



ASSURANT
Employee
Benefits®

CRANDALL INDEPENDENT SCHOOL DISTRICT

PLAN 1

0 Days Injury/7 Days Sickness

Long-Term Disability

Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly earnings at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly earnings, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

Benefit Duration: Social Security Normal Retirement Age for Injury and Sickness

Guarantee Issue Amount: \$5,000

Rates for benefits beginning on the 1st day injury/8th day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$13.20
\$7,200	\$400	\$17.60
\$9,000	\$500	\$22.00
\$10,800	\$600	\$26.40
\$12,600	\$700	\$30.80
\$14,400	\$800	\$35.20
\$16,200	\$900	\$39.60
\$18,000	\$1,000	\$44.00
\$19,800	\$1,100	\$48.40
\$21,600	\$1,200	\$52.80
\$23,400	\$1,300	\$57.20
\$25,200	\$1,400	\$61.60
\$27,000	\$1,500	\$66.00
\$28,800	\$1,600	\$70.40
\$30,600	\$1,700	\$74.80
\$32,400	\$1,800	\$79.20
\$34,200	\$1,900	\$83.60
\$36,000	\$2,000	\$88.00
\$37,800	\$2,100	\$92.40
\$39,600	\$2,200	\$96.80
\$41,400	\$2,300	\$101.20
\$43,200	\$2,400	\$105.60
\$45,000	\$2,500	\$110.00
\$46,800	\$2,600	\$114.40
\$48,600	\$2,700	\$118.80
\$50,400	\$2,800	\$123.20
\$52,200	\$2,900	\$127.60
\$54,000	\$3,000	\$132.00
\$55,800	\$3,100	\$136.40
\$57,600	\$3,200	\$140.80
\$59,400	\$3,300	\$145.20
\$61,200	\$3,400	\$149.60
\$63,000	\$3,500	\$154.00
\$64,800	\$3,600	\$158.40
\$66,600	\$3,700	\$162.80
\$68,400	\$3,800	\$167.20
\$70,200	\$3,900	\$171.60
\$72,000	\$4,000	\$176.00

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$73,800	\$4,100	\$180.40
\$75,600	\$4,200	\$184.80
\$77,400	\$4,300	\$189.20
\$79,200	\$4,400	\$193.60
\$81,000	\$4,500	\$198.00
\$82,800	\$4,600	\$202.40
\$84,600	\$4,700	\$206.80
\$86,400	\$4,800	\$211.20
\$88,200	\$4,900	\$215.60
\$90,000	\$5,000	\$220.00
\$91,800	\$5,100	\$224.40
\$93,600	\$5,200	\$228.80
\$95,400	\$5,300	\$233.20
\$97,200	\$5,400	\$237.60
\$99,000	\$5,500	\$242.00
\$100,800	\$5,600	\$246.40
\$102,600	\$5,700	\$250.80
\$104,400	\$5,800	\$255.20
\$106,200	\$5,900	\$259.60
\$108,000	\$6,000	\$264.00
\$109,800	\$6,100	\$268.40
\$111,600	\$6,200	\$272.80
\$113,400	\$6,300	\$277.20
\$115,200	\$6,400	\$281.60
\$117,000	\$6,500	\$286.00
\$118,800	\$6,600	\$290.40
\$120,600	\$6,700	\$294.80
\$122,400	\$6,800	\$299.20
\$124,200	\$6,900	\$303.60
\$126,000	\$7,000	\$308.00
\$127,800	\$7,100	\$312.40
\$129,600	\$7,200	\$316.80
\$131,400	\$7,300	\$321.20
\$133,200	\$7,400	\$325.60
\$135,000	\$7,500	\$330.00

Proof of good health, subject to underwriting standards, is always required to be insured at a benefit level greater than \$5,000.



ASSURANT Employee Benefits®

CRANDALL INDEPENDENT SCHOOL DISTRICT

PLAN 2

14 Days Injury/14 Days Sickness

Long-Term Disability

Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly earnings at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly earnings, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

Benefit Duration: Social Security Normal Retirement Age for Injury and Sickness

Guarantee Issue Amount: \$5,000

Rates for benefits beginning on the 15th day injury/15th day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$10.62
\$7,200	\$400	\$14.16
\$9,000	\$500	\$17.70
\$10,800	\$600	\$21.24
\$12,600	\$700	\$24.78
\$14,400	\$800	\$28.32
\$16,200	\$900	\$31.86
\$18,000	\$1,000	\$35.40
\$19,800	\$1,100	\$38.94
\$21,600	\$1,200	\$42.48
\$23,400	\$1,300	\$46.02
\$25,200	\$1,400	\$49.56
\$27,000	\$1,500	\$53.10
\$28,800	\$1,600	\$56.64
\$30,600	\$1,700	\$60.18
\$32,400	\$1,800	\$63.72
\$34,200	\$1,900	\$67.26
\$36,000	\$2,000	\$70.80
\$37,800	\$2,100	\$74.34
\$39,600	\$2,200	\$77.88
\$41,400	\$2,300	\$81.42
\$43,200	\$2,400	\$84.96
\$45,000	\$2,500	\$88.50
\$46,800	\$2,600	\$92.04
\$48,600	\$2,700	\$95.58
\$50,400	\$2,800	\$99.12
\$52,200	\$2,900	\$102.66
\$54,000	\$3,000	\$106.20
\$55,800	\$3,100	\$109.74
\$57,600	\$3,200	\$113.28
\$59,400	\$3,300	\$116.82
\$61,200	\$3,400	\$120.36
\$63,000	\$3,500	\$123.90
\$64,800	\$3,600	\$127.44
\$66,600	\$3,700	\$130.98
\$68,400	\$3,800	\$134.52
\$70,200	\$3,900	\$138.06
\$72,000	\$4,000	\$141.60

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$73,800	\$4,100	\$145.14
\$75,600	\$4,200	\$148.68
\$77,400	\$4,300	\$152.22
\$79,200	\$4,400	\$155.76
\$81,000	\$4,500	\$159.30
\$82,800	\$4,600	\$162.84
\$84,600	\$4,700	\$166.38
\$86,400	\$4,800	\$169.92
\$88,200	\$4,900	\$173.46
\$90,000	\$5,000	\$177.00
\$91,800	\$5,100	\$180.54
\$93,600	\$5,200	\$184.08
\$95,400	\$5,300	\$187.62
\$97,200	\$5,400	\$191.16
\$99,000	\$5,500	\$194.70
\$100,800	\$5,600	\$198.24
\$102,600	\$5,700	\$201.78
\$104,400	\$5,800	\$205.32
\$106,200	\$5,900	\$208.86
\$108,000	\$6,000	\$212.40
\$109,800	\$6,100	\$215.94
\$111,600	\$6,200	\$219.48
\$113,400	\$6,300	\$223.02
\$115,200	\$6,400	\$226.56
\$117,000	\$6,500	\$230.10
\$118,800	\$6,600	\$233.64
\$120,600	\$6,700	\$237.18
\$122,400	\$6,800	\$240.72
\$124,200	\$6,900	\$244.26
\$126,000	\$7,000	\$247.80
\$127,800	\$7,100	\$251.34
\$129,600	\$7,200	\$254.88
\$131,400	\$7,300	\$258.42
\$133,200	\$7,400	\$261.96
\$135,000	\$7,500	\$265.50

Proof of good health, subject to underwriting standards, is always required to be insured at a benefit level greater than \$5,000.



ASSURANT
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CRANDALL INDEPENDENT SCHOOL DISTRICT

PLAN 3

30 Days Injury/30 Days Sickness

Long-Term Disability

Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly earnings at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly earnings, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

Benefit Duration: Social Security Normal Retirement Age for Injury and Sickness

Guarantee Issue Amount: \$5,000

Rates for benefits beginning on the 31st day injury/31st day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$8.52
\$7,200	\$400	\$11.36
\$9,000	\$500	\$14.20
\$10,800	\$600	\$17.04
\$12,600	\$700	\$19.88
\$14,400	\$800	\$22.72
\$16,200	\$900	\$25.56
\$18,000	\$1,000	\$28.40
\$19,800	\$1,100	\$31.24
\$21,600	\$1,200	\$34.08
\$23,400	\$1,300	\$36.92
\$25,200	\$1,400	\$39.76
\$27,000	\$1,500	\$42.60
\$28,800	\$1,600	\$45.44
\$30,600	\$1,700	\$48.28
\$32,400	\$1,800	\$51.12
\$34,200	\$1,900	\$53.96
\$36,000	\$2,000	\$56.80
\$37,800	\$2,100	\$59.64
\$39,600	\$2,200	\$62.48
\$41,400	\$2,300	\$65.32
\$43,200	\$2,400	\$68.16
\$45,000	\$2,500	\$71.00
\$46,800	\$2,600	\$73.84
\$48,600	\$2,700	\$76.68
\$50,400	\$2,800	\$79.52
\$52,200	\$2,900	\$82.36
\$54,000	\$3,000	\$85.20
\$55,800	\$3,100	\$88.04
\$57,600	\$3,200	\$90.88
\$59,400	\$3,300	\$93.72
\$61,200	\$3,400	\$96.56
\$63,000	\$3,500	\$99.40
\$64,800	\$3,600	\$102.24
\$66,600	\$3,700	\$105.08
\$68,400	\$3,800	\$107.92
\$70,200	\$3,900	\$110.76
\$72,000	\$4,000	\$113.60

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$73,800	\$4,100	\$116.44
\$75,600	\$4,200	\$119.28
\$77,400	\$4,300	\$122.12
\$79,200	\$4,400	\$124.96
\$81,000	\$4,500	\$127.80
\$82,800	\$4,600	\$130.64
\$84,600	\$4,700	\$133.48
\$86,400	\$4,800	\$136.32
\$88,200	\$4,900	\$139.16
\$90,000	\$5,000	\$142.00
\$91,800	\$5,100	\$144.84
\$93,600	\$5,200	\$147.68
\$95,400	\$5,300	\$150.52
\$97,200	\$5,400	\$153.36
\$99,000	\$5,500	\$156.20
\$100,800	\$5,600	\$159.04
\$102,600	\$5,700	\$161.88
\$104,400	\$5,800	\$164.72
\$106,200	\$5,900	\$167.56
\$108,000	\$6,000	\$170.40
\$109,800	\$6,100	\$173.24
\$111,600	\$6,200	\$176.08
\$113,400	\$6,300	\$178.92
\$115,200	\$6,400	\$181.76
\$117,000	\$6,500	\$184.60
\$118,800	\$6,600	\$187.44
\$120,600	\$6,700	\$190.28
\$122,400	\$6,800	\$193.12
\$124,200	\$6,900	\$195.96
\$126,000	\$7,000	\$198.80
\$127,800	\$7,100	\$201.64
\$129,600	\$7,200	\$204.48
\$131,400	\$7,300	\$207.32
\$133,200	\$7,400	\$210.16
\$135,000	\$7,500	\$213.00

Proof of good health, subject to underwriting standards, is always required to be insured at a benefit level greater than \$5,000.



ASSURANT
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CRANDALL INDEPENDENT SCHOOL DISTRICT

PLAN 4

60 Days Injury/60 Days Sickness

Long-Term Disability

Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly earnings at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly earnings, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

Benefit Duration: Social Security Normal Retirement Age for Injury and Sickness

Guarantee Issue Amount: \$5,000

Rates for benefits beginning on the 61st day injury/61st day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$5.70
\$7,200	\$400	\$7.60
\$9,000	\$500	\$9.50
\$10,800	\$600	\$11.40
\$12,600	\$700	\$13.30
\$14,400	\$800	\$15.20
\$16,200	\$900	\$17.10
\$18,000	\$1,000	\$19.00
\$19,800	\$1,100	\$20.90
\$21,600	\$1,200	\$22.80
\$23,400	\$1,300	\$24.70
\$25,200	\$1,400	\$26.60
\$27,000	\$1,500	\$28.50
\$28,800	\$1,600	\$30.40
\$30,600	\$1,700	\$32.30
\$32,400	\$1,800	\$34.20
\$34,200	\$1,900	\$36.10
\$36,000	\$2,000	\$38.00
\$37,800	\$2,100	\$39.90
\$39,600	\$2,200	\$41.80
\$41,400	\$2,300	\$43.70
\$43,200	\$2,400	\$45.60
\$45,000	\$2,500	\$47.50
\$46,800	\$2,600	\$49.40
\$48,600	\$2,700	\$51.30
\$50,400	\$2,800	\$53.20
\$52,200	\$2,900	\$55.10
\$54,000	\$3,000	\$57.00
\$55,800	\$3,100	\$58.90
\$57,600	\$3,200	\$60.80
\$59,400	\$3,300	\$62.70
\$61,200	\$3,400	\$64.60
\$63,000	\$3,500	\$66.50
\$64,800	\$3,600	\$68.40
\$66,600	\$3,700	\$70.30
\$68,400	\$3,800	\$72.20
\$70,200	\$3,900	\$74.10
\$72,000	\$4,000	\$76.00

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$73,800	\$4,100	\$77.90
\$75,600	\$4,200	\$79.80
\$77,400	\$4,300	\$81.70
\$79,200	\$4,400	\$83.60
\$81,000	\$4,500	\$85.50
\$82,800	\$4,600	\$87.40
\$84,600	\$4,700	\$89.30
\$86,400	\$4,800	\$91.20
\$88,200	\$4,900	\$93.10
\$90,000	\$5,000	\$95.00
\$91,800	\$5,100	\$96.90
\$93,600	\$5,200	\$98.80
\$95,400	\$5,300	\$100.70
\$97,200	\$5,400	\$102.60
\$99,000	\$5,500	\$104.50
\$100,800	\$5,600	\$106.40
\$102,600	\$5,700	\$108.30
\$104,400	\$5,800	\$110.20
\$106,200	\$5,900	\$112.10
\$108,000	\$6,000	\$114.00
\$109,800	\$6,100	\$115.90
\$111,600	\$6,200	\$117.80
\$113,400	\$6,300	\$119.70
\$115,200	\$6,400	\$121.60
\$117,000	\$6,500	\$123.50
\$118,800	\$6,600	\$125.40
\$120,600	\$6,700	\$127.30
\$122,400	\$6,800	\$129.20
\$124,200	\$6,900	\$131.10
\$126,000	\$7,000	\$133.00
\$127,800	\$7,100	\$134.90
\$129,600	\$7,200	\$136.80
\$131,400	\$7,300	\$138.70
\$133,200	\$7,400	\$140.60
\$135,000	\$7,500	\$142.50

Proof of good health, subject to underwriting standards, is always required to be insured at a benefit level greater than \$5,000.



ASSURANT Employee Benefits®

CRANDALL INDEPENDENT SCHOOL DISTRICT

PLAN 5

90 Days Injury/90 Days Sickness

Long-Term Disability

Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly earnings at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly earnings, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

Benefit Duration: Social Security Normal Retirement Age for Injury and Sickness

Guarantee Issue Amount: \$5,000

Rates for benefits beginning on the 91st day injury/91st day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$4.98
\$7,200	\$400	\$6.64
\$9,000	\$500	\$8.30
\$10,800	\$600	\$9.96
\$12,600	\$700	\$11.62
\$14,400	\$800	\$13.28
\$16,200	\$900	\$14.94
\$18,000	\$1,000	\$16.60
\$19,800	\$1,100	\$18.26
\$21,600	\$1,200	\$19.92
\$23,400	\$1,300	\$21.58
\$25,200	\$1,400	\$23.24
\$27,000	\$1,500	\$24.90
\$28,800	\$1,600	\$26.56
\$30,600	\$1,700	\$28.22
\$32,400	\$1,800	\$29.88
\$34,200	\$1,900	\$31.54
\$36,000	\$2,000	\$33.20
\$37,800	\$2,100	\$34.86
\$39,600	\$2,200	\$36.52
\$41,400	\$2,300	\$38.18
\$43,200	\$2,400	\$39.84
\$45,000	\$2,500	\$41.50
\$46,800	\$2,600	\$43.16
\$48,600	\$2,700	\$44.82
\$50,400	\$2,800	\$46.48
\$52,200	\$2,900	\$48.14
\$54,000	\$3,000	\$49.80
\$55,800	\$3,100	\$51.46
\$57,600	\$3,200	\$53.12
\$59,400	\$3,300	\$54.78
\$61,200	\$3,400	\$56.44
\$63,000	\$3,500	\$58.10
\$64,800	\$3,600	\$59.76
\$66,600	\$3,700	\$61.42
\$68,400	\$3,800	\$63.08
\$70,200	\$3,900	\$64.74
\$72,000	\$4,000	\$66.40

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$73,800	\$4,100	\$68.06
\$75,600	\$4,200	\$69.72
\$77,400	\$4,300	\$71.38
\$79,200	\$4,400	\$73.04
\$81,000	\$4,500	\$74.70
\$82,800	\$4,600	\$76.36
\$84,600	\$4,700	\$78.02
\$86,400	\$4,800	\$79.68
\$88,200	\$4,900	\$81.34
\$90,000	\$5,000	\$83.00
\$91,800	\$5,100	\$84.66
\$93,600	\$5,200	\$86.32
\$95,400	\$5,300	\$87.98
\$97,200	\$5,400	\$89.64
\$99,000	\$5,500	\$91.30
\$100,800	\$5,600	\$92.96
\$102,600	\$5,700	\$94.62
\$104,400	\$5,800	\$96.28
\$106,200	\$5,900	\$97.94
\$108,000	\$6,000	\$99.60
\$109,800	\$6,100	\$101.26
\$111,600	\$6,200	\$102.92
\$113,400	\$6,300	\$104.58
\$115,200	\$6,400	\$106.24
\$117,000	\$6,500	\$107.90
\$118,800	\$6,600	\$109.56
\$120,600	\$6,700	\$111.22
\$122,400	\$6,800	\$112.88
\$124,200	\$6,900	\$114.54
\$126,000	\$7,000	\$116.20
\$127,800	\$7,100	\$117.86
\$129,600	\$7,200	\$119.52
\$131,400	\$7,300	\$121.18
\$133,200	\$7,400	\$122.84
\$135,000	\$7,500	\$124.50

Proof of good health, subject to underwriting standards, is always required to be insured at a benefit level greater than \$5,000.



ASSURANT Employee Benefits®

CRANDALL INDEPENDENT SCHOOL DISTRICT

PLAN 6

180 Days Injury/180 Days Sickness

Long-Term Disability

Schedule of Benefits and Rates:

You may participate in the policy under any one of the benefit levels outlined below, provided the monthly disability benefit level does not exceed 66 2/3% of your regular monthly earnings at the time you apply. If at any time the maximum monthly benefit level you have chosen exceeds 66 2/3% of your monthly earnings, we reserve the right to lower your monthly benefit to the highest benefit level for which you are eligible.

Benefit Duration: Social Security Normal Retirement Age for Injury and Sickness

Guarantee Issue Amount: \$5,000

Rates for benefits beginning on the 181st day injury/181st day sickness

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$5,400	\$300	\$3.78
\$7,200	\$400	\$5.04
\$9,000	\$500	\$6.30
\$10,800	\$600	\$7.56
\$12,600	\$700	\$8.82
\$14,400	\$800	\$10.08
\$16,200	\$900	\$11.34
\$18,000	\$1,000	\$12.60
\$19,800	\$1,100	\$13.86
\$21,600	\$1,200	\$15.12
\$23,400	\$1,300	\$16.38
\$25,200	\$1,400	\$17.64
\$27,000	\$1,500	\$18.90
\$28,800	\$1,600	\$20.16
\$30,600	\$1,700	\$21.42
\$32,400	\$1,800	\$22.68
\$34,200	\$1,900	\$23.94
\$36,000	\$2,000	\$25.20
\$37,800	\$2,100	\$26.46
\$39,600	\$2,200	\$27.72
\$41,400	\$2,300	\$28.98
\$43,200	\$2,400	\$30.24
\$45,000	\$2,500	\$31.50
\$46,800	\$2,600	\$32.76
\$48,600	\$2,700	\$34.02
\$50,400	\$2,800	\$35.28
\$52,200	\$2,900	\$36.54
\$54,000	\$3,000	\$37.80
\$55,800	\$3,100	\$39.06
\$57,600	\$3,200	\$40.32
\$59,400	\$3,300	\$41.58
\$61,200	\$3,400	\$42.84
\$63,000	\$3,500	\$44.10
\$64,800	\$3,600	\$45.36
\$66,600	\$3,700	\$46.62
\$68,400	\$3,800	\$47.88
\$70,200	\$3,900	\$49.14
\$72,000	\$4,000	\$50.40

Minimum Gross Annual Salary	Maximum Monthly Benefit	Monthly Premium
\$73,800	\$4,100	\$51.66
\$75,600	\$4,200	\$52.92
\$77,400	\$4,300	\$54.18
\$79,200	\$4,400	\$55.44
\$81,000	\$4,500	\$56.70
\$82,800	\$4,600	\$57.96
\$84,600	\$4,700	\$59.22
\$86,400	\$4,800	\$60.48
\$88,200	\$4,900	\$61.74
\$90,000	\$5,000	\$63.00
\$91,800	\$5,100	\$64.26
\$93,600	\$5,200	\$65.52
\$95,400	\$5,300	\$66.78
\$97,200	\$5,400	\$68.04
\$99,000	\$5,500	\$69.30
\$100,800	\$5,600	\$70.56
\$102,600	\$5,700	\$71.82
\$104,400	\$5,800	\$73.08
\$106,200	\$5,900	\$74.34
\$108,000	\$6,000	\$75.60
\$109,800	\$6,100	\$76.86
\$111,600	\$6,200	\$78.12
\$113,400	\$6,300	\$79.38
\$115,200	\$6,400	\$80.64
\$117,000	\$6,500	\$81.90
\$118,800	\$6,600	\$83.16
\$120,600	\$6,700	\$84.42
\$122,400	\$6,800	\$85.68
\$124,200	\$6,900	\$86.94
\$126,000	\$7,000	\$88.20
\$127,800	\$7,100	\$89.46
\$129,600	\$7,200	\$90.72
\$131,400	\$7,300	\$91.98
\$133,200	\$7,400	\$93.24
\$135,000	\$7,500	\$94.50

Proof of good health, subject to underwriting standards, is always required to be insured at a benefit level greater than \$5,000.