49	\$8.93	\$13.87	\$28.67	45-49	\$11.42	\$18.83	\$41.08
50-54	10.46	16.92	36.29	50-54	13.41	22.82	51.04
55-59	14.38	24.77	55.92	55-59	18.12	32.23	74.58
60-64	20.44	36.88	86.21	60-64	24.85	45.70	108.25
65-69	27.38	50.75	120.88	65-69	31.99	59.98	143.96
70-74	39.83	75.65	183.13	70-74	44.65	85.30	207.25

Premiums above are the rates New York Life currently charges. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age band. Age bands begin at ages 45-49 and end at ages 75-79. Coverage ends at age 80. Premiums are not guaranteed. However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with the same issue age and gender. If relevant statements of age or facts are not accurate, New York Life will make a fair adjustment of premiums and/or insurance. Residents of FL: Michael Horan is a licensed Florida agent for service to Florida residents. Residents of MA, MT and WA have rates different from those shown. Please call for more information.

▼ DETACH HERE MAIL TODAY. ▼

Get this  
**FREE PHOTO CALCULATOR**  
just for requesting a FREE information kit. There is no obligation and the gift is yours to keep no matter what.



Available exclusively to AARP members ages 50-74 and their spouses ages 45-74.

If death results from suicide in the first two years, benefits will not be paid. In MO, ND and WA, specific state rules apply.  
1624-04

## FREE INFORMATION PLUS A FREE GIFT.

**YES!** Send me an information kit\* and my FREE gift.

**NOT an AARP member?** Check here and we'll send the information you need to join.

Mr.  
Mrs.  
Ms.

(Please print)

First Name

Last Name

Address

Apt. No.

City

State

Zip

Age

Phone (optional) — a representative may call

Return this card or call New York Life toll free  
**1-800-335-9054 ext. 351**

24 Hours a Day — 7 Days a Week

**AARP**

Life Insurance Program from



www.nylaarp.com/termlife

\*Includes details on costs, eligibility, renewability, limitations and exclusions.

1624-04-F

RSC35

## Key Features:

- **Benefit amounts from \$10,000 to \$50,000**
- **No medical exam — just 3 health questions**
- **Affordable rates**
- **No waiting period**
- **Valuable “accelerated benefit” feature**
- **A “premium waiver” for nursing home stays**
- **AARP endorsed**
- **30-day FREE look**



Life Insurance  
Program from



## Questions About AARP Le

### Q. Will I need a medical exam when I apply?

A. No. You won't need to see a doctor or take any medical tests. Acceptance is based on your answers to three simple health questions. If you're an AARP member between the ages of 50 and 74, you can apply for this coverage from New York Life Insurance Company. Your spouse, if between the ages of 45 and 74, is also eligible to apply even if you don't.

### Q. Is there a waiting period for full benefits?

A. No. You're covered for your full benefit amount from the day coverage takes effect — normally seven days after your Enrollment Form is approved, provided premiums are paid when due. The effective date will be on your Certificate of Insurance.

### Q. Will my benefits decrease?

A. Your benefits are guaranteed not to decrease, even if your health declines, until insurance ends at age 80.

The premiums are arranged in five-year age bands and will increase as you enter each new band. See the enclosed rate chart for full details.

### Q. How long can I keep this insurance?

A. You can keep this protection until insurance ends at age 80, regardless of your health. Once you're insured, your coverage can never be cancelled without your consent prior to age 80, provided you pay your premiums when they are due. However, during the first two years, New York Life reserves the right to cancel your insurance if your Enrollment Form contains material misrepresentations about your medical history.

\* Please note that receipt of “accelerated benefit” insurance proceeds may be used to determine how this may affect your personal situation. Premiums may be used for other purposes.

\*\* The nursing home must be primarily engaged in providing skilled nursing care for drug addicts or alcoholics; for the care and treatment of mental diseases; or for the care and treatment of permanent life insurance.

† Ratings as of 4/1/12. A.M. Best (A++) Highest Rating, Fitch (AAA) F



- ✓ No Agent Will Visit
- ✓ No Medical Exam - Just A Few Yes/No Health Questions
- ✓ No Waiting Period
- ✓ Five Different Coverage Amounts To Choose From
- ✓ Buy Direct By Mail
- ✓ 30-Day Guarantee

**Don't Leave Your Family Buried In Debt**

**-\$1\* BUYS-\$50,000 LIFE INSURANCE**

**POLICY DESCRIPTION:** This is a modified premium term-to-age-90 product. The initial term period can either be 1, 2, 3, 4 or 5 years in duration, depending upon issue age. All renewal term periods begin at a 5-year plus one age (i.e. 21, 26, 31, 36...86) and will be 5 years in length except for the final term period. The final 4-year period, which always begins at age 86, will expire and the policy will terminate at the policy anniversary following the insured's 90th birthday.

**MIB, Inc., Pre-Notice:** Information regarding your insurability will be treated as confidential. Globe Life And Accident Insurance Company, or its reinsurers

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • A LEGAL RESERVE STOCK COMPANY  
ADMINISTRATIVE OFFICE: GLOBE LIFE CENTER • OKLAHOMA CITY, OK 73184  
APPLICATION FOR INSURANCE**

**IMPORTANT: Please be sure each question on the application is answered**

<b>Proposed Insured Name</b> (First, M.I., Last) Please Print _____	<b>Date of Birth</b> (Required) _____	<b>Amount of Insurance</b> (Check One)
	mm / dd / yy	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000
Address _____ Apt. _____		
City _____ State _____ Zip _____		
Telephone ( _____ ) _____ E-mail Address _____		
<small>(Telephone and E-mail Address for Customer Service Use Only)</small>		
<b>Beneficiary Name</b> (Please Print) _____		<b>Relationship to Proposed Insured</b> (Please Print) _____

Please answer the following questions. A "yes" response does not automatically make you ineligible for coverage.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Is the Proposed Insured currently disabled due to illness, confined to a hospital or nursing facility, or does the Proposed Insured require the use of a wheelchair? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 3 years, has the Proposed Insured been diagnosed or treated by a member of the medical profession for:   |                          |                          |
| (a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 3 years, has the Proposed Insured tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposed Insured received diagnosis or treatment by a licensed member of the medical profession for any chronic illness or condition which requires periodic medical care or may require future surgery? ...                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this application?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list company name: _____  |                          |                          |

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I AM ENCLOSING THE INITIAL PREMIUM AND UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL BECOME EFFECTIVE ON THE DATE THIS APPLICATION IS APPROVED IN THE ADMINISTRATIVE OFFICE OF GLOBE LIFE AND ACCIDENT INSURANCE COMPANY. Should the application be declined, the amount paid will be refunded. All statements made are representations, not warranties. I hereby authorize MIB, Inc. ("MIB"), any insurance company, hospital, physician, or other practitioner that possesses any records of me or my physical or mental health and/or treatment, and any pharmacy or any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life And Accident Insurance Company for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize Globe Life And Accident Insurance Company, or its reinsurers, to make a brief report of my personal health information to







# BREWER & SONS

Funeral, Cremation & Cemetery Services

*A Family Owned Service Company*

## Quality Service. Best Price. Guaranteed.

The goods and services shown herein are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. Our services are available as itemized charges as required by Federal Law. We have selected several services that our families request in package options. You may choose either itemized or package services when available.

### **FOR THE BEST VALUE REVIEW OUR HERITAGE FUNERAL AND CREMATION PACKAGES.**

If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

### **OUR PROMISE TO YOU**

- The best funeral and cremation prices
- Staff that is courteous and understanding
- Facilities that are comfortable and clean
- Services handled with dignity and respect

### **SERVICE GUARANTEE**

We guarantee that if you are not completely satisfied with any aspect of our professional services, you will not be charged for that particular service item. We honor all prearranged funeral plans. For more information go to [www.brewerfuneral.com](http://www.brewerfuneral.com).

#### **Brooksville Chapel**

1190 S. Broad St. Brooksville, FL 34601  
352-796-4991 Fax: 352-799-6451

#### **Spring Hill Chapel**

4450 Commercial Way Spring Hill, FL 34606  
352-596-4991 Fax: 352-596-9070

#### **Tampa Chapel**

3328 S. Dale Mabry Tampa, FL 33629  
813-836-4991 Fax: 813-839-1131

#### **Kurtiss Clermont Chapel**

1018 West Ave. Clermont, FL 34711  
352-394-8500 Fax: 352-394-2227

#### **Seven Hills Chapel**

280 Mariner Blvd. Spring Hill, FL 34609  
352-688-4991 Fax: 352-686-5673

#### **Dunedin Chapel**

at Parklawn Cemetery  
2966 Belcher Rd. Dunedin, FL 34698  
727-314-1991

#### **Kurtiss Groveland Chapel**

132 E. Magnolia St. Groveland, FL 34736  
352-429-3500 Fax: 352-429-5213

[www.brewerfuneral.com](http://www.brewerfuneral.com)

Toll Free: 1-800-722-4991

Jan. 1, 2023

## GENERAL PRICE LIST

The prices are effective as of Jan. 1, 2023 but subject to change without notice.

### PROFESSIONAL SERVICES

### ITEMIZED SERVICES

#### BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF

**2,195.00\***

Our fee for the services of funeral director and staff includes, but is not limited to, staff to respond to initial request for service, arrangement conference with family or responsible party, arrangement of funeral, preparation and filing of necessary authorizations and permits, recording vital statistics, preparation/placement of obituary notices, staff assistance prior to, during and following the funeral, including coordination with those providing other portions of the funeral, e.g. cemetery, crematory and others. Also included in this charge are overhead expenses relative to our facility such as insurance, maintenance, utility expenses, secretarial, administrative costs, equipment and inventory expenses, local, state and federal government compliance.

This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, forwarding or receiving remains and other packages.)

#### EMBALMING

**\$995.00\***

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

#### OTHER PREPARATION OF THE BODY

Reconstructive restoration when necessary PER HOUR .....	\$100.00
Hair dressing .....	\$100.00
Special care of autopsied remains .....	\$175.00
Washing and disinfecting when no embalming .....	\$175.00
Dressing and casketing unembalmed remains .....	\$175.00
Cosmetology, dressing and casketing of remains .....	\$175.00*
Refrigeration charge (unembalmed & remains per day) .....	\$100.00**
Preparation of remains for identification before cremation .....	\$175.00

#### USE OF FACILITIES AND STAFF

Use of facilities and staff for viewing (per day) .....	\$625.00 *
Use of facilities and staff for funeral service .....	\$625.00 *
Use of facilities and staff for memorial service .....	\$625.00
Equipment and staff for church services .....	\$625.00
Equipment and staff for graveside services .....	\$625.00 *
Overnight visit per night .....	\$625.00
Facility Rental, use of staff (3 Hours without other services) ..	\$1,495.00
After 3 hours, \$200, per hour.	

#### AUTOMOTIVE EQUIPMENT

TRANSFER OF REMAINS TO FUNERAL HOME .....	\$495.00
<small>(Within 25 miles local service radius. Transfers of remains from Medical Examiner, add \$100.00)</small>	
<b>Additional miles outside local service radius..\$4.00 per mile after 25 miles *</b>	
A. Funeral coach (hearse) .....	\$495.00
B. Limousine...(Per Car) .....	\$495.00 *
C. Lead/Clergy car .....	\$300.00 *
D. Errand car (Flower car) .....	\$300.00

\* included in itemization of package "A"  
 \*\* - minimum 3 days for Direct Cremation

### ALTERNATIVE SERVICES

#### IMMEDIATE BURIAL ..... **\$2,500.00 to \$35,785.00**

Our charge for an immediate burial, without any attendants, rites or ceremonies, includes removal within 25 miles, shelter of remains, local transportation to the cemetery, necessary services of staff and authorization.

Immediate burial with casket selected from our funeral home (in addition to cost of casket): .....	\$4,000.00
Immediate burial with cloth-covered wood casket .....	\$4,500.00
Immediate burial with purchaser provided casket .....	\$4,200.00

#### DIRECT CREMATIONS ..... **\$2,795.00 to \$5,000.00**

Our charge for a direct cremation without any attendants, rites or ceremonies includes removal of remains, local transportation to crematory, cremation, refrigeration of remains, necessary services of staff. Discounts available for Hospice, Medical and Associations.

If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition material (with or without an outside covering). The Alternative container price list is available upon request.

1. Direct Cremation with cardboard cremation container (itemized).....	\$3,985.00
Basic Service, Refrigeration, Transfer, Cremation and Authorization	
2. Direct Cremation with purchaser provided container (package) .....	\$3,095.00
3. Direct Cremation with cardboard cremation container (package) .....	\$3,195.00
4. Direct Cremation with wood cremation container selected from our funeral home (in addition to cost of container) (package) .....	\$3,095.00
5. Cremation Processing Fee .....	\$100.00

#### FORWARDING REMAINS TO ANOTHER FUNERAL FIRM

This charge includes removal of remains within 25 miles, necessary services of staff, embalming, necessary authorizations and local transportation to airport. This charge does not include visitation, rites or ceremonies prior to forwarding of the body.

1. With minimum shipping container (in addition to cost of combo unit).....	\$2,900.00
2. With casket selected from our funeral home (in addition to cost of the casket) .....	\$2,900.00
3. Air Tray (Protects casket for transport) .....	\$300.00
4. Combo Unit (When no casket is selected) .....	\$400.00
5. Transport to Orlando / Tampa International Airport .....	\$350.00

#### RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME

This charge includes temporary shelter of remains, transportation of remains to cemetery and necessary services of staff. This charge does not include visitation rites or ceremonies .....	\$2,500.00
Transport from Orlando / Tampa International .....	\$350.00

**ADDITIONAL CHARGES MAY BE INCURRED FOR ANY ADDITIONAL SERVICE WHICH THE FAMILY REQUESTS.**







**FULL PACKAGE SELECTIONS**

These prices are effective as of Jan. 1, 2023, but are subject to change without notice.

Package selections are available to those families choosing merchandise from our facility, all others must select from itemized pricing. Hospice, Medical, Public Service, and Associations are eligible for 10% discounts to package charges.

**OFFERING A: Traditional Service Monday - Friday (Visitation and Service):**

Services of funeral director and staff, transfer of remains to funeral home within 25 miles, embalming, other preparations of the body, use of facilities for viewing (1 day) and funeral ceremony (or services in other facility), hearse, Lead and Errand cars, committal or other disposition service:

Itemized package of above services: .....	\$6,830.00
At Need Price: .....	\$5,500.00
Preneed Price: .....	\$5,300.00

**OFFERING AA: Traditional Cremation Monday - Friday**

Includes all services of Offering A, plus: ceremonial casket, cremation and authorizations. (If service is at funeral home Monday - Friday, deduct \$495.00.)

Itemized package of above services: .....	\$8,820.00
At Need Price: .....	\$6,400.00
Preneed Price: .....	\$6,200.00

**OFFERING B: Traditional Service Monday - Friday (Service Only):**

Services of funeral director and staff, transfer of remains to funeral home within 25 miles, embalming, other preparations of the body, use of facilities for funeral ceremony or service in other facility, hearse, Lead and Errand cars, committal or other disposition service:

Itemized package of above services: .....	\$6,205.00
At Need Price: .....	\$4,800.00
Preneed Price: .....	\$4,500.00

**OFFERING BB: Traditional Cremation Monday - Friday:**

Includes all services of Offering B, plus: ceremonial casket, cremation, and authorizations. (If service is at funeral home Monday - Friday, deduct \$495.00.)

Itemized package of above services: .....	\$8,125.00
At Need Price: .....	\$5,800.00
Preneed Price: .....	\$5,700.00

**OFFERING C: Traditional Service Monday - Friday (Service only-no embalming):**

Services of funeral director and staff, transfer of remains to funeral home within 25 miles, preparation of the body other than embalming, use of facilities for shelter of body and funeral ceremony or service in other facility, hearse, Lead and Errand cars, committal or other disposition service:

Itemized package of above services: .....	\$5,510.00
At Need Price: .....	\$4,200.00
Preneed Price: .....	\$4,100.00

**OFFERING D: CREMATION WITH MEMORIAL SERVICES Monday - Friday**

Services of funeral director and staff, transfer of remains to funeral home within 25 miles, other preparations of the body including refrigeration of remains for required 48 hours, use of facilities for memorial ceremony, and cremation:

Itemized package of above services: .....	\$4,315.00
At Need Price: .....	\$3,800.00
Preneed Price: .....	\$3,700.00

**OFFERING E: ANATOMICAL BOARD Monday - Friday**

Services of funeral director and staff, transfer of remains to funeral home within 25 miles, embalming and other preparations of the body, transfer of remains to Anatomical Board.

Itemized package of above services: .....	\$4,210.00
At Need Price: .....	\$3,500.00
Preneed Price: .....	\$3,400.00

**OFFERING F: Veterans Traditional Service Monday - Friday (Preneed Only)**

Includes Offering A Service for Veteran and Spouse (Preneed Price \$5,500.00 each) plus two minimum caskets. (Veteran casket no charge, spouse at regular price of \$1,095.00)

Non-Veteran: .....	\$13,190.00
Veteran: .....	\$12,095.00

ADDITIONAL CHARGE MAY BE INCURRED FOR ANY ADDITIONAL SERVICES WHICH THE FAMILY REQUESTS.

<p><b>A. CHARGE FOR SERVICES SELECTED</b></p> <p><b>1. Professional Services:</b></p> <p>Basic Services of Funeral Director &amp; Staff .....</p> <p>Embalming .....</p> <p>Other Preparation of Body .....</p> <p>Overtime Charges .....</p> <p><b>2. Facilities, Equipment &amp; Staff:</b></p> <p>Use of Facilities &amp; Staff for Viewing/ Visitation ..</p> <p>Use of Facilities &amp; Staff for Funeral Ceremony ...</p> <p>Use of Facilities &amp; Staff for Memorial Service ...</p> <p>Use of Equipment &amp; Staff for Graveside Service</p> <p>Use of Equipment &amp; Staff for Church Service ....</p> <p><b>3. Transportation:</b></p> <p>Transfer of Remains to Funeral Home .....</p> <p>Hearse .....</p> <p>Limousine .....</p> <p>Sedan .....</p> <p>Service / Utility Vehicle .....</p> <p><b>4. Other Services / Facilities / Equipment:</b></p> <p>.....</p> <p>.....</p> <p>TOTAL OF SERVICES SELECTED ..... \$</p>	<p><b>B. CHARGE FOR MERCHANDISE SELECTED</b></p> <p>Casket (or other receptacle) .....</p> <p style="padding-left: 20px;">Name / No. ....</p> <p style="padding-left: 20px;">Material .....</p> <p style="padding-left: 20px;">Color .....</p> <p>Outer Burial Container .....</p> <p style="padding-left: 20px;">Name / No. ....</p> <p style="padding-left: 20px;">Material .....</p> <p>Acknowledgement Cards .....</p> <p>Register Book .....</p> <p>Memory Folders / Prayer Cards .....</p> <p>Clothing .....</p> <p>Cremation Urn .....</p> <p>.....</p> <p>TOTAL OF MERCHANDISE SELECTED ..... \$</p> <p><b>C. SPECIAL CHARGES</b></p> <p><input type="checkbox"/> Forwarding Remains To:    <input type="checkbox"/> Receiving Remains From:</p> <p>.....</p> <p>Immediate Burial .....</p> <p>Direct Cremation .....</p> <p>Other .....</p> <p>TOTAL OF SPECIAL CHARGES ..... \$</p>	<p><b>CASH ADVANCES</b></p> <p>Certified Copies of Death Certificates</p> <p>    @ \$     each     \$</p> <p>Clergy .....</p> <p>Musician .....</p> <p>Paid Newspaper Notice .....</p> <p>Cemetery .....</p> <p>brewerfuneral.com Obit .....</p> <p>Other .....</p> <p>TOTAL CASH ADVANCES     \$</p> <p>We charge you for our services in obtaining: (specify cash advance items)</p> <p>.....</p> <p>.....</p> <p><b>SUMMARY</b></p> <p>Total Funeral Home Charges ..... \$</p> <p>Local Sales Tax (if applicable) ..... \$</p> <p>State Sales Tax (if applicable) ..... \$</p> <p>Total Cash Advances ..... \$</p> <p align="right"><b>GRAND TOTAL</b>     \$</p> <p>Less Credits and Payments</p> <p>..... \$</p> <p>..... \$</p> <p>Total Credits ..... \$</p> <p align="right"><b>BALANCE DUE</b>     \$</p>
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**East Orlando Chapel**  
895 South Goldenrod Rd.  
Orlando, FL 32822  
(407) 277-4227

**South Seminole Chapel**  
335 East State Rd. 434  
Longwood, FL 32750  
(407) 260-5400

**Winter Park Chapel**  
3806 Howell Branch Rd  
Winter Park, FL 32792  
(407) 678-4500

[www.NewcomerOrlando.com](http://www.NewcomerOrlando.com)

# General Price List

**These prices are effective as of January 24, 2023**  
*(These prices are subject to change without notice.)*

## Our Promise to You

- The best cremation and funeral prices
- Staff that is courteous and understanding
- Facilities that are comfortable and clean
- Services handled with dignity and respect

We guarantee that if you are not 100% satisfied with any aspect of our service, we will make every effort to correct the situation. If we cannot correct it to your satisfaction, you will not be charged for that particular service item.

## **Payment Policy**

We realize that losing someone you love is a devastating experience. It can be traumatic and influence the decisions that must be made. Therefore, it is important to be realistic with respect to funeral expenditures. It is our intention that your decisions reflect your personal wishes and remain within your budget. We believe that *a life well-lived is worth remembering*. We will assist you in creating a meaningful and personal tribute for your loved one. Thank you for allowing us the honor of serving you.

**For your convenience, we accept the following methods of payment determined at the time of arrangement:**

- Cash
- Personal Check (subject to electronic funds verification)
- Credit Card (VISA, MasterCard, or Discover)
- Insurance Assignment (subject to a third-party convenience fee of 3.5%)

*All financial arrangements are made with the Purchaser, and not with the estate of your loved one.*

## General Price List

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. **However, any funeral arrangements you select will include a charge for our basic services and overhead.** If legal or other requirements mean you must buy items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

### Professional Services

<b>Transfer of Remains to Funeral Home</b>	\$345
<b>Transfer of Remains to Local Point of Transportation</b>	\$345
<b>Embalming</b>	\$350
<p>Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement, such as direct cremation or immediate burial, that does not require you to pay for it.</p>	
<b>Other Preparation of the Deceased</b>	
Dressing/Cosmetizing/Normal Restoration	\$150
Bathing and Disinfecting of Unembalmed Remains	\$100
Special Restoration or Autopsy Care	\$100 per hour
Refrigeration/Custodial Care of Unembalmed Remains (after 72 hours, the charge will be \$100 per day)	\$100

### **Basic Services and Overhead of Funeral Director and Staff** \$1,355

Our fee for the basic services of funeral director and staff includes, but is not limited to, staff to respond to initial request for service; arrangement conference with family and responsible parties; arrangement of funeral; preparation and filing of necessary authorizations and permits; recording vital statistics; preparation and placement of obituary notice; care of body; and coordination with those providing other portions of the funeral. Also included in this charge are overhead expenses relative to our facilities such as professional licensing, legal and accounting fees, insurance, building and utility expenses, maintenance, taxes, equipment, furnishings, and administrative expenses.

This fee for our basic **services and overhead** will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains.)

### Supervision & Facilities

<b>Use of Facilities and Staff for Private Family Viewing</b>	\$100
<i>Limited to 30 minutes and 10 people</i>	
<b>Use of Facilities and Staff for Viewing or Gathering Immediately Preceding Ceremony at Our Facility</b>	\$195
<b>Use of Facilities and Staff for Public Viewing or Gathering</b>	\$395
<b>Use of Facilities and Staff for Funeral or Memorial Ceremony</b>	\$250
<b>Use of Facilities and Staff for Overnight Wake in Addition to Viewing</b>	\$350
<b>Supervision of Graveside Ceremony at Cemetery</b>	\$150
<i>This charge does not include equipment used at the cemetery. Prices may vary by cemetery.</i>	
<b>Supervision of Viewing or Gathering Immediately Preceding Ceremony at Other Facility</b>	\$195
<b>Supervision of Public Viewing or Gathering at Other Facility</b>	\$395
<b>Supervision of Funeral or Memorial Ceremony at Other Facility</b>	\$250
<b>Saturday or Sunday Ceremony Fee</b>	\$200
<b>Supervision of Witness Cremation</b>	\$150
<b>Reception Room Rental</b>	\$395

### Automotive Equipment

<b>Hearse</b>	\$350
<b>Limousine (3 hours)</b>	Starting at \$350
<i>After 3 hours, additional \$100/hour</i>	
<b>Charges for all vehicles outside 35 mile radius</b>	\$3.50 per mile, one way

### Merchandise

<b>Wood Caskets*</b>	available from	\$1,155 to \$5,345
<b>Metal Caskets*</b>	available from	\$1,710 to \$7,375
<b>Outer Burial Containers*</b>	available from	\$925 to \$4,785
<b>Urns*</b>	available from	\$110 to \$2,380
<b>Cremation Caskets and Alternative Containers*</b>	available from	\$150 to \$5,345

*\*A complete price list will be provided at the funeral home.*

### Additional Merchandise & Services

Memorial Package - Basic	\$140	Life Stories Personal Tribute DVD	\$45
Memorial Package - Standard	\$170	(if purchased separately from Memorial Package)	
Memorial Package - Premium	\$190	<i>Includes up to 40 photos, additional photos \$1.00 each</i>	
Visitors Register Book (Basic)	\$65	Additional Life Stories DVD (per copy)	\$25
Memorial Folders (Basic, per 100)	\$40	Air Shipping Container	\$325
Additional Memorial Folders (Coordinating, per 50)	\$20	Floral Arrangements	Starting at \$75
Prayer Cards (Basic, per 100)	\$40	Custom Theme Interior	Starting at \$145
Additional Prayer Cards (Coordinating, per 50)	\$20	Crucifix and Crosses	\$25
Acknowledgment Cards (per 25)	\$10	Cremation of Remains	\$350
Color Printing Fee (Basic folders, per 100)	\$15	Shipment of Cremated Remains	Actual Postage
Personalized Programs/Bulletins/Folders (per 100)	\$100	<i>Priority Express via USPS</i>	
Memorial Candle	\$20	Security (Required for Overnight Wakes)	\$300
Laminated Obituary Bookmark	\$3		

### Alternative Selections

**Forwarding of Remains to Another Funeral Home** \$2,545

Our charge for this service includes transfer of remains to funeral home, embalming, dressing, cosmetizing, basic services of funeral director and staff, and transfer of remains to local point of transportation. *This charge does not include use of facilities for viewing or ceremony, shipping charges, any merchandise or cash advance items.*

**Receiving Remains From Another Funeral Home** \$2,050

Our charge for this service includes transfer of remains from local point of transportation to funeral home, basic services of funeral director and staff, and hearse to cemetery. *This charge does not include use of facilities for viewing or ceremony, supervision of graveside ceremony, shipping charges, any merchandise, weekend ceremony fee or cash advance items.*

**Anatomical Donation** \$2,130

**Direct Cremation** available from \$1,345 to \$6,690

Our charge for this service includes transfer of remains to funeral home, refrigeration of unembalmed remains, minimal services of funeral director and staff, and cremation of remains. *This charge does not include preparation of body, our involvement in planning of ceremony, use of facilities for viewing or ceremony, any merchandise or cash advance items.*

If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are cardboard containers. All merchandise must meet crematory requirements.

Direct cremation with container provided by purchaser	\$1,345
Direct cremation with alternative container (cardboard box, no lining)	\$1,495
Direct cremation with cremation casket, alternative container, or wood casket as selected	\$1,495 to \$6,690

**Memorial Cremation Unsupervised** \$2,050

Our charge for this service includes transfer of remains to funeral home, refrigeration, minimal services and overhead of funeral director and staff, assistance in coordination of a memorial ceremony at another location, and cremation fee. *This charge does not include supervision of memorial ceremony, casket or alternative container, urn, any merchandise or cash advance items.*

**Memorial Ceremony when no other services provided** \$1,605

Our charge for this service includes minimal services and overhead of funeral director and staff, gathering and ceremony or supervision of gathering and ceremony at our facility or another on the same day. *This charge does not include urn, any merchandise, weekend ceremony fee or cash advance items.*

**Immediate Burial** available from \$2,300 to \$9,675

Our charge for this service includes transfer of remains to funeral home, refrigeration of unembalmed remains, dressing, basic services of funeral director and staff, and hearse to cemetery. *This charge does not include use of facilities for viewing or ceremony, supervision of graveside ceremony, any merchandise or cash advance items.*

Immediate burial with casket provided by purchaser	\$2,300
Immediate burial with casket as selected	\$3,455 to \$9,675



## Simplified Pricing Plans

Simplified Pricing Plans have been created for your convenience. The following plans represent ceremonies chosen most often by the families we serve. The price of each individual plan reflects the total of the itemized service offerings in the General Price List.

### CREMATION

#### **Funeral Ceremony Followed by Cremation** **\$3,195**

**Ceremony at funeral home or other facility with a public viewing the day before, followed by cremation.** Our charge for this service includes: transfer of remains to funeral home, embalming, dressing, cosmetizing, basic services and overhead of funeral director and staff, use of facilities for viewing and funeral ceremony or supervision of viewing and funeral ceremony at other facility, livestreaming of service in our chapel, and cremation of remains. *This charge does not include casket, rental casket, alternative container, urn, any merchandise, weekend ceremony fee or cash advance items. Additional charges for ceremony outside of funeral home to include vehicles.*

#### **Cremation Followed by Memorial Ceremony** **\$2,495**

**Cremation followed by ceremony, immediately preceded by public gathering at funeral home or other facility.** Our charge for this service includes: transfer of remains to funeral home, refrigeration, minimal services and overhead of funeral director and staff, gathering and ceremony or supervision of gathering and ceremony at our facility or another on the same day, livestreaming of service in our chapel, and cremation of remains. *This charge does not include casket, alternative container, urn, any merchandise, weekend ceremony fee or cash advance items.*

#### **Simple Goodbye® Cremation** **\$1,695**

**Private family viewing prior to cremation.** Our charge for this service includes: transfer of remains to funeral home, bathing, disinfecting, and refrigeration of unembalmed remains, dressing, cosmetizing, minimal services of funeral director and staff, use of facilities for private family viewing (limited to 30 minutes and 10 people), and cremation of remains. *This charge does not include casket or alternative container, urn, public viewing, any merchandise or cash advance items.*

### BURIAL

#### **Funeral Ceremony** **\$3,195**

**Ceremony at funeral home or other facility with a public viewing the day before.** Our charge for this service includes: transfer of remains to funeral home, embalming, dressing, cosmetizing, basic services and overhead of funeral director and staff, use of facilities for viewing and funeral ceremony or supervision of viewing and funeral ceremony at other facility, livestreaming of service in our chapel, hearse to local cemetery, and committal or other disposition service. *This charge does not include limousine(s), casket, outer burial container, any merchandise, weekend ceremony fee or cash advance items.*

#### **Funeral Ceremony with Same-Day Viewing** **\$2,995**

**Ceremony at funeral home or other facility immediately preceded by public viewing at same facility.** Our charge for this service includes: transfer of remains to funeral home, embalming, dressing, cosmetizing, basic services and overhead of funeral director and staff, use of facilities for viewing (immediately prior to ceremony) and funeral ceremony, or supervision of viewing and ceremony at other facility, livestreaming of service in our chapel, hearse to local cemetery, and committal or other disposition service. *This charge does not include limousine(s), casket, outer burial container, any merchandise, weekend ceremony fee or cash advance items.*

#### **Graveside Funeral Ceremony with Same-Day Viewing** **\$2,895**

**Graveside ceremony at cemetery immediately preceded by public viewing.** Our charge for this service includes: transfer of remains to funeral home, embalming, dressing, cosmetizing, basic services and overhead of funeral director and staff, use of facilities for viewing or supervision of viewing at other facility, supervision of graveside ceremony at cemetery, and hearse to local cemetery. *This charge does not include casket, outer burial container, any merchandise, weekend ceremony fee or cash advance items.*

Additional cost for viewing day prior, \$200

### **OPTIONAL PRENEED PRICE GUARANTEE**

We offer both guaranteed and non-guaranteed preneed policies. You may purchase a price guarantee on a pre-need policy by placing an additional 10% of the funeral home services and merchandise selected (not to exceed \$400) into your pre-need contract. These additional funds will protect your family from future cost increases.

69.79.104:012423



806 W. Minneola Avenue  
Clermont, Florida 34711  
352/394-7121  
[www.beckerfamilyfuneral.com](http://www.beckerfamilyfuneral.com)

## Family Owned and Operated

Ron Becker, Owner  
Charles J. Becker, Owner, Funeral Director in Charge  
Joe E. Humphrey, Funeral Director  
Steven Stipanovich, Funeral Director

## GENERAL PRICE LIST

These prices effective as of **January 5, 2011**, but thereafter subject to change without notice.

### Our commitment to the communities we serve:

- To provide the public with information about funerals, including prices, and about the functions, services and responsibilities of funeral directors.
  - To allow an opportunity to all persons to discuss or arrange funerals in advance.
- To make no representation, written or oral, which may be false or misleading, and to apply a standard of total honesty in all dealings.
  - To assure those we serve the right of personal choices and decision in making funeral arrangements.

### Price and Value

We understand that you only have one opportunity to celebrate and recognize the life of your loved one. We also feel we have only one chance to perform our services sensitively and correctly. For over 35 years the Becker family has been adhering to the highest standards of service.

### Payment Policy

**All payments are expected to be made at the arrangement conference, unless other arrangements are made.**

- We accept cash, personal, cashiers or company checks, Visa and MasterCard
- We will accept, in certain instances, verified insurance policies, with assignment. There will be a 7% insurance assignment processing fee.

**Being a small business and the uncertainty regarding estate payments, we are not able to file against estates for payment of our fees.**



The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods you selected.

**BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF \$1700**

Our fee for the services of Funeral Director and staff includes, but is not limited to, staff to respond to initial request for service, arrangement conference with family or responsible party, arrangement of funeral, preparation and filing of necessary authorizations and permits, recording vital statistics, preparation and placement of obituary notices, staff assistance prior to, during and following the funeral, including coordination with those providing other portions of the funeral, e.g. cemetery, crematory and others. Also included in these charges are overhead expenses relative to our facility, such as insurance, maintenance and utility expenses, secretarial and administrative costs, and equipment and inventory costs.

This fee for our basic services and overhead will be added to the total costs of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding and receiving remains.)

**EMBALMING \$ 650**

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with a viewing. If you do not want embalming you usually have the right to choose an arrangement that does not require you to pay for it, such as a direct cremation or immediate burial.

**OTHER PREPARATION OF THE BODY**

- ◆ Refrigeration - Per 24 hour period  
(Florida Law requires refrigeration of an unembalmed body after 24 hours) **\$ 150**
- ◆ Cosmetology, Hairdressing, Dressing and Casketing  
(embalmed or unembalmed) **\$ 200**
- ◆ Special Care of Autopsied Remains **\$ 200**
- ◆ Reconstructive Restoration when necessary - per hour **\$ 150**
- ◆ Washing and Disinfecting Remains when no embalming **\$ 150**

**FACILITIES**

- ◆ **USE OF FACILITIES & STAFF FOR VIEWING/VISITATION**  
Our services will include visitation setup, use of visitation room, placement of casketed remains, display of floral arrangements, supervision and attendance during the visitation or viewing.
  1. **Two-day public visitation (Up to 4 hours per day) \$ 650**
  2. **One-day public visitation (Up to 4 hours) \$ 400**
- ◆ **USE OF EQUIPMENT & STAFF FOR VIEWING VISITATION AT OTHER FACILITY \$ 400**  
Our services will include local transportation of casketed remains, visitation setup, placement of casketed remains, necessary equipment and supervision and attendance during visitation.
- ◆ **USE OF FACILITIES & STAFF FOR FUNERAL CEREMONY \$ 400**  
Our services include coordinating the funeral arrangements, supervision of funeral, set-up and use of facility, and staff to attend the funeral ceremony.
- ◆ **USE OF EQUIPMENT & STAFF FOR SERVICES AT OTHER FACILITY \$ 400**  
Our services include coordinating the funeral arrangements, setup at facility, and equipment and additional staff necessary to conduct funeral at other facility.
- ◆ **USE OF EQUIPMENT & STAFF FOR GRAVESIDE SERVICE \$ 350**  
Our services include coordinating the funeral arrangements at graveside, supervision of the graveside service, equipment and staff necessary to conduct the graveside service.
- ◆ **USE OF FACILITIES & STAFF FOR MEMORIAL SERVICE \$ 400**  
Our service include coordinating the memorial service, supervision of the memorial service, staff to attend memorial service, and setup and use of our facilities (or additional equipment and staff for service at other facility) for memorial service.
- ◆ **USE OF EQUIPMENT & STAFF FOR COMMITTAL SERVICE \$ 150**  
Following a Funeral or Memorial Ceremony
- ◆ **PRIVATE VIEWING \$ 125**  
(30 minutes viewing of unembalmed remains for immediate family)
- ◆ **SUNDAY SERVICES - Additional Charge \$ 200**



### **IMMEDIATE BURIAL**

Our charge for immediate burial without any attendant rites or ceremonies includes:

- ◆ Services of the Funeral Director and Staff
- ◆ Transfer from place of death to the funeral home (35 mile radius)
- ◆ Refrigeration
- ◆ Transportation to local cemetery

<b>IMMEDIATE BURIAL WITH CONTAINER PROVIDED BY PURCHASER</b>		<b>\$ 1750</b>
<b>IMMEDIATE BURIAL WITH CASKET AS SELECTED</b>	<b>\$9145 to</b>	<b>\$ 2795</b>
<b>IMMEDIATE BURIAL WITH CLOTH COVERED CASKET</b>		<b>\$ 2650</b>

### **RECEIVING REMAINS FROM ANOTHER FUNERAL HOME**

Our charge for receiving remains from another funeral home includes:

- ◆ Services of the Funeral Director and Staff
- ◆ Transportation from airport/railroad station
- ◆ Temporary shelter of remains
- ◆ Transportation to cemetery or crematorium

This charge does not include any funeral merchandise, visitation, rites or ceremonies.

<b>RECEIVING REMAINS FROM ANOTHER FUNERAL HOME</b>		<b>\$ 1475</b>
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### **FORWARDING REMAINS TO ANOTHER FUNERAL HOME**

Our charge for forwarding remains to another funeral home includes:

- ◆ Services of the Funeral Director and Staff
- ◆ Transfer from place of death to the funeral home (35 mile radius)
- ◆ Embalming
- ◆ Local transportation to airport/railroad station

This charge does not include visitation, rites, or ceremonies.

<b>FORWARDING REMAINS TO ANOTHER FUNERAL HOME</b> (With transfer combo)		<b>\$ 1625</b>
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### **FORWARDING REMAINS TO ANOTHER FUNERAL HOME**

(With casket selected from our Funeral Home –  
In addition to cost of casket, air tray included)

**\$ 1625**

### **DIRECT CREMATION**

Our charge for direct cremation without any attendant rites or ceremonies include:

- ◆ Services of the Funeral Director and Staff
- ◆ Transfer from place of death to the crematorium (35 mile radius)
- ◆ Cremation Charge
- ◆ Refrigeration

**If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The alternative container we provide is made of lightweight corrugated cardboard.**

<b>DIRECT CREMATION PRICE - With container provided by purchaser</b>	<b>\$1200</b>
<b>DIRECT CREMATION PRICE - With minimum alternative container</b>	<b>\$1295</b>
<b>DIRECT CREMATION PRICE - With Trayview alternative container</b>	<b>\$1475</b>
<b>DIRECT CREMATION PRICE - with casket purchased from our funeral home</b> (Does not include the cost of the casket)	<b>\$1200</b>

### **FORWARDING REMAINS FOR ANATOMICAL DONATION**

Our charge for forwarding remains to Anatomical Board includes:

- ◆ Services of the Funeral Director and Staff
- ◆ Transfer from place of death to the funeral home (35 mile radius)
- ◆ Embalming
- ◆ Transportation to Anatomical Board

This charge does not include any funeral merchandise, facilities for visitation, rites, or ceremonies.

<b>FORWARDING REMAINS TO ANATOMICAL DONATION</b>	<b>\$1750</b>
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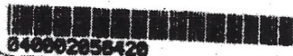
APPLICATION FOR LIFE INSURANCE  
FINAL EXPENSE  
PLEASE PRINT LEGIBLY

JUN 19 2012

Executive Office:  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

<b>1. OWNER INFORMATION</b>							
Name <b>JULIO CARRION</b>					Phone <b>904-342-5357</b>		
Address <b>2629 JUAREZ AVE</b>					City <b>ST AUGUSTINE</b>		State <b>FL</b>
					Zip <b>32806</b>		
<b>2. APPLICANT INFORMATION</b>							
Name <b>JULIO CARRION</b>					Relationship to Owner <b>SELF</b>		Height <b>5-06</b>
Address <b>2629 JUAREZ AVE</b>					Phone <b>904-342-5357</b>		Weight <b>180</b>
City <b>ST AUGUSTINE</b>					State <b>FL</b>		Zip <b>32806</b>
Age <b>62</b>					Date of Birth <b>12-12-1949</b>		Sex <b>F</b>
Primary Beneficiary <b>DONNA M. INGRAM</b>					Relationship <b>MARTIAL</b>		Coverage Amount <b>\$4,000</b>
Contingent Beneficiary					Relationship		Monthly Premium
<b>3. RIDER OPTIONS</b>							
Child Rider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>    </u> Unit(s) Per Child				AD&D Rider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>    </u> Unit(s)		Rider Premium \$	
Health questions also apply to all children on the rider.							
Name(s) of Child Rider Applicant(s)		Date of Birth	Sex	Relationship to Owner	Primary Beneficiary (Is owner unless otherwise stated)		
<b>4. PLAN</b>							
<input checked="" type="checkbox"/> Final Expense Non-Tobacco		<input type="checkbox"/> 15 Year Pay Modified Death Benefit		<input checked="" type="checkbox"/> Checking		<input type="checkbox"/> Annual	
<input type="checkbox"/> Final Expense Tobacco				<input type="checkbox"/> Savings		<input type="checkbox"/> Semi-Annual	
<input type="checkbox"/> 20 Year Pay Non-Tobacco						<input type="checkbox"/> Quarterly	
<input type="checkbox"/> 20 Year Pay Tobacco						<input type="checkbox"/> Monthly Direct	
				DUE DATE		TOTAL MONTHLY PREMIUM	
				<b>20</b>		<b>\$26.25</b>	
				(1st thru 20th only)		<b>21.85</b>	
				of each month			
<b>5. TOBACCO QUESTION</b>							
a. Has any proposed insured used any form of tobacco in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>6. UNINSURABLE CONDITIONS</b>							
a. Has any proposed insured been diagnosed, by a licensed member of the medical profession, with a terminal illness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
b. Has any proposed insured been tested positive for exposure to the HIV infection or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection or other sickness or condition derived from such infection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
c. Is any proposed insured currently incarcerated, hospitalized, receiving hospice care or in a licensed care facility, a nursing home facility, assisted living facility, adult family-care home, board and care facility or adult care facility that has medical care available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>7. SIGNIFICANT HEALTH CONDITIONS</b> - If the answer to any health question is "Yes," your death benefit will be modified.							
a. Has any proposed insured been hospitalized two or more times in the past six months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
b. If under age 25, has any proposed insured been diagnosed, by a licensed member of the medical profession, with cerebral palsy, cystic fibrosis, muscular dystrophy or multiple sclerosis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
c. In the past two years, has any proposed insured had, been diagnosed with, been treated for, by a licensed member of the medical profession, or taken prescription medication for any of the following conditions:							
1. Heart disease, including heart attack, heart surgery, congestive heart failure or angina pectoris? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
2. Alzheimer's disease or dementia, organic brain syndrome, ALS (Lou Gehrig's disease) or does any proposed insured need assistance performing their Activities of Daily Living, including feeding, bathing or dressing themselves? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
3. Disease of the circulatory system, including stroke, TIA (Transient Ischemic Attack) or aneurysm, or has any proposed insured had or been advised to have surgery to improve circulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
4. Cancer or any form of malignancy other than basal cell skin cancer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
5. Disease of the lungs, other than asthma, including COPD (Chronic Obstructive Pulmonary Disease) or emphysema; oxygen to assist in breathing; liver disease, including cirrhosis or hepatitis C; kidney disease, including kidney dialysis; organ transplant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
6. Alcohol abuse or drug abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
7. Complications of diabetes including insulin shock, amputation, diabetic coma, blindness or kidney disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
d. Has any proposed insured had or been advised, by a licensed member of the medical profession, to have a diagnostic test for which results have not yet been received? (If yes, provide complete details in Section 9) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>8. NON-MEDICAL QUESTION</b>							
a. Do all proposed insureds permanently reside in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>HOME OFFICE USE ONLY</b>							
Plan	Policy #	FCGS Membership #	UW Approval	Issue Type	Date	Initials	
<b>310</b>							

FEAPP07-FL



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**Lincoln Heritage**  
LIFE INSURANCE COMPANY

August 31, 2012

Donna M Ingram  
2629 Juarez Ave  
St Augustine FL 32086-5331

RE: Policy #04-2056420, Julio Carrion

Dear Ms. Ingram:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the final claim papers yesterday, and our check for \$4,005.26 is enclosed. Included with the proceeds is an additional \$5.26 which represents interest.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

Keith Perkins  
Vice President

YKP/cc

Enclosure

Pol: 04-0002056420 FCGS: Y  
Dec: Julio Carrion  
Date Reported: 08/06/2012  
Bene Phn: 0000000000

Caller: Cj  
Phn: 9048241872 Rel: Fh  
Agt: 84033 Act: Y MMCA: 0006  
Agt Name: Cerardo DiLoreto

4343 East Camelback Road  
Suite 400  
Phoenix, AZ 85018-2705  
www.lhlic.com  
Toll Free (800) 433-8181  
Direct (602) 957-1650  
Fax (602) 840-9726

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**Lincoln Heritage**  
LIFE INSURANCE COMPANY

**SOLICITUD DE  
SEGURO DE VIDA INDIVIDUAL  
ESCRIBA CLARAMENTE CON LETRA DE MOLDE**

Oficinas Ejecutivas:  
4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705

<b>INFORMACION DEL PROPIETARIO</b>			
Nombre		Teléfono	
Correo electrónico		Ciudad	
Dirección		Estado	
		Código postal	
<b>INFORMACION DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos</b>			
Nombre <u>Lisnel Yanez Mojica Canacho</u>		Relación con el Propietario <u>Mi Saco</u>	
Dirección <u>407- 724- 2000</u>		Ciudad <u>Ovando</u> Estado <u>FL</u> Código postal <u>32432</u>	
Teléfono <u>407- 724- 2000</u> NSS <u>599- 2000</u>		Edad <u>24</u> Fecha de nacimiento <u>3-01- 1992</u> Sexo <u>M</u>	
Destinatario secundario (nombre y dirección)			
Beneficiario primario <u>Jailen A. Rios Rivas</u>		Relación <u>Esposa</u>	
Dirección		Teléfono	
Beneficiario contingente <u>Ibelys Canacho</u>		Relación <u>Madre</u>	
		Cantidad de la Cobertura <u>\$6,750</u>	
		Prima mensual \$	
<b>OPCIONES DE ADITAMENTOS</b>			
Aditamento para Hijos <u>NO</u>		Aditamento de AD&D <input checked="" type="checkbox"/> SI <input type="checkbox"/> No <u>1</u> Unidades	
Unidades por hijo		Prima del aditamento \$	
<b>PLAN</b>		<b>METODO DE PAGO</b>	
<input type="checkbox"/> Gastos finales		<input checked="" type="checkbox"/> Giro mensual	
<input checked="" type="checkbox"/> Pago de 20 años		<input type="checkbox"/> Anual <input type="checkbox"/> Trimestral	
<input type="checkbox"/> Beneficio por fallecimiento Modificado		<input type="checkbox"/> Semestral <input type="checkbox"/> Directo mensual	
		Fecha de pago <u>13</u>	
		(1 al 28 únicamente)	
		PRIMA MENSUAL TOTAL <u>\$24.95</u>	
<b>PREGUNTA SOBRE TABACO</b>			
En los últimos doce (12) meses, ¿el solicitante ha consumido alguna forma de tabaco? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
<b>CONDICIONES NO ASEGURABLES</b>			
1. ¿Un médico le diagnosticó positivamente al solicitante una enfermedad terminal? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
2. Según su leal saber y entender, ¿el solicitante ha dado resultado positivo por exposición a la infección del VIH o fue diagnosticado con SIDA o ARC causado por la infección del VIH u otra enfermedad o condición proveniente de dicha infección? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
3. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encarcelado, en un centro de atención o recibiendo cuidados paliativos? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
<b>ENFERMEDADES SIGNIFICATIVAS: si la respuesta es "SI" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado</b>			
En los últimos dos (2) años, el solicitante ha sido diagnosticado o recibido tratamiento de un médico, o ha tomado medicamentos para cualquiera de las siguientes enfermedades:			
1. ¿Enfermedad cardíaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
3. ¿Cáncer aparte del cáncer en las células basales de la piel? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
7. ¿Abuso de alcohol o drogas? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
9. ¿Al solicitante se le ha realizado o recomendado una prueba de diagnóstico relacionada con alguna de las preguntas anteriores, excepto con aquellas relacionadas con el Virus de Inmunodeficiencia Humana (virus del SIDA), de la que todavía no se hayan recibido los resultados? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
<b>REEMPLAZO</b>			
1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No			
Si la respuesta a la pregunta dos (2) es "SI", detalle la compañía y número de póliza <u>5700030</u>			
<b>PRÉSTAMO AUTOMÁTICO DE PRIMAS</b>		<b>ENTREGA</b>	
¿Se solicita el Préstamo Automático de Primas? <input checked="" type="checkbox"/> SI <input type="checkbox"/> No		Enviar la póliza por correo al: <input checked="" type="checkbox"/> Propietario <input type="checkbox"/> Productor	
Yo autorizo a cualquier farmacia o administrador de beneficios de farmacia que tenga un historial de mis medicamentos con receta médica que proporcione dicha información a Lincoln Heritage Life Insurance Company o a sus reaseguradores con el propósito de evaluar mi solicitud de seguro. La información de salud que obtengan no podrá ser divulgada sin mi autorización a menos que lo permita la ley, en cuyo caso puede no estar protegida bajo las leyes federales de privacidad. Esta autorización será válida por dos (2) años a partir de esta fecha y puede ser revocada al enviar un aviso por escrito a Lincoln Heritage Life Insurance Company.			
Cualquier persona que conscientemente y con intención de dañar, defraudar, o engañar a cualquier aseguradora presente una declaración de reclamo o una solicitud que contenga cualquier información falsa, incompleta, o engañosa es culpable de un delito en tercer grado.			
Yo declaro que las respuestas que he dado son verdaderas según mi leal saber y entender. Entiendo que la Compañía dependerá de mis respuestas para emitir el seguro. Entiendo que la cobertura entra en vigencia cuando la Compañía haya aprobado esta solicitud y se pague la primera prima.			
Firma del Propietario <u>[Firma]</u>		Firma del Solicitante <u>[Firma]</u>	
Firmado en el Estado <u>Florida</u>		Fecha <u>5-25-16</u>	
<b>CONFIRMACIÓN DEL PRODUCTOR</b>			
¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante? <input type="checkbox"/> SI <input checked="" type="checkbox"/> No Según mi leal saber y entender, el reemplazo <input type="checkbox"/> está <input checked="" type="checkbox"/> no está involucrado en esta transacción. Si está involucrado el reemplazo, yo le presenté y leí al solicitante un aviso relacionado con el reemplazo.			
Firma del Productor <u>[Firma]</u>		Número del Productor <u>ET-010</u>	
Nombre escrito con letra de molde <u>Edgardo Diaz</u>		Número de licencia de Florida <u>2-20</u>	







**Lincoln Heritage**  
LIFE INSURANCE COMPANY

June 10, 2016

Jaillen A Rios Rivera  
~~32822-2730~~  
Orlando FL 32822-2730

RE: Policy #57-3000387, Israel Mojica Camacho

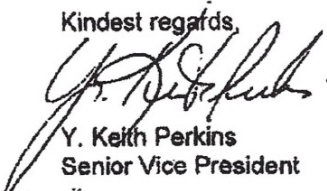
Dear Mrs. Rios Rivera:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the claim papers, and our check for \$11,751.48 has been sent to you. Included with the proceeds is an additional \$5,001.48 which represents the accidental death benefit and interest.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

  
Y. Keith Perkins  
Senior Vice President

YKP/lr

Enclosure

*Our Business is You*

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705  
www.lhlc.com  
Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Marketing Support: (800) 750-8404  
Fax: (602) 840-9726





JF JAN 28 2014



APPLICATION FOR INDIVIDUAL LIFE INSURANCE PLEASE PRINT LEGIBLY

Executive Offices: 4343 East Camelback Road, Suite 400 Phoenix, AZ 85018-2705

<b>OWNER INFORMATION</b>			
Name	Angelia Lucretia King		
Email	Phone	[REDACTED]	
Address	1124 Roan Ct	City	Kissimmee State FL Zip 34759
<b>APPLICANT INFORMATION - All applicants must permanently reside in the United States.</b>			
Name	Mack King	Relationship to Owner	father
Address	1124 Roan Ct.	City	Kissimmee State FL Zip 34759
Phone	SSN [REDACTED]	Age	79 Date of Birth 08-17-33 Sex Male
Secondary Addressee (Name and Address)	(40)		
Primary Beneficiary	Angelia L. King	Relationship	daughter
Address	Phone [REDACTED]	Coverage Amount	\$ 8,500
Contingent Beneficiary	Tamara King	Relationship	daughter Monthly Premium \$
<b>RIDER OPTIONS</b>			
Child Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit(s) Per Child	AD&D Rider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1 Unit(s) Rider Premium \$
<b>PLAN</b>	<b>PAYMENT METHOD</b>	<b>DUE DATE</b>	<b>TOTAL MONTHLY PREMIUM</b>
<input type="checkbox"/> Final Expense <input type="checkbox"/> 20 Year Pay <input checked="" type="checkbox"/> Modified Death Benefit	<input checked="" type="checkbox"/> Monthly Draft <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly Direct	15th (1st thru 28th only)	\$ 164.47
<b>TOBACCO QUESTION</b>			
In the past twelve (12) months, has the applicant used any form of tobacco? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>UNINSURABLE CONDITIONS</b>			
1. Has the applicant been positively diagnosed by a physician as having a terminal illness? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. To the best of your knowledge and belief has the applicant been tested positive for exposure to the HIV infection, or been diagnosed as having ARC or AIDS caused by the HIV infection, or other sickness or condition derived from such infection? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is the applicant currently bedridden, hospitalized, incarcerated, in a care facility, or receiving hospice care? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>SIGNIFICANT HEALTH CONDITIONS - If the answer to any health question is "Yes", your death benefit will be modified.</b>			
In the past two (2) years, has the applicant been diagnosed with, been treated by a physician, or taken medication for any of the following conditions:			
1. Disease of the heart, including heart attack, heart surgery, or congestive heart failure? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Cancer, other than basal cell skin cancer? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Disease of the lungs, including COPD or emphysema, other than asthma? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Disease of the liver or kidney, or had an organ transplant? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Alzheimer's disease, dementia, organic brain syndrome, or ALS (Lou Gehrig's disease)? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Alcohol or drug abuse? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Complications of diabetes, including amputation, diabetic coma, blindness, or kidney disorder? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Has the applicant had or been advised to have a diagnostic test relating to any of the questions listed above, except for those relating to the Human Immunodeficiency Virus (AIDS virus), for which results have not yet been received? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>REPLACEMENT</b>			
1. Does the applicant have existing life insurance or annuity contracts? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Will this policy replace or change other insurance or annuities? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If question two (2) is answered "yes", list company and policy #			
<b>AUTOMATIC PREMIUM LOAN</b>		<b>DELIVERY</b>	
Is Automatic Premium Loan requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Mail Policy to: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Producer	
I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case, it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company. Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that coverage takes effect when this application has been approved by the Company and the first premium is paid.			
Signature of Owner [Signature]		Signature of Applicant Mack King	
Signed in State Florida		If fifteen (15) years or older Date 1/27/2014	
<b>PRODUCER'S CONFIRMATION</b>			
Are there existing life insurance and/or annuity contracts on the life of the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To the best of my knowledge, replacement <input type="checkbox"/> is <input checked="" type="checkbox"/> is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.			
Signature of Producer [Signature]		Producer's Number 04-96651-1	
Printed Name Yesenia Rojas		Florida License Number W176350	

12FEAPRA-FL

V1





**Lincoln Heritage**  
LIFE INSURANCE COMPANY



April 17, 2014

Angelia L King  
1124 Roan Ct  
Kissimmee FL 34759-7030

RE: Policy #04-2396881, Mack King

Dear Ms. King:

We received the Medical Examiner's Report and have reviewed the information. We are pleased to inform you that the Accidental Death Benefit on the policy has been deemed payable along with the full face of the life portion. Enclosed is our check for \$12,818.03 which represents the benefit amount minus the \$178.71 which was previously sent to you. Included with the proceeds is an additional \$15.74 which represents interest.

Please let us know if you have any questions concerning this matter.

Sincerely,

Cathy Courcey  
Policy Benefits Department

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4343 East Camelback Road  
Suite 400  
Phoenix, AZ 85018-2705  
[www.lhlic.com](http://www.lhlic.com)  
Toll Free (800) 433-8181  
Direct (602) 957-1650  
Fax (602) 840-9726



**SOLICITUD DE SEGURO DE VIDA INDIVIDUAL**  
 ESCRIBA CLARAMENTE CON LETRA DE MOLDE

**Oficinas Ejecutivas:**  
 4343 East Camelback Road, Suite 400  
 Phoenix, AZ 85018-2705

**INFORMACION DEL PROPIETARIO**

Nombre **Karina** Inicial **D** Apellido **Villalobos Gomez**

Correo electrónico \_\_\_\_\_ Teléfono \_\_\_\_\_

Dirección \_\_\_\_\_ # de Apt \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado **TX** Código postal **77378**

**INFORMACION DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos.**

Nombre **Mercedes** Inicial \_\_\_\_\_ Apellido **Fernandez** Relación con el Propietario **Abuelo/a**

Dirección \_\_\_\_\_ # de Apt \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado **TX** Código postal **77378**

Teléfono \_\_\_\_\_ NSS \_\_\_\_\_ Edad **81** Fecha de nacimiento **05/1939** Sexo  Masculino  Femenino

**INFORMACION DEL BENEFICIARIO**

Nombre Primario **Karina** Inicial **D** Apellido **Villalobos Gomez** Relación **100% Nieto/a**

Dirección \_\_\_\_\_ Teléfono \_\_\_\_\_

Nombre Contingente **Victor** Inicial **A** Apellido **Perdomo Villalobos** Relación **100% Nieto/a**

Cantidad de la cobertura \$	5000
Prima Mensual \$	76.65
Prima del Aditamento \$	2.25
PRIMA MENSUAL TOTAL \$	78.90

**OPCIONES DE ADITAMENTOS**

Aditamento para hijos  SI  No **0** Unidades por hijo Aditamento de AD&D  SI  No **1** Unidades

**PLAN**  Gasto final  Pago de 20 años  Beneficio por fallecimiento modificado

**METODO DE PAGO**  Giro mensual  Anual  Semestral  Trimestral  Directo mensual

**FECHA DE PAGO** **15** (1al 28 únicamente)

**PREGUNTA SOBRE TABACO** En los últimos 12 meses, ¿el solicitante ha consumido alguna forma de tabaco?  Si  No

**CONDICIONES NO ASEGURABLES**

1. ¿El solicitante ha tenido un resultado positivo para VIH, un médico le diagnosticó SIDA o una expectativa de vida de doce (12) meses o menos?  Si  No

2. ¿El solicitante está actualmente confinado a la cama, hospitalizado, en un centro de atención o recibiendo cuidados paliativos?  Si  No

**ENFERMEDADES SIGNIFICATIVAS: si la respuesta es "SI" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado.**

En los últimos dos (2) años, el solicitante ha sido diagnosticado, recibido tratamiento de un médico o tomado medicamentos para cualquiera de las siguientes enfermedades:

1. ¿Enfermedad cardiaca, incluyendo ataques cardíacos, cirugía cardiaca, o insuficiencia cardiaca congestiva?  Si  No

2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación?  Si  No

3. ¿Cáncer aparte del cáncer en las células basales de la piel?  Si  No

4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema?  Si  No

5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos?  Si  No

6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)?  Si  No

7. ¿Abuso de alcohol o drogas?  Si  No

8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal?  Si  No

9. ¿Al solicitante se le ha realizado o recomendado una prueba de diagnóstico relacionada con alguna de las preguntas anteriores, excepto con aquellas relacionadas con el Virus de Inmunodeficiencia Humana (virus del SIDA), de la que todavía no se hayan recibido los resultados?  Si  No

**REEMPLAZO**

1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades?  Si  No

2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades?  Si  No

Si la respuesta a la pregunta dos (2) es "SI", detalle La compañía \_\_\_\_\_ No. de póliza \_\_\_\_\_

**PRESTAMO AUTOMATICO DE PRIMAS** ¿Se solicita el Préstamo Automático de Primas?  SI  No **ENTREGA** Enviar la póliza por correo al:  Propietario  Productor

Yo autorizo a cualquier farmacia o administrador de beneficios de farmacia que tenga un historial de mis medicamentos con receta médica que proporcione dicha información a Lincoln Heritage Life Insurance Company o a sus reaseguradores con el propósito de evaluar mi solicitud de seguro. La información de salud que obtenga no podrá ser divulgada sin mi autorización a menos que lo permita la ley, en cuyo caso puede no estar protegida bajo las leyes federales de privacidad. Esta autorización será válida por dos (2) años a partir de esta fecha y puede ser revocada al enviar un aviso por escrito a Lincoln Heritage Life Insurance Company.

Cualquier persona que deliberadamente presente una declaración falsa en la solicitud del seguro puede ser culpable de un delito criminal y estar sujeta a penalizaciones de acuerdo con las leyes estatales. Yo declaro que las respuestas que he dado son verdaderas según mi leal saber y entender. Entiendo que la Compañía dependerá de mis respuestas para emitir el seguro. Entiendo que la cobertura entra en vigencia cuando la Compañía haya aprobado esta solicitud y se pague la primera prima.

Firma del Propietario **GRABADA** Firma del Solicitante **GRABADA** Firmado en el Estado **TX** Fecha **07/21/2020**

**CONFIRMACION DEL PRODUCTOR** ¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante?  SI  No Según mi leal saber y entender, el reemplazo  está  no está involucrado en esta transacción. Si está involucrado el reemplazo, yo le presenté y leí al solicitante un aviso relacionado con el reemplazo.

Firma del Productor **GRABADA** Número del Productor \_\_\_\_\_

Nombre del Productor \_\_\_\_\_ Apellido del Productor **Rivas**

**INSCRIPCION DE FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS); beneficio gratis**

Les agradeceré inscribirme como miembro sin derecho a voto de FCGS:  SI  No

ICC13FEAPPR PV Ref # \_\_\_\_\_

**ADVERTENCIA** - Esta es la traducción de un documento originalmente redactado en inglés. Consecuentemente, hágase saber que todos los derechos legales, responsabilidades y/u obligaciones expresadas en el mismo se regirán por la versión original del documento expedido en inglés y esta misma controlará en caso de cualquier disputa, queja, o litigio.

**NOTICE** - This is a translation of a document originally drawn up in English. Accordingly, it is understood that all the legal rights, responsibilities and/or obligations are governed by the original English version of this document and shall control in any disputes, complaints or litigation.





**Lincoln Heritage**<sup>®</sup>  
LIFE INSURANCE COMPANY



August 21, 2020

Karina D Villalobos Gomez

[Redacted]  
[Redacted], TX 77378-8601

RE: Policy [Redacted] Mercedes Fernandez

Dear Ms. Gomez:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

Our payment of \$5,007.95 has been deposited into your account as requested and enclosed is an explanation of benefits.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please either write us a note and return it to us in the envelope provided, or visit our website at [www.lhlic.com/feedback](http://www.lhlic.com/feedback) and submit a review. We look forward to hearing from you.

Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

Y. Keith Perkins  
Senior Vice President

YKP/sk

Enclosure

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705  
[www.lhlic.com](http://www.lhlic.com)  
Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Claims: (855) 706-2396  
Fax: (602) 808-8845





**Lincoln Heritage**<sup>®</sup>  
LIFE INSURANCE COMPANY

September 19, 2019

Yolanda Martinez  
305 Maul Ln  
Orlando, FL 32812-2417

RE: Policy [REDACTED], Ismael Vazquez-Gaspar

Dear Ms. Martinez:

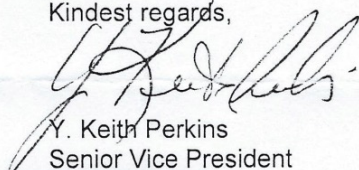
Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the claims papers. An explanation of benefits is enclosed. As soon as we receive a certified copy of the death certificate, we will process the remaining balance on the claim.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please either write us a note and return it to us in the envelope provided, or visit our website at [www.lhlic.com/feedback](http://www.lhlic.com/feedback) and submit a review. We look forward to hearing from you.

Please be in touch with us any time we can be of further assistance to you.

Kindest regards,



Y. Keith Perkins  
Senior Vice President

Pol: 57-[REDACTED] FCGS: Y  
Dec: Ismael Vazquez-Gaspar  
Date Reported: 09/17/2019  
Bene Phn: [REDACTED]

YKP/cg

Enclosure

Caller: [REDACTED]  
Phn: [REDACTED] Rel: [REDACTED]  
Agt: [REDACTED] Act: N MMGA: 0006  
Agt Name: Salma Miranda

Site 400

Phone: 408 801-5705  
[www.lhlic.com](http://www.lhlic.com)

Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Marketing Support: (800) 750-6404  
Fax: (602) 840-9726





**Lincoln Heritage**<sup>®</sup>  
LIFE INSURANCE COMPANY

September 19, 2019

Yolanda Martinez  
[REDACTED]

Orlando, FL 32812-2417

Deceased: Ismael Vazquez-Gaspar

**EXPLANATION OF DEATH CLAIM BENEFITS**

---

Policy Number:	57-[REDACTED]
Check Date:	September 18, 2019
Check Paid to:	Yolanda Martinez

---

Death Benefit	\$8,500.00
Interest (See check stub for details)	1.86
Refund of Premium	42.58
Minus: Amount Assigned to Funeral Consumer Guardian Society	-7,115.00

---

<b>Remaining Benefit Amount</b>	<b>\$1,429.44</b>
---------------------------------	-------------------

If you have any questions, please contact us at 1-855-706-2396.

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705  
www.lhlic.com  
Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Marketing Support: (800) 750-6404  
Fax: (602) 840-9726



**INFORMACION DEL PROPIETARIO**

Nombre **Victor** Inicial \_\_\_\_\_ Apellido **Garcia-Lara**  
 Correo electrónico \_\_\_\_\_ @ \_\_\_\_\_ Teléfono \_\_\_\_\_  
 Dirección **126** # de Apt \_\_\_\_\_ Ciudad **Winter Haven** Estado **FL** Código postal **33880**

**INFORMACION DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos.**

Nombre **Victor** Inicial \_\_\_\_\_ Apellido **Garcia-Lara** Relación con el Propietario **Mismo**  
 Dirección **126** # de Apt \_\_\_\_\_ Ciudad **Winter Haven** Estado **FL** Código postal **33880**  
 Teléfono: \_\_\_\_\_ NSS \_\_\_\_\_ Edad **54** Fecha de nacimiento \_\_\_\_\_ 1967 Sexo  Masculino  Femenino

**Destinatario secundario (con el fin de notificar pagos adeudados de primas y posible lapso en la cobertura)**

Nombre y dirección \_\_\_\_\_

**INFORMACION DEL BENEFICIARIO**

Nombre Primario **Eliud** Inicial \_\_\_\_\_ Apellido **Santiago-Lopez** Relación **Esposa 100%**  
 Dirección \_\_\_\_\_ Teléfono \_\_\_\_\_  
 Nombre Contingente **Cristian** Inicial **Noe** Apellido **Garcia Santiago** Relación **Hijo 100%**  
 Opciones de Aditamentos: Aditamento para hijos  Si  No Unidades por hijo **0** Aditamento de AD&D  Si  No Unidades **5**  
 PLAN  Gasto final  Pago de 20 años  Beneficio por fallecimiento modificado  
 METODO DE PAGO  Giro mensual  Anual  Semestral  Trimestral  Directo mensual  
 FECHA DE PAGO **5** (1al 28 únicamente)  
 Cantidad de la cobertura \$ **14000 00**  
 Prima Mensual \$ **66 28**  
 Prima del Aditamento \$ **5 00**  
 PRIMA MENSUAL TOTAL \$ **71 28**

**PREGUNTA SOBRE TABACO** En los últimos 12 meses, ¿el solicitante ha consumido alguna forma de tabaco?  Si  No

**CONDICIONES NO ASEGURABLES**

1. ¿Un médico le diagnosticó positivamente al solicitante una enfermedad terminal?  Si  No  
 2. Según su leal saber y entender, ¿el solicitante ha dado resultado positivo por exposición a la infección del VIH o fue diagnosticado con SIDA o ARC causado por la infección del VIH u otra enfermedad o condición proveniente de dicha infección?  Si  No  
 3. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encarcelado, en un centro de atención o recibiendo cuidados paliativos?  Si  No

**ENFERMEDADES SIGNIFICATIVAS: si la respuesta es "SI" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado.**  
 En los últimos dos (2) años, el solicitante ha sido diagnosticado o recibido tratamiento de un médico, o ha tomado medicamentos para cualquiera de las siguientes enfermedades:

1. ¿Enfermedad cardíaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva?  Si  No  
 2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación?  Si  No  
 3. ¿Cáncer aparte del cáncer en las células basales de la piel?  Si  No  
 4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema?  Si  No  
 5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos?  Si  No  
 6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)?  Si  No  
 7. ¿Abuso de alcohol o drogas?  Si  No  
 8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal?  Si  No  
 9. ¿Al solicitante se le ha realizado o recomendado una prueba de diagnóstico relacionada con alguna de las preguntas anteriores, excepto con aquellas relacionadas con el Virus de Inmunodeficiencia Humana (virus del SIDA), de la que todavía no se hayan recibido los resultados?  Si  No

**REEMPLAZO** 1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades?  Si  No  
 2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades?  Si  No  
 Si la respuesta a la pregunta dos (2) es "sí", detalle: **La compañía** No. de póliza \_\_\_\_\_

**PRESTAMO AUTOMÁTICO DE PRIMAS** ¿Se solicita el Préstamo Automático de Primas?  Sí  No **ENTREGA** Enviar la póliza por correo al:  Propietario  Productor

Yo autorizo a cualquier farmacia o administrador de beneficios de farmacia que tenga un historial de mis medicamentos con receta médica que proporcione dicha información a Lincoln Heritage Life Insurance Company o a sus reaseguradores con el propósito de evaluar mi solicitud de seguro. La información de salud que obtengan no podrá ser divulgada sin mi autorización a menos que lo permita la ley, en cuyo caso puede no estar protegida bajo las leyes federales de privacidad. Esta autorización será válida por dos (2) años a partir de esta fecha y puede ser revocada al enviar un aviso por escrito a Lincoln Heritage Life Insurance Company.

**Cualquier persona que conscientemente y con intención de dañar, defraudar, o engañar a cualquier aseguradora presente una declaración de reclamo o una solicitud que contenga cualquier información falsa, incompleta, o engañosa es culpable de un delito en tercer grado.**

Yo declaro que las respuestas que he dado son verdaderas según mi leal saber y entender. Entiendo que la Compañía dependerá de mis respuestas para emitir el seguro. Entiendo que la cobertura entra en vigencia cuando la Compañía haya aprobado esta solicitud y se pague la primera prima.

DocuSigned by: **Victor Garcia** Firmado en el Estado **FL** Fecha **4/24/2022**  
 Firma del Propietario **VICTOR GARCIA** Firma del Solicitante **VICTOR GARCIA**  
 4C3CB846FDDA47E

**CONFIRMACIÓN DEL PRODUCTOR** ¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante?  Si  No Según mi leal saber y entender, el reemplazo  está  no está involucrado en esta transacción. Si está involucrado el reemplazo, yo le presenté y leí al solicitante un aviso relacionado con el reemplazo.

Firma del Productor **Paola** Número del Productor **57**  
 Nombre del Productor **Paola** Apellido del Productor **Diaz** Número de licencia de Florida \_\_\_\_\_

14FEAPP-FLSP

PV Ref #

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V!





**Lincoln Heritage**<sup>®</sup>  
LIFE INSURANCE COMPANY

July 15, 2022

Eliud Santiago-Lopez

Winter Haven, FL 33880-6117

RE: Policy 57- Victor Garcia-Lara

Dear Ms. Santiago-Lopez:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the claims papers. Both an explanation of benefits and our check for \$14,030.68 are enclosed.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please either write us a note and return it to us in the envelope provided, or visit our website at [www.lhlic.com/feedback](http://www.lhlic.com/feedback) and submit a review. We look forward to hearing from you.

Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

Y. Keith Perkins  
Senior Vice President

YKP/ar

Enclosure

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705  
[www.lhlic.com](http://www.lhlic.com)  
Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Claims: (855) 706-2396  
Fax: (602) 808-8845





**Lincoln Heritage**<sup>®</sup>  
LIFE INSURANCE COMPANY

July 15, 2022

Eliud Santiago-Lopez

Winter Haven, FL 33880-6117

Deceased: Victor Garcia-Lara

**EXPLANATION OF DEATH CLAIM BENEFITS**

<b>Policy Number:</b>	
Check Date:	July 15, 2022
Check Paid to:	Eliud Santiago-Lopez
Death Benefit	\$14,000.00
Interest (See check stub for details)	30.68
<b>Check Enclosed for</b>	<b>\$14,030.68</b>

If you have any questions, please contact us at 1-855-706-2396.

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705  
www.lhlic.com  
Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Claims: (855) 706-2396  
Fax: (602) 808-8845







**Lincoln Heritage**  
LIFE INSURANCE COMPANY

## Funeral Advantage Program

**F** Gastos Funerales

• Tradicional \_\_\_\_\_

• Cremacion \_\_\_\_\_

**I** Remplazo de Ingresos \_\_\_\_\_

**C** Cobertura para Niños

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**A** Cobertura Accidental \$ 25,000 – \$ 100,000 \_\_\_\_\_

### Gastos Mensuales

- Hipoteca o Renta
- Luz
- Comida
- Factura Telefonica
- Seguro del Carro
- Tarjetas de Crédito





**Lincoln Heritage**  
LIFE INSURANCE COMPANY

**Hay Tres motivos que más nos preocupan:**

**¿Como voy a pagar el funeral?**

**¿Quién de mi Familia se encargará?**

**La Parte Emocional**