

# Youth Life<sup>SM</sup> Insurance

## Give Kids a Head Start to a Bright Future

*With Insurance Coverage that is Guaranteed for Life\**

*“Purchasing life insurance for my children provides my family peace of mind. If their health changes or the unthinkable happens, they know they are covered. I can think of no better gift to give.”*

*—Mother of 3, Louisiana*



### INSURANCE FOR AGES 2 MONTHS TO 26 YEARS • COVERAGE GUARANTEED FOR LIFE\*

- ▶ The insurance amount can never be reduced!†
- ▶ Pay annually and receive a 5% discount!
- ▶ Easy to apply - no medical exam required.
- ▶ Grows with their needs - purchase up to \$50,000 of total coverage as children grow.

\* As long as premiums are paid.

† At age 26, coverage automatically converts to permanent cash-value whole life, and the cost per child goes to only \$1.25 a month per \$1,000 of insurance. This conversion is unconditionally guaranteed.

BENEFIT AMOUNT PER CHILD	PREMIUM TO AGE 26	PREMIUM AFTER AGE 26†
<b>\$10,000</b>	<b>\$40 a year</b> (\$3.34/mo.)	<b>\$1.25/mo.</b> (per \$1,000 of insurance)
<b>\$15,000</b>	<b>\$60 a year</b> (\$5.00/mo.)	<b>\$1.25/mo.</b> (per \$1,000 of insurance)
<b>\$25,000</b>	<b>\$100 a year</b> (\$8.34/mo.)	<b>\$1.25/mo.</b> (per \$1,000 of insurance)
<b>\$35,000</b>	<b>\$140 a year</b> (\$11.67/mo.)	<b>\$1.25/mo.</b> (per \$1,000 of insurance)

Information in the above chart is subject to change.

### MODIFIED WHOLE LIFE INSURANCE FOR CHILDREN OR GRANDCHILDREN



**Call Levinson & Associates at (800) 375-2279 to learn more about Youth Life Insurance.**

## ADDITIONAL BENEFITS

**Plus, receive more benefits at no additional cost to policyholders!**

- ▶ **Pharmacy Discount Card**<sup>†</sup> - save up to 75% on prescriptions and more.
- ▶ **Hearing Savings Plan** - 30-60% discounts on hearing instruments and accessories.

<sup>†</sup> The pharmacy discount card is not insurance nor is it intended to replace insurance. This program is VOID WHERE PROHIBITED BY LAW.

**Protect Tomorrow...by Planning Today!®**

**Here's how easy it is.**

**Choose the benefit:**

Get up to \$35,000 in coverage.

**It's easy to apply:**

Answer just a few questions and no medical exam is necessary.

**Pick your payment option:** ‡

- ▶ Monthly | Annual
- ▶ 5% discount for annual payment

<sup>‡</sup> The first premium payment will be deducted upon approval of the policy.



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Policy Form Series ICC12-12-001 & 12-001. Underwritten by Starmount Life Insurance Company.

Please Note: This form is not a contract of insurance. This is a brief description and should be used only as a guide. It does not contain complete policy details. Exclusions may apply. Please see your policy for limitations and exclusions. If questions arise concerning coverage, the policy will govern. Not available in all states. See your policy for state specific guarantees. Call (800) 294-0432 for state availability.