

*New Business*

# Life Underwriting Requirements Guide

Includes Financial Guidelines and Preferred Criteria



This guide is for traditionally underwritten applications—for our accelerated underwriting requirements, please refer to the WriteAway<sup>SM</sup> Field Guide.



**North American Company**  
for Life and Health Insurance  
Since 1886

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## Underwriting and New Business Overview

North American uses a common sense approach to underwriting to help ensure that our decisions are fair to the proposed insured, deliverable by the producer, and profitable for the company. Our staff of highly skilled underwriters are dedicated to making it easy to do business with us.

To accomplish our objectives, North American New Business and Underwriting offer the following:

- **Skilled underwriting and medical experience**
- **A holistic approach to evaluating impairments**
  - We use a common sense approach to underwriting.
  - Favorable and unfavorable risk factors are balanced on a case-by-case basis to deliver the best risk class possible.
- **Competitive turnaround:**
  - We commit to highly competitive turnaround times from receipt of application to approval.
  - We commit to an average of less than a 48 hour turnaround from time of last requirement to approval.
- **Process**
  - To help ensure timely turnaround times and high standards of service quality, please contact your up-line for underwriting service needs.
  - Paperwork (other than 1035 Exchange forms and premium remittance) will be processed using fax copies or uploaded securely at [www.NorthAmericanCompany.com](http://www.NorthAmericanCompany.com).

## Regular Mail

North American  
P.O. Box 5089  
Sioux Falls, SD 57117-5089

## Overnight Mail

North American  
One Sammons Plaza  
Sioux Falls, SD 57193-0001

## Connect 24/7 with Our Secure Producers Website

Access our agent website through [www.NorthAmericanCompany.com](http://www.NorthAmericanCompany.com) for the most up-to-date information on your cases.

- Pending Business provides hourly updates on your pending cases.
- Policy Data Center provides daily updates on your in-force business.
- Forms Factory provides you with the most current state required forms for policy application and policy changes, which can be completed online and printed from your computer.

## Top 10 Competitive Advantages

1. Many medical impairments can qualify for Super Preferred if well controlled and not ratable. Some examples are anxiety, asthma, and sleep apnea.
2. Treated Hypercholesterolemia can qualify with a cholesterol up to 300 for Super Preferred, with a favorable cholesterol/HDL ratio.
3. Treated Hypertension can qualify for Super Preferred, with favorable blood pressure readings.
4. Marijuana users can qualify for non-tobacco rates starting at age 21.
5. Cigar use up to 24 per year can qualify for Preferred non-tobacco rates if there is no nicotine in the urine; Cigar use up to 12 per year can qualify for Super Preferred non-tobacco rates if there is no nicotine in the urine.
6. For applicants age 18 to 50 for face amounts up to 2 million, there are no routine age/amount APS requirements. For applicants age 51 to 60 for face amounts up to 1 million, there are no routine age/amount APS requirements. APSs are ordered for cause only.
7. No MD exams or treadmills are required.
8. No inspection reports are required.
9. Non-ratable scuba divers who only dive up to 50 feet can receive Super Preferred. Non-ratable pilots or applicants who participate in other non-ratable sports can qualify for Preferred.
10. Family history qualifications do not include diabetes or stroke. Family history qualifications apply to deaths only rather than disease.



## General Guidelines

- Requirements are based on the total face amount of current applications and all amounts in force with North American in the past two years.
- North American reserves the right to require a paramedical and other testing on any person proposed for coverage.
- Paper applications must be completed in ink. Any changes and corrections must be initialed by the proposed insured/applicant.
- All New Business paperwork (applications, state required forms, and health statements for example) may be faxed to the appropriate New Business team fax number or uploaded to [www.NorthAmericanCompany.com](http://www.NorthAmericanCompany.com) directly via the New Business document upload feature. Premium checks and original 1035 forms are to be sent through the mail. Please contact your Consultant for questions regarding state form requirements.
- Use the Agent's Report or a cover letter to provide supporting information. This will help expedite application processing, policy issue and commission payment.
- The maximum participation limit for Waiver of Premium and Accidental Death Benefit (ADB) with ALL companies is:
  - \$250,000 on ADB (ADB amounts are not included in determining underwriting requirements).
  - \$5,000,000 on Waiver of Monthly Deductions and Waiver of Term Premium for Disability Products.
- A Statement of Good Health will typically be required if the face amount of coverage is increased.
- A Statement of Good Health will also be required if the latter of the health questions on the application or paramedical is over 60 days, when the policy is placed in force. The time period runs from the date the requirements are completed until the date the policy is put in force.
- Applications are good for 180 days but must be received in the Administrative Office within 90 days of being signed.

## Substandard Ratings

Table ratings are available for both medical and non-medical reasons and vary by product and issue age. Please refer to the product marketing guide for issue ages, underwriting classifications and table ratings.

## Non-medical flat extras (all products)

- May be applied to the Standard Non-Tobacco and Standard Tobacco rates.

## Medical flat extras (all products)

- May be applied to the Standard Non-Tobacco and Standard Tobacco rates (except for ages 86+ on Survivorship GIUL).
- Temporary flat extras are non-commissionable.

## Temporary Life Insurance Agreement

The Temporary Life Insurance Agreement (TIA) provides a solid guarantee for your clients because they have coverage in place as long as the conditions in the Agreement have been met. The TIA is available on face amounts to \$1,000,000 and ages 15 days to age 70 (age nearest birthday).

- If the applicant elects to have coverage under the Temporary Life Insurance Agreement, the TIA form **MUST** be completed at the time of the application, bearing the same date as the application signed date, and submitted with the application (no exceptions).
- One full monthly premium (check or EFT) must be collected with the application and TIA.
- With the TIA, premium is accepted **ONLY** at the time of application.
- For the TIA to be effective with allotments, list bills, or CSAs, a check (one full monthly premium) must be collected and submitted with the application and the completed TIA form.

## Premium Payment by Credit Card

- Credit card payments are acceptable with an initial premium amount up to \$5,000. We do not accept credit card payments above an initial premium amount of \$5,000.

## Helpful Tips

When completing a life application with your client, the plan of insurance section should include only the insurance plan name, not the rate classification. For example, plan of insurance should be listed as Custom Guarantee® universal life insurance, not Custom Guarantee Super Preferred Non-Tobacco.

North American will automatically underwrite each case for the best possible rate classification. Inclusion of the rate classification on the policy application, which the applicant may or may not qualify for, could result in the issue of a policy amendment. To help avoid the issuance of a policy amendment, which requires the client's signature, please do not include the rate classification on the policy application.

## Requirements Shelf Life

Requirement	Ages 0-70 through Table 8	Above Table 8 for ages 0-70 or ages 71+ (all ratings)
Paramedical	Up to 12 months	Up to 6 months
Blood and Urine	Up to 12 months	Up to 6 months
EKG	Up to 12 months	Up to 6 months
Financial Requirements	Up to 12 months	Up to 12 months

## SimpleSubmit® Information

### How do I schedule the Paramedical Exam?

There are two ways to schedule the paramedical exam.

1. Use the online scheduling tool within SimpleSubmit. Please Note: when using SimpleSubmit, APPS-Portamedic and Exam One are currently the only paramedical vendors available through the online tool.
2. Use your own examiner. You can elect to bypass the online scheduling tool and schedule the paramedical exam with a vendor of your choice from the approved vendors (See page 6). Please note: **YOU MUST ADVISE THE EXAMINER TO COLLECT THE HEALTH AND LIFESTYLE QUESTIONS.**

**For additional information on SimpleSubmit—Refer to the SimpleSubmit Marketing Guide.**

## Can I use SimpleSubmit for All Applications?

You will not be able to use SimpleSubmit for all applications. The instances when you must still use a paper application are as follows:

- Internal Replacement
- Policy Change (Exchange, Conversion, etc)
- Issue Ages Under 18
- An existing paramed exam from another company is being used.
- Large Face Amounts (\$9,999,999 or larger)

## SimpleSubmit® Underwriting Requirements

SimpleSubmit is a new, electronic way to submit applications. The process is simple, fast, and efficient! SimpleSubmit is available on the ADDvantage® Term, Custom Guarantee®, Builder IUL®, Guarantee Builder IUL®, and Rapid Builder IUL®.

SimpleSubmit can now be used for ages above 70 on eligible cases! This means agents can take advantage of eApp for even more of your clients!

## How does the SimpleSubmit process differ from Traditional Underwriting?

SimpleSubmit allows you to gather basic client information and signatures electronically. Your client will answer medical and lifestyle questions, along with any other information required for initial underwriting at the actual paramedical exam.

## Approved Paramedical Facilities for Traditional Applications

These paramedical facilities provide a full range of services throughout the United States. Examiners associated with approved paramedical organizations will be aware of North American requirements for the age and amount applied for. Advise your local examiner of the total amount of life insurance *applied for and in force with North American in the past two years*, so requirements are completed accordingly. They will have the necessary supplies including the kits for blood and urine. Call the 800 number or visit the website for the paramedical services listed below.

Facility	Telephone	Website
APPS/Portamedic	800-727-2101	www.appslive.com
EMSI®	800-872-3674	www.emsinet.com
ExamOne	800-768-2061	www.examone.com
<b>Approved Lab (Blood and Urine)</b>		
Clinical Reference® Laboratory	800-882-1922	www.crlcorp.com
<b>Approved APS Provider</b>		
Parameds.com	718-575-2000	www.parameds.com

## Preparing the Applicant for a Paramedical Visit

In order to obtain accurate information, it is recommended that the applicant:

- Fast for 8 hours prior to the appointment.
- Limit coffee and smoking one hour prior to the appointment.
- Drink a glass of water one hour prior to the appointment.
- Refrain from drinking alcoholic beverages for at least 12 hours prior to the appointment.
- Provide names and dosages of current medications.
- Provide any history of problems associated with providing a blood sample.
- Have available member number(s) of any current health insurance plan.
- Have available names, addresses, and phone numbers of any doctors or clinics visited in the last five years.
- Have details of past and current injuries, conditions, and treatments.

## APS guidelines based on face amount and ages

	0-250,000	250,001 to 500,000	500,001 to 1 million	1,000,001 to 2,000,000	2,000,001 and up
< 1 year	For cause	12 months*	12 months*	Required in all cases	Required in all cases
1-17	For cause	For cause	12 months*	12 months	24 months
18-40	For cause	For cause	For cause	For cause	24 months
41-50	For cause	For cause	For cause	For cause	24 months
51-60	For cause	For cause	For cause	12 months*	24 months
61-70	For cause	12 months*	12 months*	12 months	24 months
71 +	Required in all cases	Required in all cases	Required in all cases	Required in all cases	Required in all cases

Attending Physician Statements may be required on any amount and age at the underwriter's discretion.

## Key

<b>12 months</b>	An APS will be ordered by the Administrative Office if a visit is reported in the last 12 months.
<b>12 months*</b>	A Prescription Report will be ordered by the Administrative Office and if favorable, an APS is not required.
<b>24 months</b>	An APS will be ordered by the Administrative Office if a visit is reported in the last 24 months.
<b>Required in all cases</b>	If there is no personal physician or a physician has not been seen within 12 months, we will not consider.

When determining the underwriting requirements, use the total amount of life insurance applied for and in force with North American in the past two years.

Traditional Underwriting Requirements <sup>3</sup> – For All Products					
	0-17	18-40	41-50	51-70	71+
<b>25,000 to 99,999</b>	• MVR (16 and up)	• Physical Measurements • Labs-Blood HOS • MVR	• Physical Measurements • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • Functional Capacity Exam • Prescription Report
<b>100,000 to 250,000</b>	• MVR (16 and up)	• Physical Measurements • Labs-Blood HOS • MVR	• Physical Measurements • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report
<b>250,001 to 500,000</b>	• MVR (16 and up) • Contact Underwriting for requirements	• Paramed • Labs-Blood HOS • MVR	• Paramed • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report
<b>500,001 to 999,999</b>	• MVR (16 and up) • Contact Underwriting for requirements	• Paramed • Labs-Blood HOS • MVR	• Paramed • Labs-Blood HOS • MVR • Prescription Report	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report
<b>1,000,000 to 2,000,000</b>	• MVR (16 and up) • Contact Underwriting for requirements	• Paramed • Labs-Blood HOS • MVR • EIR	• Paramed • Labs-Blood HOS • MVR • Prescription Report • EIR	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report • EIR
<b>2,000,001 to 5,000,000</b>	• MVR (16 and up) • Contact Underwriting for requirements	• Paramed • Labs-Blood HOS • MVR • EIR • Financial Supplement	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR • Financial Supplement	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR • Financial Supplement	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report • EIR • Financial Supplement
<b>5,000,001 to 10,000,000</b>	• MVR (16 and up) • Contact Underwriting for requirements	• Paramed • Labs-Blood HOS • MVR • EKG • EIR • Financial Supplement	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR • Financial Supplement	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR • Financial Supplement	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report • EIR • Financial Supplement
<b>10,000,001 and up</b>	• MVR (16 and up) • Contact Underwriting for requirements	• Paramed • Labs-Blood HOS • MVR • EKG • EIR • Third Party Financial Report	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR • Third Party Financial Report	• Paramed • Labs-Blood HOS • MVR • EKG • Prescription Report • EIR • Third Party Financial Report	• Paramed • Labs-Blood HOS • MVR • EKG • Functional Capacity Exam • Prescription Report • EIR • Third Party Financial Report

A Prescription Report may be ordered for ages 40 and below at the underwriter's discretion.

**All Age and amount requirements will be the same for SimpleSubmit® submissions with the exception of the following:**

	18-40	41-50
<b>25,000 to 99,999</b>	• Paramed • Labs-Blood HOS • MVR	• Paramed • Labs-Blood HOS • MVR • Prescription Report
<b>100,000 to 250,000</b>	• Paramed • Labs-Blood HOS • MVR	• Paramed • Labs-Blood HOS • MVR • Prescription Report

## Abbreviations

**MVR:** Motor Vehicle Report    **EIR:** Electronic Inspection Report  
**EKG:** Electrocardiogram  
**HOS:** Urine

## Tobacco Use Definitions

Please refer to the Preferred Criteria, product feature cards, and plan description for rate classes available.

### Non-Tobacco

Must not have used tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) in any form within the last 12 months. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine.

### Tobacco

Any admitted or non-admitted tobacco use or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the past 12 months or any nicotine byproducts found in the lab test results.

## Marijuana Users

Users qualify for non-tobacco rates starting at age 21. Those under age 21 will be charged tobacco rates for smoking or vaporizing. Depending on the frequency and purpose of use, a rating may be required. Preferred and Super Preferred are not available. Please complete a marijuana questionnaire.

## Foreign Nationals and Visa Holders

U.S. residence for at least the past two years with intent to remain in the U.S. permanently is typically required in order to be considered for coverage.

A foreign travel questionnaire will be required in all states.

We require that the proposed insured have a green card or one of the following visa types:

- |                        |                  |                              |
|------------------------|------------------|------------------------------|
| • E1, E2, E2c, E3, Eb5 | • L1, L2         | • T1, T2, T4, and TN-1/NAFTA |
| • G1, G2, G3, G4, G5   | • M1, M2         | • U1, U2, U4                 |
| • H1B, H1c, H4         | • O1, O2, O3     | • V1                         |
| • J1, J2               | • P1, P2, P3, P4 |                              |
| • K1, K3               | • R1, R2         |                              |

**We require a copy of the visa which includes the number, type and expiration date; a valid US bank account; valid social security number due to the U.S. Patriot Act and U.S. income or assets.** The final underwriting decision will depend on the frequency and location of the travels (depending on the state regulations).

Contact Underwriting if the proposed insured is:

- Under age 18
- Residing in U.S. less than 2 years
- Making longer trips
- Traveling to Afghanistan, Burundi, Central African Republic, Chad, Iraq, North Korea, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, and Yemen.

If traveling to hazardous areas, facultative reinsurance may be required.

## Foreign Residence and Travel

U.S. Citizens ages 18 and older who are making short trips out of the country for business, pleasure, or educational purposes to non-hazardous areas are usually acceptable risks.

Contact Underwriting if the proposed insured is:

- Under age 18
- Making longer trips
- Traveling to Afghanistan, Burundi, Central African Republic, Chad, Iraq, North Korea, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, and Yemen.

If traveling to hazardous areas, facultative reinsurance may be required. No coverage is typically available for occupations involving politicians, public figures/celebrities, missionaries, government leaders, journalists, judicial personnel, police, military, security personnel/bodyguards, trade union officials, aviation, arms dealers, diplomats, foreign aid/relief workers who participate in foreign travel. May vary by state.

A foreign travel questionnaire will be required in all states.



## Ages 70 and Under – All Products Super Preferred and Preferred Underwriting Criteria

Criteria	Super Preferred	Preferred Non-Tobacco	Preferred Tobacco
Tobacco Use	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last five years. Occasional cigar (up to 12 per year) is allowed if admitted on the application and the urine contains no nicotine.	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last three years. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine.	All forms of tobacco and nicotine based products are allowed.
Alcohol/Drug	No history of alcohol or drug abuse or treatment in 10 years.	No history of alcohol or drug abuse or treatment in 7 years.	
Aviation	Non-ratable pilots for major airlines only, or aviation exclusion rider.	Non-ratable commercial and private pilots are acceptable.	
Blood Pressure	135/85 Treatment allowed	140/90 Treatment allowed	
Cholesterol	Cholesterol 300 or less and cholesterol/HDL ratio up to 5. The minimum cholesterol must be 125 and above (disregard the minimum if on cholesterol medication).	Cholesterol 300 or less and cholesterol/HDL ratio up to 6. The minimum cholesterol must be 125 and above (disregard the minimum if on cholesterol medication).	
Citizenship	Is a U.S. citizen or has had permanent resident status for at least two years.		
Driving Record	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.		
Family History	No death of natural parent or sibling from heart disease or cancer prior to age 60.	No death of natural parent from heart disease or cancer prior to age 60.	
Foreign Travel	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).		
Hemoglobin A1C	Normal range		
Personal History	No history of cancer (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, heart disease, or other significant health problems.	No history of cancer* (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, heart disease, or other significant health problems. *Some cases of cancer may qualify for Preferred.	
Physical Measurements	Weight within range shown in Super Preferred build chart.	Weight within range shown in Preferred build chart.	
Ratings	Less than 25 debits for medical impairments without the use of credits.		
Recreation	No participation in hazardous sports within past 24 months with no future plans to participate in hazardous sports. Non-technical scuba (50 feet maximum) acceptable.	Non-ratable hazardous sports are acceptable.	

\*Cancer cases that may qualify for Preferred are considered on a case by case basis by the underwriter. The specific criteria are listed on page 12 of this guide.

# Ages 70 and Under – All Products

## Build Chart Height and Weight Requirements

	Male and Female	Super Preferred		Preferred		Standard
		Male	Female	Male	Female	Male and Female
Height	Minimum	Maximum	Maximum	Maximum	Maximum	Maximum
4' 10"	91	137	127	146	137	185
4' 11"	94	141	131	151	141	192
5' 0"	97	146	136	156	146	198
5' 1"	100	151	140	161	151	205
5' 2"	104	156	145	167	156	212
5' 3"	107	161	149	172	161	219
5' 4"	110	166	154	177	166	226
5' 5"	114	171	159	183	171	233
5' 6"	118	176	164	189	176	240
5' 7"	121	181	169	194	181	248
5' 8"	125	187	174	200	187	255
5' 9"	128	192	179	206	192	263
5' 10"	132	198	184	212	198	270
5' 11"	136	203	189	218	203	278
6' 0"	140	209	194	224	209	286
6' 1"	144	215	200	230	215	294
6' 2"	148	221	205	236	221	302
6' 3"	152	227	211	243	227	311
6' 4"	156	233	216	249	233	319
6' 5"	160	239	222	256	239	327

Table Ratings for Build (Ages 16-70)							
	Male and Female						
Height	Table 2 Weight	Table 3 Weight	Table 4 Weight	Table 5 Weight	Table 6 Weight	Table 8 Weight	Table 10 Weight
4' 10"	186	193	203	208	212	222	227
4' 11"	193	200	210	215	220	230	235
5' 0"	199	207	217	222	227	238	243
5' 1"	206	214	224	230	235	246	251
5' 2"	213	221	232	237	243	254	259
5' 3"	220	228	239	245	251	262	268
5' 4"	227	235	247	253	259	270	276
5' 5"	234	243	255	261	267	279	285
5' 6"	241	250	263	269	275	288	294
5' 7"	249	258	271	277	284	296	303
5' 8"	256	266	279	286	292	305	312
5' 9"	264	274	287	294	301	314	321
5' 10"	271	282	296	303	310	324	331
5' 11"	279	290	304	311	319	333	340
6' 0"	287	298	313	320	328	342	350
6' 1"	295	306	322	329	337	352	360
6' 2"	303	315	331	338	346	362	369
6' 3"	312	324	340	348	356	372	380
6' 4"	320	332	349	357	365	382	390
6' 5"	328	341	358	366	375	392	400

## Ages 71+ -All Products Super Preferred and Preferred Underwriting Criteria

Criteria	Super Preferred	Preferred Non-Tobacco	Preferred Tobacco
Tobacco Use	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last five years. Occasional cigar (up to 12 per year) is allowed if admitted on the application and the urine contains no nicotine.	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last three years. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine.	All forms of tobacco and nicotine based products are allowed.
Alcohol/Drug	No history of alcohol or drug abuse or treatment in 10 years.	No history of alcohol or drug abuse or treatment in 7 years.	
Aviation	No participation in past 12 months or plans to participate in the future.		
Blood Pressure	140/85 Treatment allowed.	150/90 Treatment allowed.	
Cholesterol	Cholesterol 300 or less and cholesterol/HDL ratio up to 5.5. The minimum cholesterol must be 125 or higher (disregard the minimum if on cholesterol medication).	Cholesterol 300 or less and cholesterol/HDL ratio up to 6.5. The minimum cholesterol must be 125 or higher (disregard the minimum if on cholesterol medication).	
Citizenship	Is a U.S. citizen or has had permanent resident status for at least two years.		
Driving Record	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.		
Family History	Not applicable		
Foreign Travel	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).		
Hemoglobin A1C	Normal range		
Personal History	APS demonstrating regular health care. No history of cancer (excluding non-melanoma skin cancers), heart disease or stroke.	APS demonstrating regular health care. No history of cancer* (excluding non-melanoma skin cancers), heart disease or stroke. <i>*Some cases of cancer may qualify for Preferred.</i>	
Physical Measurements	Weight within range shown in Super Preferred build chart and stable for the past one year.	Weight within range shown in Preferred build chart and stable for the past one year.	
Ratings	Less than 25 debits for medical impairments without the use of credits.		
Recreation	No participation in hazardous sports within past 24 months with no future plans to participate in hazardous sports. Non-technical scuba (50 feet maximum) acceptable.	Non-ratable hazardous sports are acceptable.	

## Ages 71+ -All Products

### Super Preferred and Preferred Underwriting Criteria Additional Requirements

Criteria	Super Preferred	Preferred Non-Tobacco	Preferred Tobacco
Cognitive Function	No evidence of cognitive impairment.		
Falls	No history of unexplained falls within the past two years.		
Kidney Function	eGFR 60 +		
Serum Albumin	3.9 or greater.	3.8 or greater.	
Physical/ Social Activity	Physically active including but not limited to travel, exercise, and social activities. Independent in all ADL's** and IADL's***.		

\*Cancer cases that may qualify for Preferred are considered on a case by case basis by the underwriter. The specific criteria are listed below.

## Preferred Cancer Case Criteria for all ages

### No other cancer histories are eligible for Preferred unless listed below.

Cancer Type	Criteria
<b>Thyroid</b>	Diagnosed age 44 or younger. Treated more than 10 years ago. Treated by surgery only. Available only for early stage and certain pathology types with no recurrence.
<b>Prostate</b>	Diagnosed age 70 or over. Treated more than 5 years ago. Treated by removal of prostate only. Available only for early stage with no recurrence.
<b>Cervix</b>	No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage with no recurrence.
<b>Uterus</b>	No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage with no recurrence.
<b>Testicle</b>	No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage and certain pathology types with no recurrence.
<b>Melanoma in situ</b>	No age requirement. Treated by surgery more than 5 years ago. Current dermatology visit favorable.

## Ages 71+ -Definitions

### \*\*Activities of Daily Living (ADL)

1. Hygiene	Bathing, grooming, shaving and oral care
2. Continence	Ability to maintain control of bowel and bladder functions
3. Dressing	Ability to put on and take off all items of clothing
4. Eating	Ability to feed oneself
5. Toileting	Ability to use a restroom
6. Transferring	Actions such as going from a seated to standing position and getting in/out of bed

### \*\*\*Instrumental Activities of Daily Living (IADL):

1. Finding and utilizing resources (looking up phone numbers, using a telephone, making and keeping doctor appointments).
2. Driving or arranging travel (either by public transportation such as paratransit, or private car).
3. Preparing meals (opening containers, using kitchen equipment).
4. Shopping (getting to stores and purchasing necessities like food or clothing).
5. Doing housework (doing laundry, cleaning up spills and maintaining a clean living space).
6. Managing medication (taking prescribed dosages at correct times and keeping track of medications).
7. Managing finances (basic budgeting, paying bills and writing checks).

<b>Albumin</b>	Routinely performed as a part of the blood chemistry testing, serum albumin is an independent marker for mortality, especially at the older ages. Albumin may be decreased in liver disease, kidney disease, malnutrition, chronic inflammatory disease, malignant disease, and multiple myeloma among other conditions.
<b>Cognitive Function</b>	Refers to the ability to learn and remember information; organize, plan, and problem-solve; focus, maintain, and shift attention as necessary; understand and use language; accurately perceive the environment, and perform calculations.
<b>eGFR</b> (Estimated Gomerular Filtration Rate)	Obtained through routine blood testing, the eGFR takes into consideration gender, height, weight, and age to assess kidney function.



# Ages 71+ – All Products

## Build Chart Height and Weight Requirements

	Male and Female	Super Preferred		Preferred		Standard
		Male	Female	Male	Female	Male and Female
Height	Minimum	Maximum	Maximum	Maximum	Maximum	Maximum
4' 10"	91	143	134	153	143	185
4' 11"	94	148	138	158	148	192
5' 0"	97	153	143	163	153	198
5' 1"	100	158	148	169	158	205
5' 2"	104	164	153	175	164	212
5' 3"	107	169	158	180	169	219
5' 4"	110	174	163	186	174	226
5' 5"	114	180	168	192	180	233
5' 6"	118	186	173	198	186	240
5' 7"	121	191	178	204	191	248
5' 8"	125	197	184	210	197	255
5' 9"	128	203	189	216	203	263
5' 10"	132	209	195	222	209	270
5' 11"	136	215	200	229	215	278
6' 0"	140	221	206	235	221	286
6' 1"	144	227	212	242	227	294
6' 2"	148	233	218	249	233	302
6' 3"	152	240	224	256	240	311
6' 4"	156	246	230	263	246	319
6' 5"	160	253	236	270	253	327

Table Ratings for Build							
	Male and Female						
Height	Table 2 Weight	Table 3 Weight	Table 4 Weight	Table 5 Weight	Table 6 Weight	Table 8 Weight	Table 10 Weight
4' 10"	186	193	203	208	212	222	227
4' 11"	193	200	210	215	220	230	235
5' 0"	199	207	217	222	227	238	243
5' 1"	206	214	224	230	235	246	251
5' 2"	213	221	232	237	243	254	259
5' 3"	220	228	239	245	251	262	268
5' 4"	227	235	247	253	259	270	276
5' 5"	234	243	255	261	267	279	285
5' 6"	241	250	263	269	275	288	294
5' 7"	249	258	271	277	284	296	303
5' 8"	256	266	279	286	292	305	312
5' 9"	264	274	287	294	301	314	321
5' 10"	271	282	296	303	310	324	331
5' 11"	279	290	304	311	319	333	340
6' 0"	287	298	313	320	328	342	350
6' 1"	295	306	322	329	337	352	360
6' 2"	303	315	331	338	346	362	369
6' 3"	312	324	340	348	356	372	380
6' 4"	320	332	349	357	365	382	390
6' 5"	328	341	358	366	375	392	400

For ages 71 and older, weight must be stable for the past one year.

## Financial Underwriting Guidelines

# Personal Coverage

Personal insurance includes coverage meant to be income replacement and/or to maintain an estate. Purposes of personal insurance include mortgage redemption, debt repayment, funds for final expenses and burial, family maintenance, estate and inheritance taxes, educational funds and charitable bequests.

Purpose of Insurance	Formulas and Guidelines	Information Required	Maximum Percentage of Owner's Income Allowed To Be Paid in Premium																																		
Income Replacement	Maximum Coverage	Gross annual earned income*	Maximum Percent of Income or Net Worth to Fund the Policy																																		
	<table><tr><th>Ages</th><th>Factor times earned income</th></tr><tr><td>20 - 30</td><td>30</td></tr><tr><td>31 - 40</td><td>25</td></tr><tr><td>41 - 50</td><td>20</td></tr><tr><td>51 - 60</td><td>15</td></tr><tr><td>61 - 70</td><td>10</td></tr><tr><td>71 &amp; up</td><td>5</td></tr></table>	Ages	Factor times earned income	20 - 30	30	31 - 40	25	41 - 50	20	51 - 60	15	61 - 70	10	71 & up	5	<p>Risk amounts \$2,000,001 and up require a Financial Supplement.</p> <p>Risk amounts \$10,000,001 and up requires a Third Party Financial verification.</p> <p>*Earned income includes salary, wages, tips, regular bonus, regular commission, deferred compensation, and other employee benefits that are the direct result of the proposed insured's effort and abilities that will cease at their death. Where income fluctuates from year to year, use a three year average.</p>	<table><tr><th colspan="2">Maximum percent of Owner's Income allowed to be paid into premium</th><th colspan="2">Maximum percent of net worth allowed into a policy (not including 1035x)</th></tr><tr><th>Income</th><th>Percentage</th><th>Net Worth</th><th>Percentage</th></tr><tr><td>to \$50,000</td><td>10%</td><td>\$250,000</td><td>up to 30%</td></tr><tr><td>\$50,001 to \$100,000</td><td>20%</td><td>\$250,001 to \$1,000,000</td><td>up to 40%</td></tr><tr><td>\$100,001 and up</td><td>30%</td><td>\$1,000,001 and up</td><td>up to 50%</td></tr></table>	Maximum percent of Owner's Income allowed to be paid into premium		Maximum percent of net worth allowed into a policy (not including 1035x)		Income	Percentage	Net Worth	Percentage	to \$50,000	10%	\$250,000	up to 30%	\$50,001 to \$100,000	20%	\$250,001 to \$1,000,000	up to 40%	\$100,001 and up	30%	\$1,000,001 and up	up to 50%
	Ages	Factor times earned income																																			
20 - 30	30																																				
31 - 40	25																																				
41 - 50	20																																				
51 - 60	15																																				
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\$100,001 and up	30%	\$1,000,001 and up	up to 50%																																		
Purpose of Insurance	Formulas and Guidelines	Information Required																																			
Estate Preservation	<p>75% of Life Expectancy (maximum duration 25 years), at 6% interest rates, times 50% tax rate.*</p> <p>*Use this calculation for all ages and amounts.</p>	<ul style="list-style-type: none"><li>Cover letter explaining the purpose of the insurance, the reason for the amount applied for, and how the proposed insurance will meet the client's needs.</li><li>A Financial Supplement may be required.</li><li>Risk amounts \$10,000,001 and up requires a Third Party Financial verification.</li><li>Higher levels of estate preservation coverage can be considered in states with state estate taxes.</li></ul>																																			
Purpose of Insurance	Formulas and Guidelines	Information Required																																			
Juvenile Coverage	<p>Death Benefit Guidelines</p> <ul style="list-style-type: none"><li>\$250,000 total coverage with all companies for pre-high school age and younger (minimum age 15 days)</li><li>\$500,000 total coverage with all companies for high school through college ages</li></ul>	<ul style="list-style-type: none"><li>Both parents are insured for twice the child's death benefit.</li><li>List both parent's names and pending/in-force life insurance death benefit amounts for each in the special requests section of the application, agent report or agent cover letter.</li><li>All siblings are insured equally – list names and death benefits on the agent's report or cover letter.</li><li>A parent's signature is required on the application. Please consult with the underwriter as necessary.</li><li>Applications for minors must be signed by the parent or guardian with whom the child lives on a regular basis.</li></ul> <p>Agent cover letters are required for the following applications:</p> <ul style="list-style-type: none"><li>To note the reason why both parents are not insured for twice the child's death benefit.</li><li>To note why all the siblings are not insured equally.</li><li>Death benefits over the above guidelines explaining the additional financial loss to the beneficiary.</li><li>For grandparent-owned insurance, list each grandchild and their death benefit as well as the parent's in force insurance.</li></ul>																																			

Washington state regulations

*Under age 18: The amount should not exceed the annual household income (earned and unearned). The amount should be proportional to the amount issued on siblings and immediate family members.*

# Personal Coverage

Purpose of Insurance	Formulas and Guidelines	Information Required
<b>Homemaker Coverage</b>	<ul style="list-style-type: none"> <li>Typically we allow the same total in-force as the primary income earner in the family up to a face amount of 2 million. Final decisions will be made by the underwriter based on all factors of the case.</li> <li>Face amounts above 2 million will be reviewed on an individual consideration basis.</li> </ul>	<ul style="list-style-type: none"> <li>Annual household income</li> <li>Household net worth</li> <li>Total in-force on the primary income earner in the family</li> <li>Cover letter for applications over 2 million to explain any estate considerations or extenuating circumstances. Please consult with the underwriter as necessary.</li> </ul>

# Business Coverage

Purpose of Insurance	Formulas and Guidelines	Information Required
<b>Key Person</b>	Up to 10 multiplied by annual income derived from the company	<ul style="list-style-type: none"> <li>Business Financial Supplement demonstrating income derived from the business being covered.</li> <li>List of other key persons and their coverage in favor of the business.</li> <li>Risk amounts \$10,000,001 and up requires a Third Party Financial verification.</li> <li>When a business is owner and payor, submit a Corporate Resolution, Partner Agreement or Business License showing authorized officers (and their titles) that can sign on behalf of the business.</li> </ul>

Purpose of Insurance	Formulas and Guidelines	Information Required
<b>Buy/Sell or Stock Repurchase</b>	Ownership percentage multiplied by the market value of the company	<ul style="list-style-type: none"> <li>Explanation regarding the purpose of the coverage and how the amount was determined.</li> <li>Details of buy/sell agreement and percentage of ownership in the business.</li> <li>Market value of the business with supporting corporate financials (at underwriter discretion).</li> <li>List of other associates in the buy/sell agreement and their coverage in favor of the business.</li> </ul>

# Other Financial Considerations

Bankruptcy Guidelines		
Chapter 7	Active	Decline
	Discharged	Individual consideration. Usually acceptable depending on the current financial status. Please consult with the underwriter.
Chapter 11 and 13	Active	Individual consideration. A reasonable amount of coverage can be considered depending on the current financial status. Please consult with the underwriter. Please include the monthly payment amount and expected payoff month and year.
	Discharged	Individual consideration. Usually acceptable depending on the current financial status. Please consult with the underwriter.
Multiple bankruptcies will be considered on a case by case basis, depending on the discharge dates. If there are multiple bankruptcies, we will typically consider after all the bankruptcies have been discharged for a period of 2 years.		

Types of sales we do not participate in		
	<ul style="list-style-type: none"> <li>Premium financed sales</li> <li>Qualified money sales</li> <li>Sales involving reverse mortgage and refinancing</li> <li>Captive Insurance Sales</li> <li>Investment sales not supported by financial insurability guidelines</li> <li>Life settlement reimbursement sales</li> <li>412E plan, 419 plans, 412i plans</li> <li>Surrogate insurance/borrowing of life sales</li> <li>Accounts receivable sales</li> </ul>	

Charity Owned Policies Guidelines	
	<ul style="list-style-type: none"> <li>We will consider up to 10 times the average 5-year financial contribution. If not, a cover letter with an explanation of the reason should be provided.</li> <li>A cover letter with details of the financial contribution history to the charity is required for face amounts over \$500,000.</li> </ul>

## Other Financial Considerations Continued...

### Applications involving large single premium payments

When the single premium is specified to match the face amount of the policy, an illustration is required to be sent with the application. The age/amount requirements will be determined by the corridor death benefit at the end of year one as listed under the tabular details section of the illustration.

## Definition of Requirements

<b>APS (Attending Physicians Statement)</b>	Generally requesting the last five years of medical and/or clinical records on the proposed insured - obtained by the Administrative Office.
<b>Business Financial Supplement</b>	A financial statement on the business insured, completed by the agent.
<b>EKG</b>	A 12-lead resting electrocardiogram (without interpretation) obtained through a preferred paramedical service.
<b>EIR (electronic inspection)</b>	Collection of data through Lexis Nexis, which requires no phone call to the proposed insured. All EIR's are initiated by the Administrative Office.
<b>SimpleSubmit®</b>	An electronic application used to submit applications for Custom Guarantee Universal Life, ADDvantage Term, Builder IUL, Guarantee Builder IUL, and Rapid Builder IUL products.
<b>IBU (Interview by Underwriter)</b>	A phone interview conducted by an experienced life insurance underwriter. Initiated by the Administrative Office. These interviews are requested to obtain additional information regarding mild impairments. (Refer to form 8879.)
<b>Labs-Blood HOS</b>	Blood and urine specimen obtained through a preferred paramedical service and mailed to Clinical Reference Laboratory.
<b>MVR</b>	Motor Vehicle Report obtained through the Administrative Office.
<b>Paramed Exam</b>	A basic paramedical examination includes medical history, height, weight, blood pressure, and pulse.
<b>Personal Financial Supplement</b>	A financial statement on the proposed insured, completed by the agent.
<b>Prescription Report</b>	A database of prescriptions, which is obtained by a preferred vendor. These are initiated by the Administrative Office.
<b>Physical Measurements</b>	Physical measurements comprise of height, weight, blood pressure, and pulse conducted by a preferred paramedical service; please note medical history is not acquired.
<b>Functional Capacity Exam</b>	Cognitive testing must be scheduled with a preferred paramedical service.



## Commonly Used Application Supplements

<b>Agent's Report</b>	Complete this form to provide supporting information on the sale.
<b>Alcohol Questionnaire</b>	Complete this questionnaire when alcohol abuse/dependency, addiction or treatment is noted or DUI/DWI violation within five years.
<b>Business Financial Supplement</b>	Complete this questionnaire to clarify the financial background of the business.
<b>Certification of Trust Agreement</b>	Complete this form whenever a trust is listed as a policyowner or beneficiary.
<b>Civilian Aviation Questionnaire</b>	Complete this form when the proposed insured is a pilot or crew member (private, commercial, or military) or has plans to participate in the next 2 years.
<b>Drug Questionnaire</b>	Complete this questionnaire when there is a history of illegal or prescription drug abuse/dependency, addiction, or treatment.
<b>Electronic Fund Transfer Authorization</b>	Complete this form to provide information needed if paying with an Electronic Fund Transfer.
<b>Foreign Travel and Residence Questionnaire</b>	Subject to state regulations, complete this form to clarify foreign citizenship, naturalized citizenship, or when foreign travel or residency is noted on the application. Also complete the form when the proposed insured has a visa.
<b>HIPAA Authorization</b>	This form allows the proposed insured to authorize the release of health-related information. It must be signed and returned with the application.
<b>Important Notice: Replacement of Life Insurance or Annuities</b>	Complete this state specific form where an existing life insurance policy or annuity contract will be discontinued, changed, or will be financing new coverage.
<b>Informed Consent for the Human Immunodeficiency Virus (HIV) Antibody Test</b>	Complete this state specific form on each applicant, obtain signatures, and forward all pages with the application. Note this form follows the applicant's state of residence.
<b>Marijuana Questionnaire</b>	Complete this questionnaire when the proposed insured uses marijuana in any form.
<b>Military Sales Disclosures and DD Form</b>	Complete these forms when the owner is an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserves) or dependent thereof.
<b>Personal Financial Supplement</b>	Complete this questionnaire to clarify the financial background of the proposed insured or when requested in the Underwriting Requirements Charts.
<b>Racing Questionnaire</b>	Complete this questionnaire when the proposed insured participates in any motor sport or has plans to participate in the next 2 years.
<b>Scuba and Skin Diving Questionnaire</b>	Complete this questionnaire when the proposed insured participates or has plans to participate in the next 2 years in any form of skin or scuba diving.
<b>Statements About Life Insurance Illustrations</b>	Complete this form when a full illustration is not used on interest sensitive life insurance applications. Note: When an illustration is used, obtain signatures and forward all pages with the application.
<b>Temporary Life Insurance Agreement</b>	Complete this form at the time of the application (bearing the same date as the application) and submit with the premium to provide coverage during the underwriting process (if all conditions in the agreement are met).

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