

A close-up photograph of a person's hands writing in a spiral-bound notebook. The person is wearing a light blue long-sleeved shirt. A silver pen is held in their right hand, and their left hand is resting on the notebook. In the foreground, a white cup of coffee on a saucer is visible. In the background, another white cup of coffee on a saucer is visible. The scene is set on a desk with various papers and a calculator. A red banner is overlaid on the right side of the image, containing the text 'TRANSAMERICA UNDERWRITING GUIDE'. The Transamerica logo is in the bottom right corner.

TRANSAMERICA

UNDERWRITING GUIDE

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Underwriting Tips

NON-MEDICAL DOES NOT MEAN GUARANTEED ISSUE.

Applications are subject to MIB, prescription check and medical history. Additional underwriting requirements, such as a telephone interview (PHI) or an attending physician's statement (APS), paramed, blood, urine specimen and/or others may be requested.

AN APPLICATION WILL REMAIN OPEN FOR 90 DAYS.

While we will generally require a statement of good health to be assigned on delivery, if the application is between 90 and 180 days old, a new application may be requested at the discretion of the Company.

IF THE PROPOSED INSURED IS A JUVENILE, A PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED.

If the grandparent is the owner of the policy, the parents will still be required to sign the application. If the legal guardian is not a parent, proof of guardianship will be requested.

AN AGENT MAY BE CHARGED FOR ORDERING UNNECESSARY PARAMED EXAMS.

Please refer to the initial underwriting requirements for standard age/face amount medical requirements.

A LEGIBLE POLICY NUMBER MUST BE PRINTED ON ALL CORRESPONDENCE FOR PROPER PROCESSING.

APPLICATIONS SHOULD BE DOUBLE CHECKED TO ENSURE COMPLETENESS.

Commonly missed information:

- > Doctor information: full name, dates seen, reason, city and phone number.
- > Tobacco use
- > HIV question
- > Insurance in force (Life/DI)
- > Beneficiary relationship
- > Child/additional insured information including height, weight and medical history

ALWAYS PROVIDE THE BEST TIMES, TELEPHONE NUMBERS, AND ANY SPECIAL LANGUAGE NEEDS FOR YOUR CLIENT.

Providing accurate contact information will assist in timely ordering and collection of underwriting information.



INCLUDE THE FOLLOWING INFORMATION FOR ALL MEDICAL CONDITIONS:

- > Date of diagnosis
- > Past and current treatment, including medication
- > Follow-up information
- > All doctors seen
- > Last time seen
- > Current status

NON-US CITIZENS REQUIRE ADDITIONAL UNDERWRITING CONSIDERATIONS.

- > For all non-US citizens and permanent residents (Green Card holders), a copy of a valid VISA is required with all applications.
- > Employment Authorization Card holders with the following category codes are not eligible for coverage: A10, A11, A12, A19, A20, C8, C10, C14, C18, and C33.

BE SURE TO ORDER THE CORRECT PARAMED EXAM.

To do so, please be sure to provide the full name of the underlying insurance Company and Product to the Paramed company.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Determining Coverage Amounts—Individuals

Purpose	Formula		Requirements
Income Continuation	Ages	Income Factor	<ul style="list-style-type: none"> – Income stated must be reasonable for the profession or occupation stated – Income source considered will be that of the proposed insured, not the household income or that of the owner – Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments – The unemployed spouse may be considered for a percentage of the employed spouse's income
	18-35 36-45 46-50 51-55 56-65 66-70 71+	Up to 30 25 20 15 10 5 Individual Consideration	

* For all in force coverage not with a Transamerica Affiliate company, a copy of the policy page(s) providing the face amount and premiums is required. For employer group coverage, proof of the face amount is required.

State specific laws, including NY and WA, take precedence over Company guidelines.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Determining Coverage Amounts—Individuals

Purpose	Formula		Requirements
Juvenile	Ages	Face Amount	
Total juvenile insurance coverage with all carriers cannot exceed \$1 million. Amounts over \$1 million will not be considered.	15 days to 17 years	\$25,000 – \$500,000	<ul style="list-style-type: none"> – Coverage amount on parents or legal guardian (copy of guardianship papers required) must be a minimum of 2 times the face amount requested on the juvenile – Coverage on all siblings must be equal – Parents or guardians must witness the applications and complete the non-medical declarations – The owner of the policy must be the parent, legal guardian or grandparent – The parent/legal guardian, juvenile AND owner must be residing in the U.S. permanently either as a U.S. citizen or a visa type that is not consider temporary or uninsurable based on our international underwriting guidelines
		\$500,001 – \$1,000,000	<p>All requirements for the \$25,000 – \$500,000 Face Amount, plus:</p> <ul style="list-style-type: none"> – Proof of the owner's existing insurance coverage, including any group employer coverage.* – Minimum household income must be \$100K or greater. Evidence of income must include one of the following: <ul style="list-style-type: none"> • A copy of the owner's pay stub • Schedule C (if self employed) • Or a copy of the previous year's Tax Forms – Underwriting will obtain the child's medical records – Submission of an illustration reflecting overfunding of the policy is strongly encouraged
Washington State	15 days to 17 years	Total Insurance Amount, including in force coverage, cannot exceed the current U.S. household income.	<p>All requirements as indicated above for the appropriate face amount, plus</p> <ul style="list-style-type: none"> – Juveniles 15 years or older must sign the application
New York State	Under 4 ½ years	Maximum Face Amount is greater of \$50,000 or 25% of the amount of insurance in force on the Parent/ Owner	<p>All requirements as indicated above for the appropriate face amount, plus</p> <ul style="list-style-type: none"> – The parent designated as the owner must have adequate coverage as described – Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets – Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested.
	4 ½ years to 17 years	Maximum face amount is the greater of \$50,000 or 50% of the amount in force on the parent/ owner	

* For all in force coverage not with a Transamerica Affiliate company, a copy of the policy page(s) providing the face amount and premiums is required. For employer group coverage, proof of the face amount is required.

State specific laws, including NY and WA, take precedence over Company guidelines.



Determining Coverage Amounts—Individuals

Purpose	Formula	Requirements
Estate Planning	Projected future estate value x 50% Note: A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. This estate appreciation rate should be adjusted, up or down, taking under	A cover letter must be provided that includes: <ul style="list-style-type: none">- The purpose of the insurance- A current value of the applicant's estate, which includes a personal balance sheet listing all assets and liabilities, and an estate analysis

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Determining Coverage Amounts—Business Planning

Key Person	Ages	Factor x Income	<p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> – The key person’s value to the company – How the coverage amount was determined – Whether the key person has ownership in the company and the percentage of ownership – A list of all other key persons, the amount of key person coverage and percentage ownership for each key person
	To age 65 Age 66+	10 5	
Buy-Sell/ Business Continuation	% Ownership x Corporate Value		<p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> – How the amount of insurance and the market value of the business were determined – A copy of the buy-sell agreement or the details of the buy-sell agreement – The applicant’s ownership percentage, the number of other partners and their ownership percentage, and – The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage <p>All partners must apply for or have in force buy/sell coverage. The underwriter will need the last two years’ corporate balance sheets and income statements, including notes.</p>
Business Loan	80% of loan amount		<ul style="list-style-type: none"> – The business must be the owner of the policy – Cover letter must include the purpose, duration of the loan, collateral pledged, its value and the loan interest rate – A copy of the loan agreement needed for loans over \$3,000,000 – The term of the loan must be five years or more



Field Underwriting

WHAT IS FIELD UNDERWRITING?

In order to provide the most accurate picture of the applicant to the Insurer, it is important for an agent to get to know his or her clients in the process of soliciting business. This process, known as field underwriting, is the initial medical and financial screening of prospective buyers of life insurance and is a key responsibility of our agents.

For an agent, good field underwriting builds credibility with your client and boosts your reputation in the community as a knowledgeable life insurance advisor. More importantly, it can lead to a better customer experience and ratings, which will be beneficial to everyone involved. When meeting with your client, please be sure to keep in mind the following questions:

- > Who is the client?
- > What do they do for a living?
- > What is their annual income and net worth?
- > Have they ever applied for life insurance in the past?
- > Do they already own a life insurance policy?
- > If so, what is the face amount? Is it being replaced?
- > What is the purpose of life insurance being applied for?
- > Do they have any medical issues?
- > Are they a foreign national?

WHY SHOULD I PERFORM FIELD UNDERWRITING?

- > Expedite the underwriting process
- > Meet client expectations
- > Reduce personal history interviews
- > Get policies issued faster, so you can get paid sooner
- > Ensure conditional receipt is binding



How do I approach delicate subjects?

To help clients obtain the coverage they need, you need to be sure to ask all the necessary questions—even the uncomfortable ones. Remember, incomplete responses will delay the review process, the client's coverage and your commission payment. Below are some suggestions to help you address these sensitive subjects.

EXPLAIN THAT CORRECT WEIGHT AND OTHER SENSITIVE DETAILS ARE REQUIRED

Before you submit a client as Preferred, be sure he or she meets the criteria. Refer to the underwriting criteria and medical impairments information in the following pages of this guide to determine if the applicant is eligible for coverage and at what underwriting class. It may help the client understand how important it is to provide correct details.

ASSURE THE CLIENT THAT THE PUBLIC RECORD SECTION OF THE APPLICATION IS CONFIDENTIAL

If the applicant has ever been arrested, he or she may not want to disclose it. Assure all clients in advance that the application is confidential and none of their personal information is at risk.

Document the Details:

Bad example: One speeding ticket

Good example: Speeding ticket, 2009; reckless driving, 2011; cell phone use, 2012.

ASK FIVE IMPORTANT QUESTIONS ABOUT MEDICAL CONDITIONS

To gain a complete picture of an applicant's medical history, ask the following questions:

1. What was the condition?
2. When was the condition diagnosed?
3. When was the last episode?
4. How and when was it treated?
5. What is the physician's name, address and phone number?

Document the details:

Bad example: Heart surgery

Good example: Bypass surgery, 2011, Dr. Brian Jones, New Orleans, Louisiana

OBTAIN THE CORRECT SPELLING OF THE APPLICANT'S MEDICATION(S)

The best thing you can do is ask to see their prescription bottles. This way, you can ensure the correct spelling of all medications and physician names, in addition to dosages. Also, be sure to include on the application the medical condition for which each medication is prescribed.



What if the client is not a U.S. citizen?

An insured that is not a U.S. citizen may still qualify for life insurance coverage if they meet certain special requirements and provide the needed documentation as defined below:

- > The client must be legally in the United States (possess a valid visa, work permit, etc.)
- > A Social Security Number (SSN) or Tax Identification Number (TIN) is required.
- > The company requires copies of the visa and I-94 card. (Requested while client completes the application; if sent in separately, indicate in the Agent Comments section of the application.)
- > Generally, if a visa will expire within 60 days of the application, we will need copies of the paperwork from USCIS. This documents the process for extension of the visa.
- > The insured must have significant business and financial ties in the United States.
- > The Matricula Consular Document is not recognized to be valid as a visa by the U.S. government.

DOCUMENTATION NEEDED

Indicate specific visa type on the application (i.e. H1, F1, etc.) or exact immigration status such as refugee, asylum, etc. Only list “permanent resident” on the application if the client is a lawful permanent resident (also known as a green card holder.) Please note: The long term care rider is only available with a “green card”.

Permanent Resident Card (Green Card Holders): Copy of front and back of the card is required when applying for the Long Term Care Rider.



What If The Client Is Not A U.S. Citizen?

All Others: Copy of visa and I-94 cards required. Additional supporting documents may be required. Employment Authorization Card Holders - Please look at the Category Code located in the center of the Employment Authorization Card. The following codes are not qualified candidates for insurance:

Category	Category Code Definition	Coverage
A10	Withholding of Removal (For someone who has been ordered removed but allowed to stay temporarily.)	No
A11	Deferred Enforced Departure (Extended Voluntary Departure)	No
A12	Temporary Protective Status (Individual Consideration for El Salvador, Honduras, and Nicaragua. All other countries Decline.)	No
A16	Victims of a Severe Form of Trafficking and Family Members/T Visa Holder	No
A19 / A20	Victims of a Crime / U Visa Holder	No
C8	Asylum pending but not approved. If asylum has been approved, guidelines will be utilized. If asylum has been granted, see asylum guidelines.*	No
C10	Suspension of Deportation Applicants (filed before April 1, 1997)	No
C14	Deferred Action (The person has overstayed their visa and have appealed to stay in the United States.)	No
C18	Order of Supervision	No
C21	Witness or Informant of Criminal or Terrorism Information/ S Visa Holder	No
C33	Deferred Action for Childhood Arrival (DACA)	No

The purpose of this chart is outline the risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any pre-determined rate for any applicant.

*Asylees can be considered for coverage upon receipt of a clear, readable copy of the letter granting asylum, copy of the USCIS documentation Form I-730 for family members applying for coverage.

†For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Height and Weight Charts

Male

Through Age 70

Ages 71+

TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred (S/NS)	N/A	Standard (S/NS)	TransNavigator Transamerica Journey Transamerica Journey NY	N/A	N/A	N/A	Standard (S/NS)
Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4)	Preferred Plus	Preferred (S/NS)	N/A	Standard (S/NS)	Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4)	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)
Freedom Index Universal Life II & Freedom Global IUL II*	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Non- Tobacco & Tobacco	Freedom Index Universal Life II & Freedom Global IUL II*	N/A	Preferred Tobacco	Preferred	Non- Tobacco & Tobacco
Height	Weight				Height	Weight			
4'6"	119	132	139	155	4'6"	123	133	143	158
4'7"	123	136	144	160	4'7"	127	138	148	164
4'8"	127	140	149	166	4'8"	131	143	153	170
4'9"	131	145	154	172	4'9"	135	148	158	176
4'10"	135	150	159	178	4'10"	140	153	163	182
4'11"	140	155	164	184	4'11"	145	158	168	188
5'0"	144	160	169	190	5'0"	149	163	173	194
5'1"	149	164	175	196	5'1"	154	168	179	200
5'2"	154	169	180	202	5'2"	159	173	185	206
5'3"	159	174	186	208	5'3"	164	178	191	212
5'4"	164	179	192	214	5'4"	169	184	197	218
5'5"	169	184	198	220	5'5"	174	189	203	225
5'6"	174	189	204	227	5'6"	179	194	209	232
5'7"	179	195	210	233	5'7"	185	200	215	238
5'8"	184	200	215	239	5'8"	190	205	221	244
5'9"	189	206	221	244	5'9"	195	211	227	249
5'10"	195	211	227	250	5'10"	200	216	232	255
5'11"	200	217	233	256	5'11"	206	222	238	261
6'0"	205	223	239	263	6'0"	212	228	244	268
6'1"	211	229	245	269	6'1"	217	234	250	274
6'2"	217	235	251	276	6'2"	222	240	256	281
6'3"	223	241	257	283	6'3"	228	246	262	288
6'4"	228	247	263	289	6'4"	234	252	268	295
6'5"	233	253	269	296	6'5"	239	258	274	302
6'6"	238	259	276	303	6'6"	244	264	281	309
6'7"	244	265	283	310	6'7"	250	270	287	316
6'8"	249	271	289	317	6'8"	255	276	293	323
6'9"	254	277	295	324	6'9"	261	282	300	331
6'10"	260	283	302	331	6'10"	266	288	306	338
6'11"	265	289	308	338	6'11"	272	294	313	345
7'0"	270	295	314	346	7'0"	277	300	319	353

*Only available in New York † For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide



Height and Weight Charts

Female

Through Age 70

Ages 71+

TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred (S/NS)	N/A	Standard (S/NS)	TransNavigator Transamerica Journey Transamerica Journey NY	N/A	N/A	N/A	Standard (S/NS)
Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4)	Preferred Plus	Preferred (S/NS)	N/A	Standard (S/NS)	Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4)	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)
Freedom Index Universal Life II & Freedom Global IUL II*	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Non- Tobacco & Tobacco	Freedom Index Universal Life II & Freedom Global IUL II*	N/A	Preferred Tobacco	Preferred	Non- Tobacco & Tobacco
Height	Weight				Height	Weight			
4'6"	117	128	136	149	4'6"	120	132	140	152
4'7"	121	132	141	154	4'7"	124	136	145	157
4'8"	125	136	146	159	4'8"	128	140	150	162
4'9"	129	140	151	164	4'9"	133	145	155	168
4'10"	133	144	156	169	4'10"	137	150	160	174
4'11"	138	149	161	175	4'11"	142	155	165	180
5'0"	142	154	166	181	5'0"	146	160	170	186
5'1"	147	159	171	187	5'1"	151	164	176	192
5'2"	151	164	176	193	5'2"	156	169	181	198
5'3"	156	169	181	197	5'3"	160	174	186	203
5'4"	161	174	185	202	5'4"	165	179	190	207
5'5"	165	179	189	206	5'5"	170	184	195	211
5'6"	170	184	194	210	5'6"	175	189	199	215
5'7"	174	189	199	215	5'7"	179	195	204	220
5'8"	178	195	204	220	5'8"	183	200	210	225
5'9"	182	200	210	225	5'9"	187	205	215	230
5'10"	186	205	215	230	5'10"	191	210	220	235
5'11"	190	210	221	236	5'11"	196	216	226	241
6'0"	195	216	227	242	6'0"	201	222	232	247
6'1"	200	222	233	248	6'1"	206	228	238	254
6'2"	205	228	239	254	6'2"	211	233	244	260
6'3"	210	233	244	260	6'3"	216	239	251	267
6'4"	215	239	250	267	6'4"	221	244	257	273
6'5"	220	245	256	274	6'5"	226	250	263	279
6'6"	225	250	262	281	6'6"	231	256	270	286
6'7"	230	256	268	287	6'7"	237	261	277	292
6'8"	235	262	274	293	6'8"	243	267	284	299
6'9"	240	267	280	300	6'9"	249	273	291	305
6'10"	245	273	286	306	6'10"	254	279	298	312
6'11"	250	279	292	313	6'11"	259	285	305	319
7'0"	255	284	298	319	7'0"	264	290	312	325

*Only available in New York † For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide



Height and Weight Charts

Trendsetter LB Bands 1 & 2 (Non-med only)

Male

Height	Weight				
	Preferred Nonsmoker	Standard	Standard Express	Disability Income Rider	Maximum Weight**
4'6"	132	155	169	150	189
4'7"	136	160	176	156	196
4'8"	140	166	182	164	203
4'9"	145	172	189	169	211
4'10"	150	178	196	174	219
4'11"	155	184	203	178	227
5'0"	160	190	210	182	235
5'1"	164	196	217	187	243
5'2"	169	202	224	191	250
5'3"	174	208	231	196	258
5'4"	179	214	239	201	267
5'5"	184	220	246	207	275
5'6"	189	227	254	212	284
5'7"	195	233	261	218	292
5'8"	200	239	270	225	302
5'9"	206	244	278	231	311
5'10"	211	250	286	238	320
5'11"	217	256	294	243	329
6'0"	223	263	302	251	338
6'1"	229	269	310	257	347
6'2"	235	276	319	263	357
6'3"	241	283	327	270	366
6'4"	247	289	336	278	376
6'5"	253	296	345	286	386
6'6"	259	303	354	296	396
6'7"	265	310	363	305	406
6'8"	271	317	372	314	416
6'9"	277	324	381	323	426
6'10"	283	331	390	331	437
6'11"	289	338	399	342	448
7'0"	295	346	409	353	458

Female

Height	Weight				
	Preferred Nonsmoker	Standard	Standard Express	Disability Income Rider	Maximum Weight**
4'6"	132	149	157	145	174
4'7"	136	154	163	150	180
4'8"	140	159	167	156	187
4'9"	145	164	173	161	193
4'10"	150	169	179	166	200
4'11"	155	175	185	170	207
5'0"	160	181	192	173	215
5'1"	164	187	198	178	221
5'2"	169	193	205	182	229
5'3"	174	197	212	187	237
5'4"	179	202	219	191	245
5'5"	184	206	226	196	253
5'6"	189	210	234	201	262
5'7"	195	215	241	207	269
5'8"	200	220	249	214	278
5'9"	205	225	257	219	287
5'10"	210	230	265	226	296
5'11"	216	236	273	231	305
6'0"	222	242	280	238	313
6'1"	228	248	288	243	322
6'2"	233	254	296	249	331
6'3"	239	260	304	256	340
6'4"	244	267	312	264	349
6'5"	250	274	320	271	358
6'6"	256	281	329	280	368
6'7"	261	287	337	289	377
6'8"	267	293	346	297	387
6'9"	273	300	354	306	396
6'10"	279	306	362	314	406
6'11"	285	313	371	321	415
7'0"	290	319	380	330	425

**Maximum weights to qualify for a rated policy; anything above these weights will be declined.

†For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Underwriting Requirements

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Personal History Interviews, Inspection Reports, Prescription Checks, Motor Vehicle Reports and Attending Physician Statements will be ordered by the Company at its discretion.



Underwriting Exams & Reports Defined

PERSONAL HISTORY INTERVIEWS (PHI)

A Personal History Interview may be ordered at the discretion of the underwriter for any amount of coverage.

PARAMED

A Basic Paramedical Exam includes medical history questions, measured height and weight, pulse, and blood pressure.

MEDICAL EXAM (MED)

Medical Doctor Exam may also be ordered. These must be arranged through approved paramed companies.

HOME OFFICE SPECIMEN (HOS)

A urine test is required with all medical and paramedical exams.

BLOOD CHEMISTRY PROFILE (BCP)

The BCP is a venous blood draw. Appointed paramedical services can obtain the Blood Chemistry Profile.

RESTING ELECTROCARDIOGRAM (ECG)

If Resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated. Please provide a copy.

MINNESOTA COGNITIVE ACUITY SCREEN (CS)

The MCAS is a simple, short telephone interview, conducted by registered nurses (RNs) trained to administer the test. Proposed insureds age 71 and older will complete the Minnesota Cognitive Acuity Screen which screens for cognitive deficits.

INSPECTION REPORTS (IR)

Provides a holistic view of the proposed insured's public records footprint, providing information such as criminal records history, properties owned and bankruptcies.

PERSONAL FINANCIAL STATEMENTS (PFS)

A Personal Financial Statement (also known as a Confidential Financial Questionnaire) will be requested if the income and net worth of PI is not provided on application, the Company finds the financial information is unclear, inconsistent or additional details are needed and/or the insurance is being used for business coverage, including Buy-Sell, Loan and Key Person applications.



MOTOR VEHICLE REPORTS (MVR)

A Motor Vehicle Report may be ordered at the discretion of the underwriter for any amount of coverage.

PRESCRIPTION CHECK (RX CHECK)

A prescription history may be ordered at the discretion of the underwriter for any reason.

ATTENDING PHYSICIAN STATEMENTS (APS)

Providing complete information, including telephone number, will expedite the APS process. APSs will be ordered by the Company at its discretion.

APS Guidelines are as follows:

Face Amounts			
Age	Up to and including \$1 million	\$1,000,001 to \$2,500,000	Over \$2.5 million
0-50	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on ALL applications**
51-60	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on ALL applications
61-69	NOT ROUTINELY (for cause or for exam within the past 12 months not marked within normal limits)*	Yes Within the last 5 years for preferred classes and has an established Primary Care Physician	Yes Within the last 5 years for preferred classes and has an established Primary Care Physician
70 and older	Yes***	Yes***	Yes***

*APSs are not needed on regular annual exams that are marked within normal limits or on annual female exams unless exam was noted as abnormal.

**Individual consideration up to and including \$5 Million (and under age 40) if applicant has not seen an MD for more than 3 years.

***Ages 70 to 79, normal underwriting guidelines if seen in the last 24 months by Primary Care Physician. Age 80 should have seen an MD in the last 12 months for any consideration.



Authorized Paramed Companies

The companies listed below are authorized to perform paramedical and medical exams on behalf of Transamerica.

American Para Professional Systems (APPS)	800-727-2101	appslive.com
Examination Management Services, Inc. (EMSI)	800-872-3674	eol5.emsinet.com
ExamOne, Inc.	800-768-2056	examone.com
Insurance Medical Services, Inc	877-808-5533	imsparamed.com
Portamedic	866-245-0268	eportamedic.com
Superior Mobile Medics	800-898-3926	smminsurace.com

How long are Underwriting Requirements valid for?

Underwriting requirements will expire as listed in the chart.

Requirements	Up to Age 70	Age 71 and Older
Paramed or Medical*	Good for 1 year	Good for 6 months
Part 2 (Non-med)	Good for 3 months	Good for 3 months
Resting Electrocardiogram (ECG)**	Good for 1 year	Good for 1 year
Inspection Report (IR)	Good for 1 year	Good for 1 year
Personal Financial Supplement (PFS)	Good for 1 year	Good for 1 year
Home Office Urine Specimen (HOS)	Good for 1 year	Good for 6 months
Blood Chemistry Profile (BCP)	Good for 1 year	Good for 6 months
Minnesota Cognitive Acuity Screen (CS)	N/A	Good for 6 months
Motor Vehicle Report (MVR)	Good for 6 months	Good for 6 months

*Underwriting may request additional requirements in addition to the paramed exam, such as a newly completed non-medical Part 2, or statement of good health, depending on product, age of exam and medical history.

****ECG:** If resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated.



Initial Underwriting Requirements

TRENDSETTER SUPER TRENDSETTER SUPER NY

Face Amount	Issue Age					
	18 – 40	41 – 50	51 – 60	61 – 70	71 – 75	76 – 80
\$25,000 – \$50,000 ¹	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS MVR
\$50,001 – \$99,999 ¹	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR
\$100,000 – \$250,000	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR
\$250,001 – \$500,000	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
\$500,001 – \$1,000,000	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR
\$1,000,001 – \$2,000,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 – \$3,500,000	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 – \$5,000,000	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$5,000,001 – \$10,000,000	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$10,000,001 and higher	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business



Initial Underwriting Requirements

TRENDSETTER LB

Available Risk Classes: Standard (S/NS) and Standard Express (S/NS)						
		18 – 40	41 – 50	51 – 60	61 – 70	71 – 80
Band 1	\$25,000 – \$99,999	Non-med* MVR	Non-med* MVR	Non-med* MVR	N/A	N/A
Band 2	\$100,000 – \$249,999	Non-med* MVR	Non-med* MVR	Non-med* MVR	Paramed BCP HOS	Paramed BCP HOS CS MVR

Policies underwritten as Tables 1 – 4 (A – D) will be issued as Standard Express Class (S/NS) without an explicit table rating.

Policies underwritten as Tables 5 – 8 (E – H) will be issued as Standard Class (S/NS) plus the appropriate table extra rating (25% of base rate per table).

*Standard nonsmoker is the best rate class available for non-medical underwritten Bands 1 and 2.

Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

Available Risk Classes: Preferred Nonsmoker						
		18 – 40	41 – 50	51 – 60	61 – 70	71 – 80
Band 2	\$100,000 – \$249,999	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR

Available Risk Classes: Preferred Plus, Preferred (S/NS), Standard Plus and Standard (S/NS)						
		18 – 40	41 – 50	51 – 60	61 – 70	71 – 80
Band 3	\$250,000 – \$499,999	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR
Band 4	\$500,000 – \$2,000,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR Rx Check	Paramed BCP HOS MVR Rx Check	Paramed BCP HOS ECG CS PFS MVR Rx Check

Transamerica reserves the right to request other evidence of insurability as it deems necessary.



Initial Underwriting Requirements

TRANSNAVIGATOR

Face Amount	Issue Age							
	0 – 17	18 – 40	41 – 50	51 – 60	61 – 70	71 – 75	76 – 80	81+
\$25,000 – \$99,999	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$100,000 – \$249,999	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$250,000 – \$499,999 (for 0-17 \$250,000 – \$500,000)	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$500,000 – \$1,000,000 (for 0-17 \$500,001 – \$1,000,000)	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS ECG CS MVR	Paramed BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR
\$1,000,001 – \$2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 – \$3,500,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 – \$5,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$5,000,001 – \$10,000,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Initial Underwriting Requirements

TRENDSETTER JOURNEY

TRENDSETTER JOURNEY NY

Face Amount	Issue Age								
	0 – 17	18 – 40	41 – 50	51 – 60	61 – 70	71 – 75	76 – 80	81+	
\$100,000 – \$249,999	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$250,000 – \$499,999	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$500,001 – \$1,000,000	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$1,000,001 – \$2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 – \$3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 – \$5,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$5,000,001 – \$10,000,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: VUL policies are only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

The Long Term Care (LTC) Rider is only available on Journey/Journey NY to U.S. Citizens living in the U.S. and to Green Card holders. For full underwriting specifications, please refer to the appropriate LTC Underwriting Guide.

†For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Initial Underwriting Requirements

FREEDOM GLOBAL IUL II^{SM*}

FREEDOM INDEX UNIVERSAL LIFE II^{SM*}

Face Amount	Issue Age							
	0 – 17	18 – 40	41 – 50	51 – 60	61 – 70	71 – 75	76 – 80	81+
\$25,000 – \$75,000	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$50,001 – \$75,000	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$75,001 – \$99,999	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$100,000 – \$250,000	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$250,001 – \$500,000	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Medical BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$500,001 – \$1,000,000	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR	Medical BCP HOS ECG CS MVR
\$1,000,001 – \$2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 – \$3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 – \$5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$5,000,001 – \$10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

*Only available in New York

†For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Lifestyle and Health History

IMPACT ON RISK CLASS

TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred Non smoker	N/A	N/A	Standard Non smoker	Preferred Smoker	N/A	Standard Smoker
Trendsetter Super Trendsetter Super NY Trendsetter LB	Preferred Plus	Preferred Non smoker	Standard Plus	NONMED Standard & Standard Express Non smoker (band 1 & 2 LB)	Standard Non smoker	Preferred Smoker	NONMED Standard & Standard Express Smoker (band 1 & 2 LB)	Standard Smoker
Freedom Global IUL II* Freedom Index Universal Life II	Preferred Elite	Preferred Plus	Preferred	N/A	Non-Tobacco	Preferred Tobacco	N/A	Tobacco
Tobacco Usage	None in the past 5 years	None in the past 2 years	None in the past 2 years	None in the past year	None in the past 2 years	Tobacco permitted	Tobacco permitted	Tobacco permitted
Incidental Cigar Usage	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Permitted	Permitted	Permitted
Cholesterol With or without treatment	230	260	300	*	*	260	*	*
Chol / HDL	5.0 for ages ≤70 5.5 for ages 71+1	5.5 for ages ≤70 6.0 for ages 71+ 1	6.2 for ages ≤70 6.7 for ages 71+ 1	*	7.0 for ages ≤70 7.5 for ages 71+ 1	5.5 for ages ≤70 6.0 for ages 71+ 1	*	7.0 for ages ≤70 7.5 for ages 71+ 1
Blood Pressure	135/85 for ages ≤70 145/85 for ages 71+	145/85 for ages ≤70 150/90 for ages 71+	148/88 for ages ≤70 152/88 for ages 71+	*	*	145/85 for ages ≤70 150/90 for ages 71+	*	*
Treatment	<u>Through age 49:</u> Without treatment <u>Ages 50-80:</u> With treatment, as long as readings fit criteria above <u>Ages 81+:</u> Without treatment	With or without treatment	With or without treatment	*	*	With or without treatment	*	*
Family History Includes coronary artery disease and the following cancers:** Breast, Ovarian, Prostate, Colon, Lung, Melanoma	No family deaths before age 65 of either parent or sibling. Disregard if PI is age 65 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	N/A	*	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	N/A	*
Personal History	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	***	No ratable impairments	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	***	No ratable impairments

*Individual consideration on a case-by-case basis; may or may not be eligible.

**Some gender-specific cancers may qualify for preferred rates.

***See Underwriting Guidelines for Medical Impairments on pages 17 - 32

¹If available.



Lifestyle and Health History—Impact on Risk Class

TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred Non smoker	N/A	N/A	Standard Non smoker	Preferred Smoker	N/A	Standard Smoker
Trendsetter Super Trendsetter Super NY Trendsetter LB	Preferred Plus	Preferred Non smoker	Standard Plus	"NONMED Standard & Standard Express Non smoker (band 1)	Standard Non smoker	Preferred Smoker	NONMED Standard & Standard Express Smoker (band 1 & 2 LB)	Standard Smoker
Freedom Global IUL II* Freedom Index Universal Life II	Preferred Elite	Preferred Plus	Preferred	N/A	Non-Tobacco	Preferred Tobacco	N/A	Tobacco
Driving History DUI/Reckless	None in the past 5 years			***	*	None in past 5 years	***	*
MVR-Major Violations	No more than 1 major violation in the past 3 yrs and NONE in the past 12 months	No more than 1 major violation in past 3 yrs		***	*	No more than 1 major violation in past 3 yrs	***	*
MVR-Minor Violations	No more than 3 minor moving violations within the past 3 yrs			***	*	No more than 3 minor moving violations within the past 3 yrs	***	*
Private Aviation ¹	Only available with Aviation Exclusion Rider; not available to those age 71 and older Not available for VUL.	Term, TransACE CV, and VUL – Preferred can be offered with or without ratable aviation. All other products: Preferred available for those clients who qualify for Preferred for all accounts and they are not ratable for aviation.	Can be offered with or without ratable aviation	***	Available as qualifies VUL Preferred can be offered with or without ratable aviation	Term, Trans-ACE CV, and VUL –Preferred can be offered with or without ratable aviation. All other products: Preferred available for those clients who qualify for Preferred for all accounts and they are not ratable for aviation.	***	Available as qualifies VUL Preferred can be offered with or without ratable aviation.
Avocation (Hazardous)	No participation in activities listed below ²	No participation in activities listed below ² Flat extra available	No participation in activities listed below ² Flat extra available	***	No participation in activities listed below, if ratable ²	No participation in activities listed below ² Flat extra available	***	No participation in activities listed below, if ratable ²
Alcohol/Substance Abuse	No history or treatment at any time	No history or treatment at any time	No history or treatment in the past 10 years	***	No history or treatment in the past 7 years	No history or treatment at any time	***	No history or treatment in the past 7 years
Citizenship/Residence	U.S. citizen or legal permanent resident/green card residing in the U.S. – all others, contact Underwriting for individual consideration.							
Foreign Travel (Unsafe)	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories. ³							
Military	Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area. ⁴							

*Individual consideration on a case-by-case basis – may or may not be eligible.

***See Underwriting Guidelines for Medical Impairments on pages 17 - 32

¹Private Aviation: An Aviation Exclusion Rider (AER) is not available on joint life applications.

²Avocation: Prohibited activities involving aeronautics (e.g., hang-gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing, competitive vehicles, mountain climbing, rodeos, competitive skiing or scuba/skin diving at a depth greater than 75 feet.

³Foreign Travel: Unless otherwise prohibited by statute.

⁴Military: Unless otherwise prohibited by statute.



Medical Impairments

IMPACT ON RISK CLASS

T=Table

Impairment	All products except Trendsetter® LB Series Band 1 & 2	Preferred Possible	Trendsetter® LB Series		Monthly Disability Income Rider
			Band 1	Band 2	
AIDS/HIV	Decline	N	Decline	Decline	Decline
Alcohol abuse	T2 – Decline	N	Decline	Mild – Std Express Other – Decline	Decline
Alcoholism*	<2 yrs since complete abstinence – Decline	Yes, with greater than 10 years of sobriety	Decline	< 5 years of complete abstinence – Decline	Decline
	3-5 yrs since complete abstinence – T3 to T10	N		5 years plus of complete abstinence – Std to Std Express	
	>5 yrs since complete abstinence – Standard to T3	N			
Allergies, Hay fever	Standard	Y	Std	Std	Std
ALS (Lou Gehrig's Disease)	Decline	N	Decline	Decline	Decline
Alzheimer's Disease	Decline	N	Decline	Decline	Decline
Amputations	Limited, traumatic injury – Standard Otherwise, see specific cause/disease	Possible in those cases of limited, traumatic injury resulting in amputation.	Due to injury – Standard	Due to injury – Standard	Exclusion Rider or Decline
Anemia	Fully investigated with no underlying cause identified. Mild – Standard	N	Mild cases - Std Other - Decline	Mild cases – Std Moderate – Std Express Severe – Decline	Decline
	Moderate – T2 to T5	N			
	Severe – Decline	N			
Aneurysm, abdominal* **	No surgery but with periodic surveillance – T2 to T6	N	Decline	No surgical correction - Decline Greater than 6 months since surgical correction – Std Express	Decline
	No surgery or surveillance – Decline	N			
	No surgery, size > 5 cm – Decline	N			
	Treated with surgery:	N			
	<6 mo since surgery – Postpone				
	>6 mo since surgery – T2 to T6, depending on length of time since surgery				
Aneurysm, cerebral* **	No surgery – \$7.50 flat extra to Decline	N	Decline	No surgical correction or <2 yrs since surgery – Decline 2 years plus since surgical correction – Std to Std Express	Decline
	<6 mo since surgery – Postpone	N			
	6 mo to 2 yrs since surgery – \$5 flat extra	N			
	>2 yrs since surgery – Standard	N			
	(if multiple cerebral aneurysms or significant residuals, possible Decline)				
Angina*	See Coronary Artery Disease				
Anxiety	Mild – (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) – Standard	Y	Mild cases – Std Other – Decline	Mild cases – Std Moderate – Std Express Other – Decline	Decline
	Moderate – (satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work) – Standard to T4	N			
	Severe – (recurring episodes requiring in-patient care, unable to work) – T4 to Decline	N			

*Indicates an Attending Physicians Statement (APS) will probably be needed. Underwriting will not be able to order an APS in Band 1. Generally will be limited to one APS, if needed in Band 2.

**Indicates range of rating will depend on client's age, date of diagnosis and severity of condition.



Medical Impairments—Impact on Risk Class

T=Table

Impairment	All products except Trendsetter® LB Series Band 1 & 2	Preferred Possible	Trendsetter® LB Series		Monthly Disability Income Rider
			Band 1	Band 2	
Atrial fibrillation* **	No underlying heart disease, short duration <4 episodes per year – Standard to T3	N	Decline	No underlying heart disease, short duration, <4 episodes per year – Std to Std Express	Decline
	Chronic or prolonged episodes – T2 to T6	N		With underlying heart disease or frequent episodes – Decline	
Arthritis, osteo	Mild or Moderate – Standard	Y – mild only	Standard	Standard	Exclusion Rider or Decline
	Severe – possible T2	N			
Arthritis, rheumatoid* **	Mild – (minimal pain, no deformity, no continuous treatment required) – Standard	N	Mild cases – Std to Std Express	Mild cases – Std to Std Express	Decline
	Moderate – (moderate activity, frequent drug therapy, slight deformity) – T2 to T3	N		Moderate – Std Express	
	Severe – (chronic active disease, serious restrictions of movement, continuing treatment including steroids) – T4 to Decline	N		Other – Decline	
Asthma**	Mild – Standard to T2	Y – mild only	Mild cases- Std to Std Express	Mild Cases – Std to Std Express	Exclusion Rider or Decline
	Moderate – T3 to T8	N		Moderate – Std Express	
	Severe – Decline	N		Severe – Decline	
	Children: < Age 7 can be considered for coverage at a Standard rate if their asthma is mild and well controlled. Age 2 or younger, cannot be considered for coverage	N			
Aviation, private	Student pilot – \$3.50 flat extra	See Preferred Guidelines	Student- \$3.50 flat extra Qualified Pilot – Std to \$3.50 flat extra	Student- \$3.50 flat extra Qualified Pilot – Std to \$3.50 flat extra	Qualified private pilots may be acceptable
	Qualified pilot – Standard to \$3.50 flat extra (Rating determined by client age, number of hours flown each year and total flying experience)	N			
Aviation, paid	Commercial pilot, passenger or freight flying within the U.S. or Canada – Standard	Y	Corporate or commercial pilot (passenger or freight) flying within U.S. or Canada – Std Other- \$2.50 flat extra and up	Corporate or commercial pilot (passenger or freight) flying within U.S. or Canada- Std Other – \$2.50 flat extra and up	Standard if qualified pilot
	Corporate Pilot – Standard	Y			
	Other, \$2.50 to \$10 flat extra (Rating determined by occupation)	N			
Back pain (See also Chronic Pain)	Mild to Moderate – Standard	Y	Mild to moderate cases – Std to Std	Mild to moderate cases – Std to Std Express	Exclusion Rider or Decline
	Severe-possible T2 to T4	N	Express Severe or disabling – Decline	Severe or disabling – Std Express to Decline	
Barrett's Esophagus*	Standard to Decline	N	Decline	Std to Decline	Decline
Bell's Palsy	Standard	Y – If > 3 months since diagnosis, fully recovered with no complications.	Fully recovered – Std	Fully recovered- Std	Present – Decline Fully recovered, no residuals – Standard

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Medical Impairments—Impact on Risk Class

T=Table

Impairment	All products except Trendsetter® LB Series Band 1 & 2	Preferred Possible	Trendsetter® LB Series		Monthly Disability Income Rider
			Band 1	Band 2	
Bipolar disorder*	Mild – (no loss of work, stable symptoms, low-dose single antidepressant) – T2 to T4	N	Decline	Mild to moderate (very infrequent time lost from work, stable symptoms, 1 or 2 antidepressants, no suicide attempts) – Std	Decline
	Moderate – (1 or more episodes, satisfactory response to treatment, infrequent disabling attacks) – T4 to T6	N			
	Severe – (recurring episodes, inpatient care, disabled from work) – T8 to Decline	N			
Blindness	Total blindness – Standard to T3	Possible, if otherwise considered Standard and no impairment of functional capacity.	Standard	Standard	Exclusion Rider
	Partial – Standard	Y			
BPH (Benign Prostatic Hypertrophy)	Normal PSA, urinalysis, no impairments – Standard	Y	Normal PSA, urinalysis, no renal impairment – Standard	Normal PSA, urinalysis, no renal impairment – Standard	History of >6 mos – Standard
Breast disorders (not Cancer)	Benign mass without atypia per biopsy – Standard	Y	Benign mass without atypia per biopsy – Std	Benign mass without atypia per biopsy – Std	Present – Decline
	Benign mass with atypia per biopsy – Standard to T4 (determined by client's age and if family history is positive for breast cancer)	N	Otherwise – Decline	Benign mass with atypia per biopsy – Std Express	History of/ recovered – Standard
Broken bone	Standard	Y	Standard	Standard	Standard or Exclusion Rider
Bronchiectasis*	Minimal or Mild – Standard to T3	N	Decline	Mild- Std Express	Decline
	Moderate or Severe- Decline	N			
	Moderate – T4 to T6	N			
	Severe – T8 to Decline	N			
Bronchitis, acute	Standard	Y	Standard	Standard	Present with history of asthma – Decline, otherwise – Standard
Bronchitis, chronic (COPD)*	Mild – Standard to T3	N	Decline	Minimal or Mild – Std Express Moderate to Severe – Decline	Decline
	Moderate – T4 to T8	N			
	Severe – Decline (if currently using oxygen – Decline)	N			
Bundle branch block, right	Incomplete – Standard	Y	Std to Std Express	Std to Std Express	Decline
	Complete: No CAD risk factors – Standard	N			
	With CAD risk factors – T2 to T3	N			
Bundle branch block, left*	T4 to Decline	N	Decline	Stable for at least 1 year & no underlying heart disease – Std Express Otherwise – Decline	Decline

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			Band 1	Band 2	
Bursitis	Standard	Y	Standard	Standard	Exclusion Rider or Decline
Cancer (internal organ)*	Call Home Office	N	Decline	Call Home Office	Decline
Cancer, skin (not Melanoma)	Standard	Y	Standard	Standard	Standard
Cardiomyopathy	<3 yrs since diagnosis - postpone	N	Decline	3 years since diagnosis – Decline	Decline
	>3 yrs since diagnosis - T4 to T8			>3 years since diagnosis – Std Express to Decline	
Carpal Tunnel Syndrome	Standard	Y	Standard	Standard	Exclusion Rider or Decline
Cataracts	Standard	Y	Standard	Standard	Standard or Exclusion Rider
Cerebral Palsy*	Age 8 or less – Decline	N	Decline	Age 8 or less – Decline	Decline
	Age 9 or greater- very mild and no mental retardation – Std	N		Age 9 or greater- very mild and no mental retardation – Std mild mental retardation – Std Express	
	Otherwise, T4 to Decline	N		Otherwise – Decline	
Cerebral Vascular Accident, Stroke (CVA)* **	<1 yr since occurrence – Postpone	N	Decline	Mild and >1 year since occurrence – Std Express to Decline	Decline
	>1 yr since occurrence – T4 to Decline	N		Otherwise – Decline	
	Multiple CVA's – Decline	N			
Chronic Obstructive Pulmonary Disorder (COPD)**	Minimal to Mild - Standard to T4	N	Decline	Minimal or Mild – Std Express	Decline
	Moderate - T6 to T8			Moderate to Severe – Decline	
	Severe – Usually Decline (Rating will be higher if currently using tobacco, Supplemental oxygen is decline)				
Chronic Fatigue Syndrome	<1 year since last symptoms – Postpone	N	Fully recovered – Standard	Fully recovered – Standard	Present, within 2 yrs of recovery – Decline
	>1 year since last symptoms – Standard	Y			>2 yrs since recovery, no residuals – Standard
Chronic pain	Mild – Standard to T3	N	Mild to moderate cases – Std to Std Express Severe or disabling – Decline	Mild to moderate cases – Std to Std Express Severe or disabling – Std Express to Decline	Decline
	Moderate – T4 to T8	N			
	Severe – Decline	N			
Cirrhosis (liver)	Complete abstinence from alcohol for > 5 years, no complications, normal liver enzymes – T6 to Decline	N	Decline	Decline	Decline
	Otherwise, Decline	N			

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			Band 1	Band 2	
Colitis, ulcerative* **	<1 yr since diagnosis – T3 to T4	N	Decline	<1 year since diagnosis or major attack – Decline	Decline
	1-5 yrs since diagnosis – T2 to T6	N			
	>5 yrs since diagnosis – Standard	N			
	Severe colitis or with complications – Decline	N		1-5 years since diagnosis or major attack – Std Express	
	Severe colitis or with complications – Decline	N		>5 years since diagnosis or major attack – Std	
Colitis, other than ulcerative	Standard – Decline, depending on cause	Y	Standard	Standard	Standard to Decline
Concussion (head injury)	Mild – Postpone 6 mo, then Standard (if no residuals)	Y – if no residuals	Mild->6 mos with no residuals – Standard	Mild->6 mos with no residuals – Standard	Standard to Decline
	Moderate – Postpone 1 yr, then Standard (if no residuals)	N			
	Severe – Postpone 2 yrs, then Standard (if no residuals)	N			
Congestive Heart Failure (CHF)* **	<1 yr since complete recovery – Postpone	N	Decline	>1 year since full recovery and no treatment – Std Express to Decline	Decline
	Otherwise, T4 to Decline	N			
Convulsions*	See Epilepsy				
Coronary Artery Disease* **	<3 months after bypass – Postpone	N	Decline	Age 45 or less – Decline Ages 46 & up – Std Express to Decline	Decline
	<6 months after angioplasty – Postpone	N			
	Ages: <40 – Decline	N			
	40-45 – T6 to Decline	N			
	46-59 – T4 to Decline	N			
	>60 – T2 to Decline May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing.	N			
Criminal activity	Criminal charges pending, or currently on probation or parole – Postpone	N	Criminal charges pending, or currently on probation or parole – Decline	Criminal charges pending, or currently on probation or parole – Decline	Decline
	Otherwise, call Home Office	N			
			Otherwise, call Home Office	Otherwise, call Home Office	
Crohn's Disease* **	<1 yr from diagnosis or major attack – Postpone	N	Decline	<1 year since diagnosis or major attack – Decline 1-5 years since diagnosis or major attack – Std Express	Standard
	>1 yrs from diagnosis or major attack – T2 to T6	N			
				>5 years since diagnosis or major attack – Std	
Cyst, benign	Standard	Y	Standard	Standard	Standard
Cystic Fibrosis	Decline	N	Decline	Decline	Decline
Depression	Mild – (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) – Standard	Possible	Mild cases (stable symptoms, no disability, 1 antidepressant)- Std to Std Express Otherwise- Decline	Mild cases (stable symptoms, no disability, 1 antidepressant) – Std to Std Express Moderate (stable symptoms, very infrequent time lost from work, 1 or 2 antidepressants) – Std Express Severe – Decline	Decline
	Moderate – (satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work) – Standard to T4	N			
	Severe – (recurring episodes requiring in-patient care, unable to work) – T6 to Decline	N			

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			Band 1	Band 2	
Dermatitis	Standard	N	Standard	Standard	Standard
Diabetes* **	Standard to Decline (rating determined by current age, how long since diagnosis, and control)	N	Diagnosed after age 40, controlled with diet or 1-2 oral medications only – Std Express	Diagnosed after age 40, controlled with diet, oral medication, or insulin – Std Express to Decline	Decline
	Well controlled diabetes, older than age 20, no tobacco with no complication, stable – T2 to Decline	N	Otherwise – Decline		
Diverticulitis**	Mild attacks, fully recovered – Standard to T2	Y	Mild attacks, fully recovered – Std to Std	Mild attacks, fully recovered – Std to Std	Exclusion Rider or Decline
			Express Otherwise – Decline	Express Otherwise – Decline	
Down's Syndrome* **	Mild – T8 to T10	N	Decline	Decline	Decline
	Moderate or Severe – Decline	N			
Driving Under the Influence (DUI)*	<1 yr since violation: < age 26 – Decline	N	>1 yr since occurrence - single episode no other driving violations – Standard	>1 yr since occurrence - single episode no other driving violations – Standard	Decline
	Ages 26-35 – \$5 Flat Extra	N			
	Ages 36 & older – \$3.50 Flat Extra	N			
	1-5 yrs since violation – Standard to \$5.00 Flat Extra depending on age				
	>5 yrs since violation – Standard	N			
	Multiple DUIs – Probable Decline	Y			
	Under age 21 at time of offense – Individual Consideration	N			
Drug Abuse, marijuana	Current use, < 9 times a month – Tobacco Rates	N	Experimental or intermittent only – Standard	Experimental or intermittent only – Standard	Decline
	Current use, more frequent – T2 to Decline	N			
Drug Abuse, other than marijuana* **	Current use or use within last 3 yrs – Decline	N	Decline	Decline	Decline
	3-6 yrs since complete abstinence – \$7.50 temporary flat extra	N			
Eczema	Standard	Y	Standard	Standard	Standard
Emphysema* **	Minimal to Mild – Standard to T4	N	Decline	Minimal or Mild – Std	Decline
	Moderate – T6 to T8	N		Express Moderate to Severe – Decline	
	Severe – Usually Decline Ratings will be higher if currently using tobacco Supplemental Oxygen use is a Decline	N			
Endocarditis	Postpone 1 yr, then Standard (if no residuals)	Y	>1 yr Standard (if no residuals)	>1 yr Standard (if no residuals)	Standard to Decline
Epilepsy, petit mal* **	<6 mos since diagnosis – Postpone	N	Controlled with minimal meds and no seizures within past 2 yrs – Std to Std Express	Controlled with minimal meds and no seizures within past 2 years – Std to Std Express	Decline
	<7 seizures/yr – Standard	N			
	7-12 seizures/yr – Standard to T2	N			
	>12 seizures/yr – T2 to T3	Y (if last seizure >5 years ago)			
	>2 yrs since last seizure – Standard				

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			Band 1	Band 2	
Epilepsy, grand mal* **	Diagnosis <1 year ages <36 – Postpone	N	Controlled with minimal meds and no seizures within past 2 years – Std to Std Express	Controlled with minimal meds and no seizures within past 2 years – Std to Std Express	Decline
	Diagnosis <6 months ages 36 & up – Postpone	N			
	<7 seizures per year: Age <36 – T6	N			
	Ages 36 & up – T4 7-12 seizures per year: Age <36 – T8	N			
	Age 36 & up – T6	N			
	>12 seizures per year: Age <36 – T12 to Decline	N			
	Ages 36 & up – T8 to Decline				
	Seizures Ceased > 1 yr: T3 to Standard	Y (if last seizure > 5 years ago)			
Esophageal stricture	Mild to Moderate – Standard to T4	N	Mild cases – Std to Std Express	Mild cases – Std to Std Express	Standard or Exclusion Rider
	Severe – T4 to T8	N			
	(consider Standard if successful surgery >1 ago)	N			
Fibromyalgia, fibrositis	Possible Standard (severe, disabling cases may require rating)	Y	Mild cases – Std Moderate, not disabling – Std Express	Mild cases – Std Moderate, not disabling- Std Express Severe – Decline	Decline
Fistula & fissure, anal	Standard	Y	Standard	Standard	Standard
Fracture, bone or skull (no residuals)	Standard	Y	Standard	Standard	Full recovery, no residuals – Standard
Gall bladder disorders	Standard	Y	Standard	Standard	Present – Decline Recovered/ Corrected – Standard
Gastric bypass surgery*	Banding, LAGB, VBG Surgeries: 3 months or less since surgery – Postpone	N	At least 2 years out from surgery, current weight within build guidelines, no complications – Std	At least 2 years out from surgery, current weight within build guidelines, no complications – Std	Decline
	3 months to 2 years – T2	N			
	>2 years – Standard	N			
	Malabsorptive Surgeries: < 6 months since surgery – Postpone	N			
	>6 months to < 2 years – T3	N			
	2-5 years – T2	N			
	>5 yrs – Standard	N			
Gastroenteritis, recovered	Standard	Y	Standard	Standard	Standard
Gastroesophageal Reflux Disease (GERD)	Standard	Y	Standard	Standard	Standard
Glaucoma	Standard	Y	Standard	Standard	Exclusion Rider or
Glomerulonephritis, chronic*	Standard to Decline (depends on cause & severity)	N	Decline	Decline	Decline
Gout	Standard (chronic, severe cases may require rating)	Y	Std	Std	Standard or Exclusion Rider

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			Band 1	Band 2	
Headache, migraine or tension	Standard	Y	Standard	Standard	Mild – occasional, no absences from work – Standard, Otherwise – Decline
Hearing impairment	Standard	Y	Standard	Standard	Exclusion Rider
Heart attack* **	See Coronary Artery Disease				
Heart bypass surgery* **	See Coronary Artery Disease				
Heart valve replacement*	<6 mo since surgery – Postpone	N	Decline	Std Express to Decline	Decline
	>6 mo since surgery – T2 to Decline (Rate dependent on age & valve replaced)	N			
Heart valve surgery* **	<6 mo since surgery – Postpone	N	Decline	Standard to Decline	Decline
	>6 mo since surgery – Standard to Decline	N			
Heartburn	Standard	Y	Standard	Standard	Standard
Hemorrhoids	Standard	Y	Standard	Standard	Standard
Hepatitis A	Standard (fully recovered)	Y	Standard (fully recovered)	Standard (fully recovered)	Standard
Hepatitis B	One episode, fully recovered – Standard	N	Decline	Acute, fully recovered-Std Chronic – Standard to Decline	Decline
	Chronic – Standard to Decline	N			
Hepatitis C	Standard to Decline	N	Decline	Standard to Decline	Decline
Hernia	Standard	Y	Standard	Standard	Asymptomatic or surgically corrected – Standard, otherwise – Decline
Herniated disc	Standard	Y	Standard	Standard	Exclusion Rider or Decline
High blood pressure (Hypertension)	Usually Standard (if under control)	Y	Controlled with one or two medications – Standard	Controlled with one or two medications – Standard	Controlled – Standard
Histoplasmosis	Present – Postpone	N	Recovered with no residuals – Standard	Recovered with no residuals – Standard	Decline
	Recovered w/o residuals > 6 months – Standard	N			
	w/residual lung impairment – T2 to Decline	N			
Hodgkin's Disease* **	T2 to Decline	N	Decline	call Home Office	Decline

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			Band 1	Band 2	
Huntington's Disease**	Present – Decline	N	Decline	Decline	Decline
	Family history, with negative genetic testing – Standard	N			
	Family history, without genetic testing – \$2.50 to \$10 flat extra	N			
Hydronephrosis**	Resolved or cause corrected – Standard	N	Resolved or cause corrected – Standard	Resolved or cause corrected – Standard	Decline
	Cause still present – T2 to Decline				
Hysterectomy	Standard if no cancer history	Y	Standard if no cancer history	Standard if no cancer history	Standard if no cancer history
Ileitis* **	See Crohn's Disease				
Indigestion	Standard	Y	Standard	Standard	Standard
Kidney failure, dialysis	Decline	N	Decline	Decline	Decline
Kidney infection, recovered	Standard	Y	Standard	Standard	Standard to Decline
Kidney removal	Standard to Decline (depending on cause & current renal function)	Y (depending on reason)	Decline	Std to Decline (depending on cause & current kidney function)	Decline
Kidney stones	Standard (frequent attacks may require rating)	Y	Standard (minimal attacks)	Standard (minimal attacks)	Exclusion Rider or Decline
Kidney transplant* **	<1 year since transplant – Decline	N	Decline	Decline	Decline
	>1 year since transplant – T6 to Decline	N			
Leukemia* **	<2 yrs since last treatment - Postpone	N	Decline	Decline	Decline
	>2 yrs since last treatment - T4 to Decline	N			
Lupus, discoid	Standard to Decline (depending on severity)	N	Std to Std Express	Std to Std Express	Decline
Lupus, systemic*	<1 yr since diagnosis – Postpone	N	Decline	<4 years since diagnosis – Decline 4 years since diagnosis and no serious symptoms – Std Express	Decline
	1 yr & up from diagnosis – T2 to Decline	N			
Lymphoma* **	<3 yr from last treatment – Postpone	N	Decline	Call Home Office	Decline
	>3 years – T2 to Decline	N			
Malaria	Single episode – Standard	Y – if fully recovered	Standard	Standard	Single attack – Standard
	Multiple episodes – Standard to T2	N			
Melanoma* **	Standard to Decline	N	Decline	Call Home Office	Decline
Meniere's Disease	Standard	Y	Standard	Standard	Decline
Meningioma*	Surgically removed – Standard to \$7.50 flat extra	N	At least 3 years out from complete excision and no residuals – Std	At least 3 years out from complete excision and no residuals – Std	Decline
	Otherwise, T2 to Decline	N			

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			Band 1	Band 2	
Meningitis	<6 mo since recovery – Postpone	N	<6 mo since recovery – Postpone	<6 mo since recovery – Postpone	Full recovery-Standard
	>6 mo since recovery, no residuals – Standard	Y			
Mental retardation* **	Mild to Moderate – Standard to T2	N	Decline	Mild to Moderate- Std Express	Decline
	Severe/Profound – Decline	N		Otherwise- Decline	
Mitral insufficiency, Mitral Valve Prolapse (MVP)*	Mild – Standard to T4	N	Mild cases- Std	Mild cases – Std	Standard – controlled
	Moderate – T2 to T4	N		Moderate – Std Express	
	Severe – T4 to Decline	N		Severe – Decline	
Mitral stenosis*	Mild – Standard to T6	N	Decline	Slight or Mild – Std Express Moderate or Severe	Decline
	Moderate – T2 to Decline (depending on age)	N			
	Moderate to Severe – T4 to Decline	N			
Mononucleosis	Standard	Y	Standard	Standard	Recovered – Standard
Mountain climbing	Based on location, scale (YDS or other grading scale), altitude and equipment used. – Standard to Decline.	Subject to details. Minor trail climbing or equivalent may be acceptable within preferred classes.	Based on location, scale (YDS or other grading scale), altitude, and equipment used – Std to Decline	Based on location, scale (YDS or other grading scale), altitude, and equipment used – Std to Decline	Decline
	Please call Home Office with details for quote.	N			
Multiple Sclerosis (MS)* **	<1 yr since diagnosis: Progressive – T8	N	Decline	Relapsing-remitting type, >1 year since diagnosis and mild to moderate symptoms – Std Express Progressive or severe symptoms – Decline	Decline
	Relapsing-Remitting – T6	N			
	>1 yr since diagnosis – degree of disability: Mild – T2 to T3	N			
	Moderate – T4 to T6	N			
	Severe – T8 to Decline	N			
Benign MS > 25 yrs since diagnosis w/no signs or symptoms for 5 years – Standard	N				
Myocarditis*	<2 yrs since diagnosis – Postpone	N	Decline	At least 2 years since diagnosis, single episode, fully recovered – Std to Std Express	Decline
	>2 yrs since diagnosis, fully recovered – Standard to T2	Y			
Muscular Dystrophy**	Becker or limb girdle – T10 to Decline	N	Decline	Decline	Decline
	Duchene – Decline	N			
	Dystrophia Myotonica – Decline	N			
	Facioscapulohumeral – Standard to T6	N			
	Mitochondrial – Standard to Decline	N			
	Myotonia Congenita – Standard	N			
	Periodid Paralysis – Standard to T2	N			

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Myasthenia Gravis*	Ocular: <1 yr since diagnosis – Postpone	N	Decline	Ocular type and >1 yr since diagnosis- Std to Std Express Generalized type and >1 year since diagnosis- Std Express	Decline
	1-5 yrs since diagnosis – T2 to T4	N			
	>5 yrs – Standard	N			
	Generalized: <1 yr since diagnosis – Postpone	N			
	1-7 yrs since diagnosis – T4	N			
	>7 yrs since diagnosis – T2	N			
Nephrectomy	Standard to Decline (depending on cause & renal function)	Possible depending on the circumstances	Standard to Decline (depending on cause & renal function)	Std to Decline (depending on cause & current kidney function)	Standard to Decline (depending on cause & renal function)
Nephritis, acute	S1 episode, fully recovered – Standard	Y	1 episode, fully recovered- Standard	1 episode, fully recovered – Standard	Standard or Exclusion Rider
	Multiple episodes – Standard to T3	N			
Neurosis, anxiety	See Anxiety				
Non-Hodgkin's lymphoma**	<3 yr from last treatment – Postpone	N	Decline	Call Home Office	Decline
	>3 years – T2 to Decline	N			
Occupations with special hazards	Examples of occupations with special hazards: Aviation, Military, Building and Construction, Mining and Quarrying, and Professional Athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the Home Office if you have a question about an occupation.	Possible if occupation is considered standard, Otherwise no preferred.	Call Home Office	Call Home Office	Decline
Operating While Intoxicated (OWI)	See DUI				
Osteoarthritis	See Arthritis, osteo				
Pacemaker*	Standard to Decline (Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.)	N	Decline	Std Express to Decline (Rating determined by the age of the client, years since pacemaker implanted, and reason for pacemaker)	Decline
Pancreatitis	Acute: <6 mo since attack – Postpone	N	Single episode and >6 months since attack- Std Otherwise- Decline	Single episode and >6 months since full recovery – Std Chronic and >1 year since last symptoms – Std Express to Decline	Decline
	Otherwise, probably Standard	N			
	Chronic: < 1 year since last symptoms – Decline	N			
	1-4 years since symptoms – T3 to T6	N			
	>4 years since symptoms – Standard to T2	N			
	With complications – T8 to Decline	N			

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**Indicates range of rating will depend on client's age, date of diagnosis and severity of condition.



Medical Impairments—Impact on Risk Class

T=Table

Impairment	All products except Trendsetter® LB Series Band 1 & 2	Preferred Possible	Trendsetter® LB Series		Monthly Disability Income Rider
			Band 1	Band 2	
Paralysis*	Monoplegia - Standard to T2	N	Decline	Monoplegia and Hemiplegia – Std Express Otherwise – Decline	Decline
	Hemiplegia - Standard to T4				
	Paraparesis - T2 to T10				
	Paraplegia - Highly substandard to Decline				
	Quadriplegia - Decline				
Parkinson's Disease* **	Mild – Standard to T3	N	Decline	Mild- Std Express Moderate or Severe –Std Express to Decline	Decline
	Moderate – T2 to T4	N			
	Severe – T4 to Decline	N			
Pericarditis*	Single episode: <3 mo since diagnosis – Postpone	N	Single episode and >1 year since full recovery-Std Otherwise – Decline	Single episode and >1 year since full recovery-Std to Std Express Multiple episodes and >1 year since full recovery – Std to Std Express	Decline
	> 3 mo since full recovery – Standard	N			
	Multiple episodes: < 6 mo since full recovery – Postpone	N			
	6 mo to 1 year – T3	N			
	1 to 3 years – T2	N			
	> 3 years – Standard	N			
	Peripheral Vascular Disease (PVD)*	Nonsmoker – T2 to T4			
Smoker – T5 to Decline		N			
Phlebitis, thrombosis, blood clot	Single episode, fully recovered – Standard	Y	Single episode, fully recovered – Standard	Single episode, fully recovered – Standard	Decline
	Multiple episodes – Standard to T4	N			
Pilonidal cyst	Standard	Y	Standard	Standard	Standard
Pituitary adenoma	Standard to Decline	N	Decline	Successful treatment & no complications – Std to Decline	Decline
Pleurisy	Usually Standard (multiple episodes may be rated)	Y	Single episode recovered – Standard	Single episode recovered – Standard	Decline
Pneumoconiosis	Minimal to Mild – Standard to T4	N	Decline	Minimal or Mild – Std Express Moderate to Severe –Decline	Decline
	Moderate – T6 to T8	N			
	Severe – Decline	N			
Pneumonia, full recovery	Standard	Y	Standard	Standard	Standard
Pregnancy, no current or history of complications	Standard	Y	Standard	Standard	Decline
Prostatitis, with normal PSA	Standard	Y	Standard	Standard	Present or chronic – Decline Single episode/ full recovery – Standard
Psychosis*	<2 yrs since diagnosis/episode – Postpone	N	Decline	Mild to moderate (very infrequent time lost from work, stable symptoms, 1 or 2 antidepressants, no suicide attempts) –Std Express Otherwise – Decline	Decline
	2 -10 yrs since diagnosis/episode – T2 to T8	N			
	>10 yrs since diagnosis/episode – Standard to T3	N			

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Medical Impairments—Impact on Risk Class

T=Table

Impairment	All products except Trendsetter® LB Series Band 1 & 2	Preferred Possible	Trendsetter® LB Series		Monthly Disability Income Rider
			Band 1	Band 2	
Pyelonephritis, acute	One episode, fully recovered – Standard	Y	One episode, fully recovered – Standard	One episode, fully recovered – Standard	Standard or Exclusion Rider
	Multiple episodes – Standard to T3	N			
Pyelonephritis, chronic*	Standard to Decline (depending on renal function)	N	Decline	Std to Decline (depending on renal function)	Decline
Quadriplegia	Decline	N	Decline	Decline	Decline
Racing, motor vehicle	Amateur – Standard	Y	Amateur – Standard	Amateur – Standard	Decline
	Professional or semi-professional – \$2.50 to \$5 flat extra	N	Professional or semi-professional – \$2.50 to \$5 Flat Extra	Professional or semi-professional – \$2.50 to \$5 Flat Extra	
Raynaud's Disease	Standard to T4	Y (if not rated)	Std to Std Express	Std to Std Express	Decline
Rheumatic Fever, no heart complications	Mild – Standard to T2	N	Mild cases and fully recovered- Std to Std Express	Mild cases and fully recovered –Std to Std Express	No heart damage – Standard
	Moderate – T2	N			
	Severe – T4 to Decline	N	Otherwise- Decline	Moderate to Severe –Std Express to Decline	
Rheumatoid Arthritis*	See Arthritis, rheumatoid				
Sarcoidosis* **	Standard to Decline	N	Decline	Standard to Decline	Decline
Sebaceous cyst	Standard	Y	Standard	Standard	Standard
Sciatica	Standard	Y	Standard	Standard	Standard or Exclusion Rider
Schizophrenia*	<2 yrs since diagnosis/episode – Postpone	N	Decline	Mild to moderate (very infrequent time lost from work, stable symptoms, 1 or 2 antidepressants, no suicide attempts)- Std Express Otherwise – Decline	Decline
	2 – 10 yrs since diagnosis/episode – T2 to T8	N			
	>10 yrs since diagnosis/episode – Standard to T3	N			
Scuba diving, recreational, lakes, rivers, coastal waters	100 feet or less – Standard	Y	100 feet or less – Standard 101-250 feet – \$2.50 to \$5 flat extra >250 feet – \$7.50 to \$10 flat extra	100 feet or less – Standard 101-250 feet – \$2.50 to \$5 flat extra >250 feet – \$7.50 to \$10 flat extra	Decline
	101-250 feet – \$2.50 to \$5 flat extra	N			
	>250 feet – \$7.50 to \$10 flat extra	N			
Seizures	See Epilepsy				
Sinusitis	Standard	Y	Standard	Standard	Standard
Sky diving	\$5 to \$7.50 flat extra	N	\$5 to \$7.50 flat extra	\$5 to \$7.50 flat extra	Decline
Sleep apnea**	Mild – Standard	N	Mild cases only- Std to Std Express	Mild cases –Std to Std Express	Decline
	Moderate – Standard to T3	N			
	Severe – T2 to T4	N			
Stroke* **	<1 yr since occurrence – Postpone	N	Decline	Mild and >1 year since occurrence –Std Express to Decline	Decline
	>1 yr since occurrence – T4 to Decline	N			
	Multiple CVAs – Decline	N			

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Medical Impairments—Impact on Risk Class

T=Table

Impairment	All products except Trendsetter® LB Series Band 1 & 2	Preferred Possible	Trendsetter® LB Series		Monthly Disability Income Rider
			Band 1	Band 2	
Suicide attempt*	<1 yr since attempt – Postpone	N	Decline	<1 year since single attempt- Postpone 1-5 years since single attempt- \$5 flat extra >5 years since single attempt- Standard Multiple attempts- Decline	Decline
	1-5 yrs since attempt – \$5 flat extra	N			
	>5 yrs since attempt – Standard (if history of multiple attempts, expect higher ratings)	N			
Thyroid disorder	Usually Standard	Y	Usually Standard	Usually Standard	Hypothyroid – Standard Hyperthyroid – >2 yrs since diagnosed/ stable – Standard Otherwise – Decline
Transurethral resection of prostate (TURP)	No history of cancer: Standard	Y	Standard	Standard	Standard
Transient Ischemic Attack (TIA)* **	<6 mo since occurrence – Postpone	N	Decline	<6 months since single occurrence- Postpone >6 months since single occurrence- Std to Std Express (If multiple TIAs, postpone 1 year from last occurrence and then Std Express to Decline)	Decline
	>6 mo since occurrence – Standard to T4 (if history of multiple TIAs, postpone 1 yr since last occurrence and expect higher ratings)	N			
Tuberculosis	Usually Standard	Y (if fully recovered)	Fully recovered- Std	Fully recovered –Standard	Decline
Tumors, benign	Usually Standard	Y	Usually Standard	Usually Standard	Standard or Exclusion Rider
Tumors, malignant	Call Home Office	N	Decline	Call Home Office	Decline
Ulcerative colitis* **	See Colitis, ulcerative				
Ulcer, stomach	Standard	Y	Standard	Standard	Present to within 2 yrs of treatment – Decline >2 yrs since treatment & fully recovered – Standard
Upper respiratory tract infection, cold	Standard	Y	Standard	Standard	Standard
Varicocele, hydrocele, cystocele	Standard	Y	Standard	Standard	Standard or Exclusion Rider
Urinary Bladder Infection, acute	Standard	Y	Standard	Standard	Standard
Varicose veins	Standard	Y	Standard	Standard	Mild with no swelling or ulcerations – Standard Otherwise – Decline

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Substandard Table Ratings

Substandard ratings may be attributable to health, occupation or avocation characteristics that result in higher than average mortality risks.

Our competitive underwriting allows us to offer substandard table ratings using the following guide:

Table Rating Guide
1/A = 25%
2/B = 50%
3/C = 75%
4/D = 100%
5/E = 125%
6/F = 150%
8/H = 200%
10/J = 250%
12/L = 300%
16/P = 400%

Additional Rate Class Information

Base Face Amounts (not including riders) must be medically underwritten to be eligible for Preferred classes.

Tobacco user is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, etc.) within the past 24 months.

Guaranteed Insurability Rider: The amount of the initial death benefit plus the amount of the first GIR option should be used to determine medical requirements. This rider will not be included in a policy issued:

1. On a substandard basis,
2. On an applicant who is in military service or who, under the Company's rules, is subject to a restriction in amount due to a possible military hazard, or,
3. To a pilot, unless the Company should determine that the amount of risk is acceptable.

Please refer to product materials for age and risk class availability.



Field Underwriting and the Conditional Receipt

Every time you submit an application, you take a very important step in helping your clients protect their family and their dreams. The Conditional Receipt is an important part of this process.

WHAT IS THE CONDITIONAL RECEIPT?

The Conditional Receipt is “interim” coverage provided to life insurance applicants when the full modal premium is paid at the time of the application. Provided certain conditions are met, the Conditional Receipt provides death benefit protection for the Proposed Primary Insured up to the amount stated in the Dollar Limits of Conditional Coverage section of the receipt or the face amount applied for, whichever is less.

CONDITIONS AND REQUIREMENTS

The following must be met for the conditional receipt to be in effect:

- > Proposed Primary Insured is found insurable, at any rating, under the Company’s rules for insurance on the product applied for and at the face amount and tobacco classification applied for;
- > All statements and answers given in the application are true and complete;
- > Full initial modal premium is received at our Administrative Office within the lifetime of the Proposed Primary Insured (if the form of payment is by check or draft, it must be honored for payment);
- > All medical exams, tests, screenings and questionnaires required by the company are completed and received at our Administrative Office.

If the Proposed Primary Insured passes away while Conditional Coverage is in effect, Coverage will be denied if the death is caused by suicide or a self-inflicted injury.



An application has been completed. Now what?

KEEP YOUR CLIENT INFORMED

Let the client know that additional evidence may be needed to complete the process. Examples may include:

- > A medical examination
- > Blood and urine analysis
- > An ECG
- > A telephone interview to clarify or request additional information
- > Checking a Prescription Drug Database or the Medical Information Bureau
- > Special questionnaires for medical avocation or aviation information

SPECIAL QUESTIONNAIRES*

Special questionnaires may be required when further information is needed on medical, avocation, or aviation matters that could impact the determination on an underwriting classification. These include:

- > **Alcohol Questionnaire** – complete if the applicant has history of alcohol abuse
- > **Arthritis Questionnaire** – complete if there is a history of any type of arthritis
- > **Avocation and Aviation Questionnaire** – complete if there is any participation in racing, parachuting, sky diving, underwater diving or aviation
- > **Drug Questionnaire** – complete if applicant has history of drug abuse
- > **Disability Income Questionnaire** – complete for a client applying for a disability income rider
- > **Tobacco Use/Nicotine Questionnaire** – complete for client with a history of tobacco use
- > **Travel and Residency Questionnaire** – complete for any applicant who has traveled to a foreign country within the past 2 years or intends to travel to a foreign county in the next two years

These questionnaires may be found in the forms section of the agent portal.



An Application Has Been Completed. Now What?

PREPARE A COVER LETTER TO SUBMIT WITH YOUR APPLICATION

A cover letter is your introduction of the client to the Company. A detailed, well-written cover letter may be the difference between a bumpy course or a smooth sail through the underwriting process.

What to include in the cover letter:

- > If not obvious, what is the insurable interest between the owner and beneficiary?
- > How was the face amount determined? (Include information that is relevant in determining the amount being applied for.)
- > What is the purpose of the coverage?
- > Include any known medical or non-medical underwriting concerns.
- > Highlight any factors that would not be developed through the application, i.e., a current exam, attending physician statements, or inspection reports.
- > List competitive information, as well as any standing offers and in force coverage amounts and amounts being replaced.
- > Copies of an estate planning analysis, buy-sell agreement, loan agreement, or other pertinent documents.

To expedite underwriting the inclusion of a cover letter is encouraged on all applications, however it is required at face amounts over \$5,000,000, or when further details are needed for any unusual cases. When using our electronic application (iGO), the cover letter may be uploaded in the agent remarks section.

Please see our Guide to Writing an Underwriting Cover Letter on page 46.

* Questionnaires vary by jurisdiction, and may not be available in all states.



Guide to writing an underwriting cover letter

WHO YOU ARE

I, <Agent Name and Agent ID>, am writing this letter to provide additional information about the attached application on the life of my client, <Client Name>.

YOUR RELATIONSHIP TO THE CLIENT

I have known <Client Name> for <Time Period>, and have sold life insurance to various <Client Name> family members during <Timeframe> for both personal and business reasons, as applicable.

IDENTIFY THE CLIENT

<Client Name> is the <Title> for <Company Name> which <provide company overview>. <Client Name> current income is <\$Annual Income> per year. If appropriate, include such things as the number of full time employees in Company, ownership interest in company, and future business outlook.

JUSTIFICATION FOR THE INSURANCE

While <Client Name> currently carries <Dollar Amount> of key person insurance, the coverage was issued < Years> ago, which is inadequate. <Client Name> needs a total of <Amount of Insurance> at this time. Indicate how insurance will be used. (i.e. \$750,000 to protect the business and contracts in progress and \$750,000 will be payable directly to <Client Name> family as personal insurance.)

INSURANCE IN FORCE/REPLACEMENT

The <Amount of Insurance> <Client name> now carries is term insurance and will be replaced with new coverage (Indicate Face Amount). List any inforce coverage, including type and amount of insurance and carrier name.

FAMILY HISTORY

Provide details on <Family History>, include age of parents at death and cause of death. Indicate client <Tobacco Usage>, <Types of Activity and Frequency>.

CURRENT MEDICATIONS

<Client Name> currently takes <Prescription Medications>. <Client Name> previously took <Prescription Medications> for <Medical History>. However, <Client Name> no longer needs this medication.



OWNER AND BENEFICIARIES

Identify owner (person, trust, etc) and policy beneficiary(ies) and describe insurable interest. Provide the names and contact information for additional resources who can provide additional information, if needed, including estate planning or corporate attorneys or C.P.A

MEDICAL EXAMS AND INSPECTIONS

I have scheduled the appropriate underwriting exams for <Client Name> through <Paramed Company>.

CLOSING SIGNATURE

Sincerely,

_____, Agent

