

*Provided by*  
**Senior Life  
Insurance Company**



**SENIOR LIFE**  
INSURANCE COMPANY

**SENIOR CARE BROCHURE**



The High Cost of  
Final Expense

**The Plain Fact...**

it costs money when  
a family member dies.

**Yet many people  
never give it a  
moment's thought.**

# Have You Prepared for your Final Expenses & Obligations?

Since death is one thing we cannot predict, prevent, evade, or avoid, you need to be prepared today. We recommend that you plan and fund in advance so your grieving loved ones are not burdened with it later!

## Today's decision is tomorrow's Peace of Mind

This simple and affordable whole life insurance plan pays for your final expenses. Benefits are paid to your beneficiary (unless directed otherwise) and are not tied to any one funeral home or cemetery.

### Cash benefits can be used to help cover funeral expenses, including:

- Casket & professional services
- Cemetery expenses
- Transportation services
- Monument or marker
- Clothing & floral expenses
- Vault fees
- Newspaper notices
- Final medical bills

### Annual Funeral Cost

Below is the average cost of a regular adult funeral.<sup>1</sup> This cost does not take into account cemetery, burial vault, monument or marker costs, or miscellaneous cash-advance charges, such as flowers or obituaries.

### National Average Cost Of An Adult Funeral<sup>2</sup>

\$7,045 (2012)    \$6,560 (2009)    \$6195 (2006)

Statistics Show that within the Next 20 Years:<sup>3</sup>

• AGE 20 NOW  
2 OF 100 WILL DIE

• AGE 40 NOW  
8 OF 100 WILL DIE

• AGE 60 NOW  
34 OF 100 WILL DIE

• AGE 30 NOW  
3 OF 100 WILL DIE

• AGE 50 NOW  
17 OF 100 WILL DIE

• AGE 70 NOW  
69 OF 100 WILL DIE

*This life insurance or annuity does not specifically cover funeral good or services, and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance or annuity may use the proceeds for any purpose, unless otherwise directed.*

1 2013 NFDA General Price List Survey

2 Median Price - the amount at which half of the figures fall below and half are above.

3 Data calculated based on the Life Table for the total population: United States, 2013; National Vital Statistics Reports: Volume 64, No.2

Plans offered: POL3200, POL1750, POL1150, POL1650, POL1850, POL1250, POL1350, POL1540, POL1512, POL1526 and POL1290. Plan availability and features vary by state. State specific policies have the same base form name. Not all of our plans are offered in every state.



# Why Choose Senior Life

Senior Life Insurance Company is a family owned and operated business that began in 1970, operating in six states. Today, we are licensed in over 39 jurisdictions, including the District of Columbia. Senior Life is governed by strict financial standards and regulated by each state. This is to ensure you, the policyholder, that we will be there for your beneficiaries during one of the most difficult times of their lives: the loss of a loved one.

The desire to help alleviate the financial hardship on the most difficult day of someone's life is what led us to the final expense industry. Dale Powell, CEO, began his career in 1988 as a final expense agent and had one goal in mind: securing peace of mind. Over the years, we have worked hard and have abided by one simple key principal: if you treat people like family and conduct your business honestly, you cannot go wrong. Honesty, integrity, and reliability are the cornerstones of Senior Life Insurance Company. They bond our history, our success today, and our vision for the future. We are dedicated to these core values and are committed to doing the right thing. We listen to our clients and deliver on our promises. We understand that an ounce of performance is worth more than pounds of promises!

Death is something that will happen to each of us one day. It is Senior Life's mission to offer you great products and services that will grant you the peace of mind that comes from being a policyholder with us.

Senior Life wants to thank you for choosing us to provide your protection and to take care of your loved ones at the time of death.

# The Senior Care Plan

## Look at these Features:

- Plans available for ages 0-85, with whole life insurance protection up to \$30,000.
- No medical exam required. Our simple application procedures allow almost anyone to qualify, based on answers to a few questions about your health history.
- Payment plans fit most budgets. No need to come up with a large down payment.
- Worry-free, prompt claims service. Most claims are paid within 24 hours of receipt of the necessary paperwork.
- Premiums never increase and benefits never decrease. Policies also build cash value.
- The best way to provide final expense coverage without complications or excessive paperwork.

## The Benefits of Whole Life Insurance

### Your Protection Cannot Be Cancelled

As long as you make the payments when due, you cannot lose this valuable protection because of age or changes in health that occur after your policy is in effect.

### Your Amount Does Not Decrease

This is permanent whole life protection. Your policy does not decrease as you get older.

## **Builds Cash Value**

After your policy has been in force for a specified period of time, it builds cash value every year. This is your money that you can leave to grow or borrow to use as you see fit.

## **Most Plans Offer Full Coverage From The First Day**

You are protected from the very first day your first premium is honored by the bank and your policy is issued. If you do not qualify for one of our full-benefit, first-day-coverage plans, you may qualify for a limited benefit plan, which pays a reduced benefit in the first two or three policy years.

## **Individual, Permanent Protection**

The policy is owned by you, not some group or association.

## **Manageable Monthly Rates**

You get this protection at rates most people can easily afford.

## **Payment Date**

You choose your payment date, and your payment will come directly from your bank or credit union, with nothing to mail in. This is for your safety, protection, and helps ensure that your payment always arrives in time.

## **Accidental Death Benefit**

If selected, the Accidental Death Benefit Rider will match the face value of the policy in the event of an accidental death as defined by the Rider.

# Your Policy Summary

Prepared for \_\_\_\_\_ Age \_\_\_\_\_

Initial Coverage Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Initial Rider Amount \$ \_\_\_\_\_ Add Policy Fee \$ \_\_\_\_\_

Total Premium \$ \_\_\_\_\_

Prepared for \_\_\_\_\_ Age \_\_\_\_\_

Initial Coverage Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Initial Rider Amount \$ \_\_\_\_\_ Add Policy Fee \$ \_\_\_\_\_

Total Premium \$ \_\_\_\_\_

Prepared for \_\_\_\_\_ Age \_\_\_\_\_

Initial Coverage Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Initial Rider Amount \$ \_\_\_\_\_ Add Policy Fee \$ \_\_\_\_\_

Total Premium \$ \_\_\_\_\_

Most individuals will qualify for a policy with full, immediate death benefits. Some individuals with health conditions may be offered a limited death benefit policy. Your agent will provide details if this plan is appropriate for you.

Spare your loved ones the financial cost and emotional drain of final expenses at the time of death. Death is unavoidable, and so are final expenses. The choice is whether you do it today, or your loved ones are forced to do it later.

Licensed Representative \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*Offered and Underwritten by*

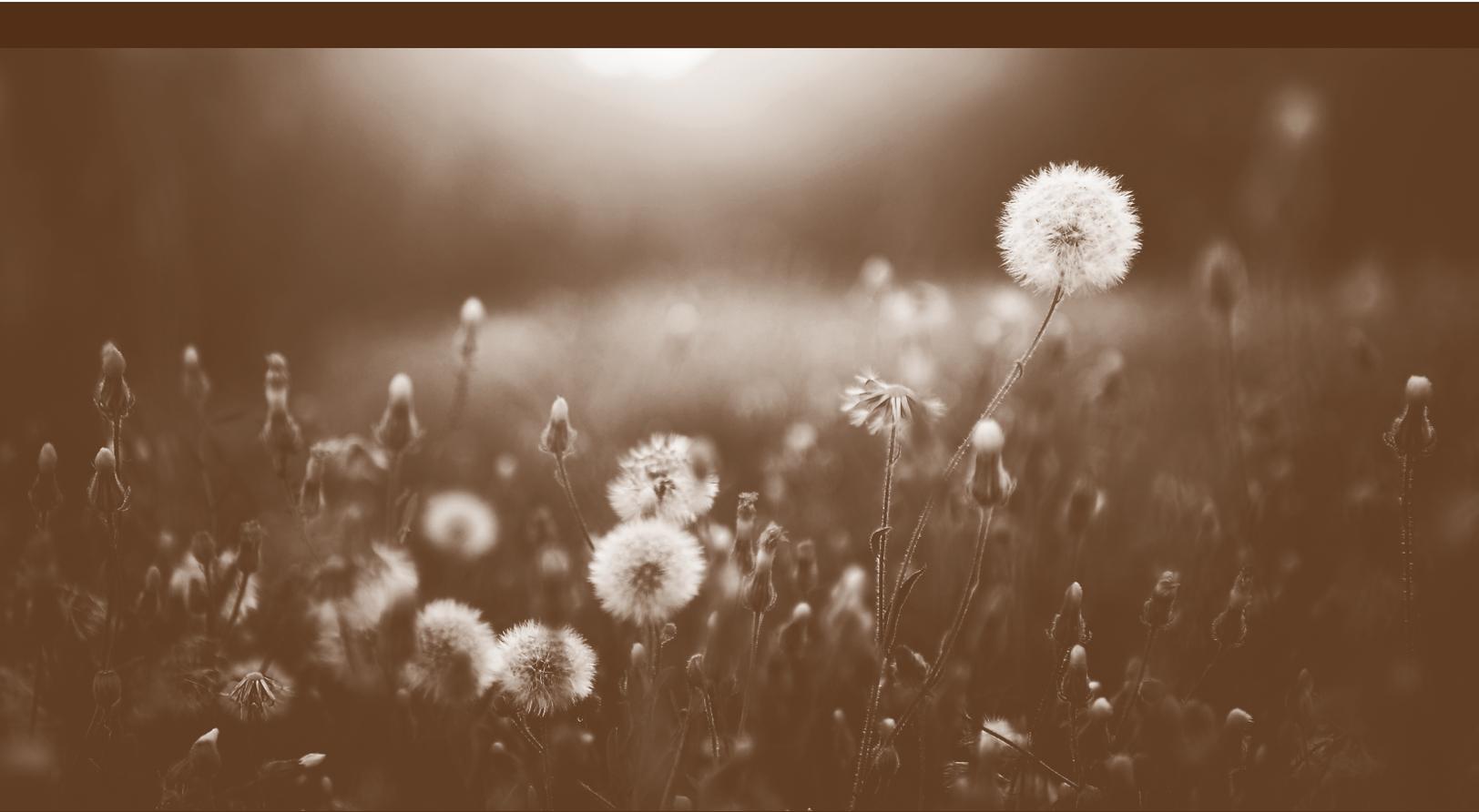
**SENIOR LIFE**

INSURANCE COMPANY

# Final Wishes Planner

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(Your Name)



This planner presented by

SENIOR LIFE AGENT \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

*Please print legibly*

Dear \_\_\_\_\_

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*I* It is my sincere hope that you will encounter as little anxiety and financial burden as possible at the time of my death. So, in an effort to eliminate as much grief for you as I can, I have set up this Final Wishes Planner, which should help you considerably as you attend to my final arrangements.

This planner will help guide you in the decision-making process that will be necessary at the time of my passing. Within, you will find my wishes for final arrangements, as well as the location of important documents and the contact information for people who should be notified of this event.

This planner is a gift to you and your family that provides for several needs that will arise during this process. It is my deepest wish that these arrangements will act as my thoughtful final gift to you, alleviating expense and inconvenience so that you will have peace as you celebrate my life and the warm memories of the time we spent together.

Signature \_\_\_\_\_



# Funeral Requests

Other Funeral Home/Mortuary/Crematorium Preferred

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

I want my funeral to be: Public Private

## SERVICE PLANS

Funeral Home/Mortuary\_\_\_\_\_

Church\_\_\_\_\_

Cemetery Memorial Service Other

Burial Cremation

If Burial: During service, Casket is Open Closed

Religious Preference\_\_\_\_\_

Celebrant/Clergyman\_\_\_\_\_

Participating Organizations\_\_\_\_\_

Flag Draped Folded Presented to\_\_\_\_\_

Wake/Rosary Service Yes No Location\_\_\_\_\_

Viewing Public Private None

Clothing Preference From Current Wardrobe New

Description/Color\_\_\_\_\_

## Personal Accessories

Wedding Band Stays On or Returns to\_\_\_\_\_

Eyeglasses Stays On or Returns to\_\_\_\_\_

Other Stays On or Returns to\_\_\_\_\_

Floral Preferences\_\_\_\_\_

Memorial contribution made to \_\_\_\_\_

Music Preferences \_\_\_\_\_

Religious Passages \_\_\_\_\_

EULOGY

Eulogy by \_\_\_\_\_

Notations for Eulogy \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pallbearers

Name \_\_\_\_\_

Phone/Email \_\_\_\_\_

Additional Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Announcements

The following Publications/Newspapers should be notified:

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Public Announcement Information

Spouse's Name \_\_\_\_\_

Date of Marriage \_\_\_\_\_

If deceased, place and date of death \_\_\_\_\_

Family to be listed (mother, father, children, brothers, sisters, etc.)

Name(s)	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Education highlights \_\_\_\_\_

Religious, charitable, social, fraternal or lodge affiliations, or special achievements you wish to mention

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# Family Members

Children/Grandchildren/Other Relatives

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

.....

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

.....

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

.....

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

# To Be Notified

By providing the names and addresses of people who are significant in my life, I would like to ensure that these people will be notified of my death.

Name \_\_\_\_\_ Senior Life Insurance Company

Relationship \_\_\_\_\_ Life Insurance Company

Phone and/or Address \_\_\_\_\_ 229.228.6936 or 1.877.777.8808

\_\_\_\_\_ 1 Senior Life Lane, Thomasville, GA 31792

Email \_\_\_\_\_ info@srlife.net

.....  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

.....  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

.....  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone and/or Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_



# Legal Documents

Location of Papers and Documents

Birth Certificate\_\_\_\_\_

Marriage Certificate\_\_\_\_\_

Life Insurance Documents\_\_\_\_\_

Stock Certificate(s)\_\_\_\_\_

Bond Certificate(s)\_\_\_\_\_

Military Records\_\_\_\_\_

Passport\_\_\_\_\_

Trust Fund Information\_\_\_\_\_

Automobile Insurance Documents\_\_\_\_\_

Home Owners Insurance Documents\_\_\_\_\_

Mortgage Papers\_\_\_\_\_

Deed to House\_\_\_\_\_

Car Title or Loans\_\_\_\_\_

Citizenship Papers (if applicable)\_\_\_\_\_

Income Tax Information\_\_\_\_\_

Passwords/Pin Numbers\_\_\_\_\_

Safe Deposit Box Location(s) and Person(s) with access to it

\_\_\_\_\_

\_\_\_\_\_

Additional Documents and their Location\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Insurance & Financial Information

Life, Health and/or Accidental Insurance Policy

Name of Company\_\_\_\_\_

Type\_\_\_\_\_

Policy Number\_\_\_\_\_

Agent\_\_\_\_\_

Beneficiary\_\_\_\_\_

## Checking Account

Name of Financial Institution\_\_\_\_\_

Account Number\_\_\_\_\_

Address\_\_\_\_\_

## Saving Account

Name of Financial Institution\_\_\_\_\_

Account Number\_\_\_\_\_

Address\_\_\_\_\_

## IRA, CDs, 401(k) and/or Additional Investments

Name of Company\_\_\_\_\_

Account Number\_\_\_\_\_

Address\_\_\_\_\_

## CREDIT CARD

Name of Company\_\_\_\_\_

Account Number\_\_\_\_\_

## Additional Information

\_\_\_\_\_  
\_\_\_\_\_

# Recognition

People in my life I would like to recognize:

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Phone and/or Address\_\_\_\_\_

\_\_\_\_\_

Email\_\_\_\_\_

.....

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Phone and/or Address\_\_\_\_\_

\_\_\_\_\_

Email\_\_\_\_\_

.....

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Phone and/or Address\_\_\_\_\_

\_\_\_\_\_

Email\_\_\_\_\_

.....

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Phone and/or Address\_\_\_\_\_

\_\_\_\_\_

Email\_\_\_\_\_

1 Senior Life Lane • Thomasville, GA 31792  
P.O. Box 2447 • Thomasville, GA 31799  
229.228.6936 • Español: 877.868.1808 • Toll Free 877.777.8808  
[www.SeniorLifeInsuranceCompany.com](http://www.SeniorLifeInsuranceCompany.com)