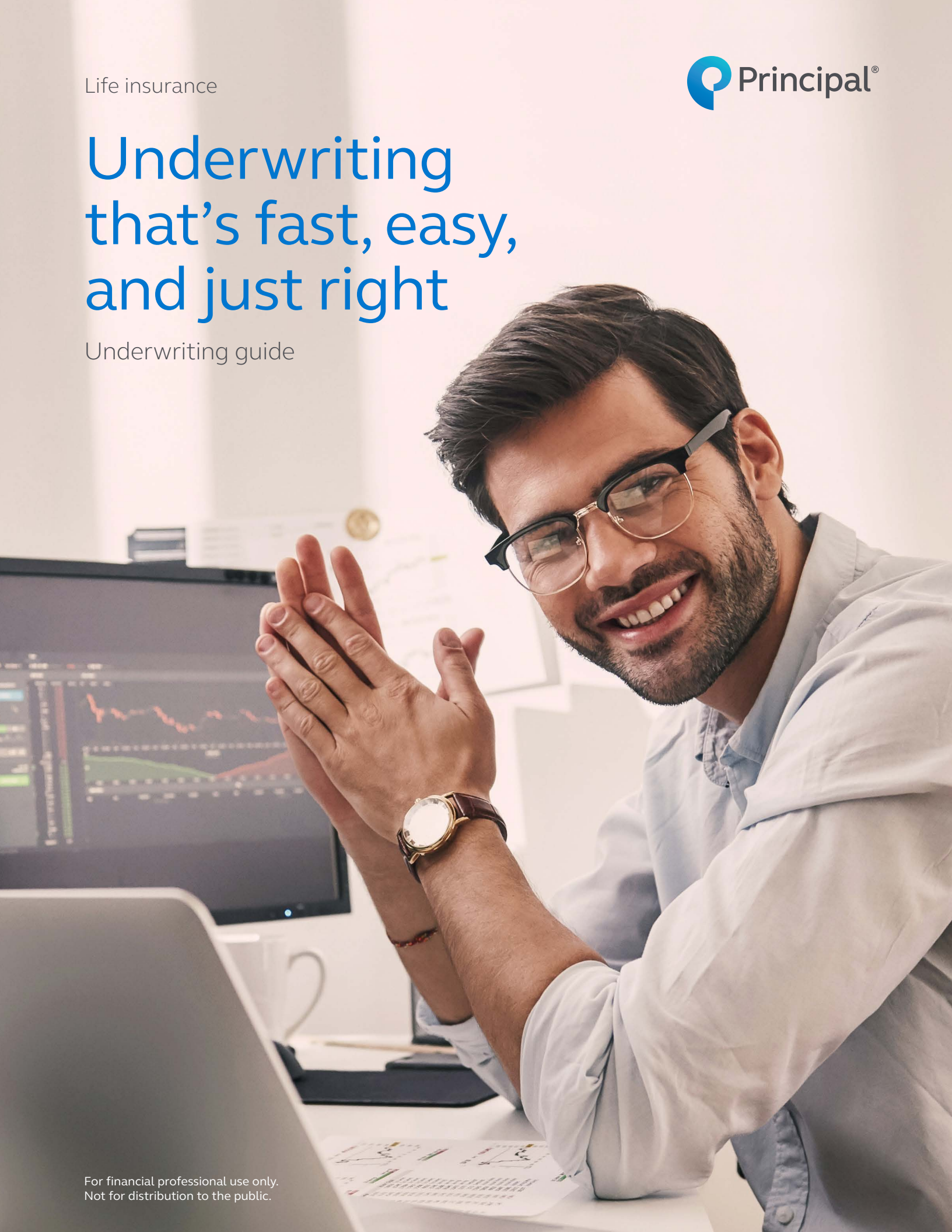
Life insurance

Principal®

Underwriting that's fast, easy, and just right

Underwriting guide



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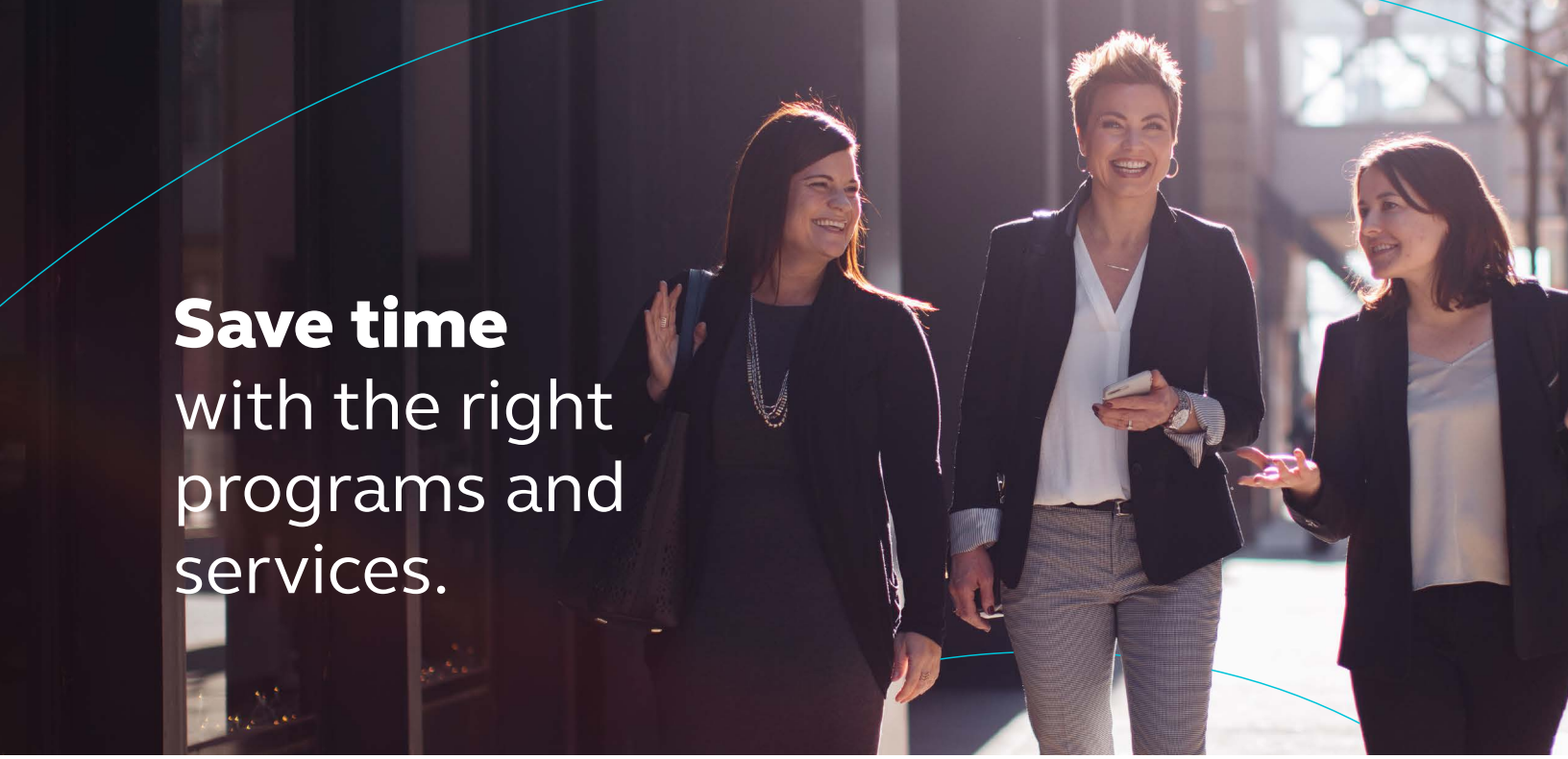

Save time with the right programs and services.

Helping clients achieve the best ratings possible and having more time to sell is easy when you take advantage of our valuable programs and services.

The following is a high-level glance at our offerings. For the remainder of the guide, we'll take a closer look at our programs and guidelines.

Competitive turnaround times

- We have an expanded team to help expedite your cases.
- We offer top-tier industry time service.
- A 1035 unit proactively expedites the transfer of proceeds.
- Principal Accelerated Underwriting℠ helps expedite underwriting in as little a 24 hours (for applicants who qualify).

Easy to work with

- Applications are accepted electronically or by fax (1035 paperwork needs wet signature). Fax: 866-542-1359.
- Submit an informal inquiry using our Quick Quotes System.
- Dedicated home office case managers are available, plus access to your underwriter when you need it. Phone: 800-654-4278.
- Clients have the option to complete the medical portion of the application via our online Part B or a TeleApp.

Robust online services

New business application forms

Principal® provides easy access to life new business application forms on the financial professional website. We have also teamed with the following companies to ensure our application materials are available to customers who subscribe to their services.

- iPipeline™
- Ebix's Vital Forms

Submitting new applications

Submit new business applications electronically to help streamline the new business process. We support the following electronic submissions:

- Principal Direct FTP (file transfer protocol)
- Principal FTP website

We have also teamed with the following companies to ensure new application submission is available to customers who subscribe to their services:

- PaperClip Incorporated
- iPipeline's iGO™
- ExamOne

Traditional submissions such as U.S. mail and fax are also available.

Pending case status

Receive important up-to-date information on pending life and disability insurance new business via:

- Principal Pending Business Report
- Principal Direct FTP from us in ACORD format

We have also teamed with the following companies to ensure our pending new business information is available to customers who subscribe to their services:

- Oracle/SkyWire
- AgencyWorks
- SmartOffice™

We have also teamed with the following companies to ensure underwriting rules are available to customers who subscribe to their services:

- XRAE

Business case advantage

Flexible, partnership approach—collaborate for creative solutions

- Understand concept and key issues.
- Work with Business and Advanced Solutions when needed.

Multi-life underwriting

- Available for employer-sponsored plans.
- Multiple underwriting programs available.
- Home office pre-approval required.

Nonqualified executive benefits—aggregate funding on COLI

- Liberalized financial underwriting limits
  - 35 times income to age 55
  - 20 times income age 56 and over
- Streamlined underwriting requirements
  - Physical measurements + ECG + Labs + APS
  - No paramed or MD exams required.
  - No inspections required.
  - Accelerated Underwriting is available for those who qualify.
  - Employer census provides financial information.
- Preliminary underwriting and selection of participants using online Part B TeleApp.
- Added level of service—we order all requirements and APS reports for you.
- Pre-completed application forms provided for formal signatures.

Accelerated Underwriting

Speed up the underwriting process for both you and your clients with Principal Accelerated Underwriting℠.

It's available for use with all of our life insurance products.

There are no exam requirements and no lab testing for qualified Standard, Super Standard, Preferred, and Super Preferred clients.[1]

A simple online application or telephone interview—that's all it takes to fulfill the requirements on your end. Then the underwriter reviews the information and provides an underwriting decision in as little as 24 hours.[1]

1. **Complete Part A and C of the application,** including Financial Professional Report, HIPAA, Informed Consent Form, etc. Do not schedule the paramed appointment.
2. **The client can complete Part B online or over the phone.** Use the online scheduler tool for online Part B or to schedule an interview. Call TeleApp at 1-888-835-3277 if the client would like to complete the interview immediately.
3. **Underwriting evaluates** the Part B, Motor Vehicle Report, prescription history , MIB, LLC report, and digital health data (when needed).
   - If the application is approved for Accelerated Underwriting, it proceeds to issue.
   - If not approved through Accelerated Underwriting, the application will go through the traditional underwriting process.
   - A paramed appointment will be scheduled plus any additional requirements.

Principal TeleApp Contact Center Hours are Monday-Friday, 7 a.m. to 6 p.m. CT.

[1] Applicants may qualify based on age, product, face amount, and personal history. Insureds cannot use any special underwriting program or reinsurance to qualify for their underwriting classification.

Eligibility requirements

Products	Ages	Maximum face amount	Requirements
Principal® Term Principal Universal Life Provider Edge II℠ Principal Universal Life Flex III℠ Principal Indexed Universal Life Flex II℠ Principal Indexed Universal Life Accumulation II℠ Principal Variable Universal Life Income IV℠ Principal® Survivorship Universal Life Provider	18-40	$3 million	• For individuals who don't have a qualifying model score, we'll review to see if DHD can be used to underwrite them without needing insurance labs. DHD records will need to include the results from labs completed within the past 24 months.
	41-50	$2.5 million	• For face amounts greater than $2 million, DHD records will need to include results from labs completed within the past 24 months. • For individuals who don't have a qualifying model score, we'll review to see if DHD can be used to underwrite them without needing insurance labs. DHD records will need to include the results from labs completed within the past 24 months.
	51-60	$2.5 million	• For face amounts greater than $1 million, DHD records will need to include results from labs completed within the past 12 months. • For individuals who don't have a qualifying model score, we'll review to see if DHD can be used to underwrite them without needing insurance labs. DHD records will need to include the results from labs completed within the past 12 months.
Principal Executive Variable Universal Life III	20-60	$5 million	• Customer completed Part B is required. • DHD records will need to include results from labs within the past 12 months for the following age/face amounts: › Issue ages 20-40 and face amounts greater than $3 million › Issue ages 41-50 and face amounts greater than $2 million › Issue ages 51-60 and face amounts greater than $1 million • For individuals who don't have a qualifying model score, we'll review to see if DHD can be used to underwrite them without needing insurance labs. DHD records will need to include the results from labs completed within the past 12 months.

- Build must be within the recommended weight limits. See chart on following page.
- No major medical condition(s) (see list on following page).
- If previously underwritten by Principal® coverage was approved at Standard or better.[2]
- Applicant must reside in the U.S. and be a U.S. citizen or permanent resident with no travel to hazardous locations.
- Stated blood pressure cannot exceed 150/91 for ages 18-44 and 155/90 for ages 45-60.
- Total cholesterol is 280 or less and total cholesterol/HDL is 6.5 or less.
- No tobacco use in the last 12-24 months.
- No history of bankruptcy in the past five years.
- No more than one DUI or reckless driving within the past 10 years.
- No felony conviction in the last 10 years.
- No life, health, or disability insurance has been rated, ridered, or declined.
- No prior informal request to Principal within the last 24 months.
- If exam requirements or labs have been completed in the prior 24 months at ages 18-50, or prior 12 months at ages 51-60, we can use those results in place of digital health data. See the Q&A for additional details.
- Part B has been completed by—either online or by phone.

[2] May not use any special underwriting program or reinsurance to qualify for underwriting classification.

Underwriting build chart

Ages 18-44			
Height	Weight	Height	Weight
4’8	75-157	5’9	113-238
4’9	78-163	5’10	116-245
4’10	80-168	5’11	120-252
4’11	83-174	6’0	123-260
5’0	86-180	6’1	127-267
5’1	89-186	6’2	130-274
5’2	92-192	6’3	134-282
5’3	95-199	6’4	137-289
5’4	98-205	6’5	141-297
5’5	101-212	6’6	144-305
5’6	104-218	6’7	148-312
5’7	107-225	6’8	152-320
5’8	110-232	6’9	155-328

Ages 45-60			
Height	Weight	Height	Weight
4’8	75-163	5’9	113-248
4’9	78-169	5’10	116-256
4’10	80-175	5’11	120-263
4’11	83-181	6’0	123-270
5’0	86-188	6’1	127-278
5’1	89-194	6’2	130-286
5’2	92-200	6’3	134-294
5’3	95-207	6’4	137-301
5’4	98-214	6’5	141-309
5’5	101-220	6’6	144-318
5’6	104-227	6’7	148-326
5’7	107-234	6’8	152-334
5’8	110-241	6’9	155-342

Note: Traditional underwriting is required for builds that are off the chart.

No major medical conditions, such as:

- Alcohol abuse and/or treatment
- Atrial Fibrillation
- Barrett’s Esophagus
- Bipolar Disorder
- Cancer (exceptions: Basal Cell and Squamous Cell Carcinomas)
- Chronic Obstructive Pulmonary Disease (COPD/Emphysema)
- Crohn’s Disease
- Diabetes
- Drug abuse and/or treatment
- Epilepsy/Seizure
- Gastric Bypass/Lap Band
- Heart Disease/Surgery – all forms
- Hepatitis
- Hypertension (diagnosed within six months)
- Kidney Disease
- Melanoma
- Multiple Sclerosis (MS)
- Parkinson’s Disease
- Peripheral Artery Disease (PAD)/ Peripheral Vascular Disease (PVD)
- Rheumatoid Arthritis (RA)
- SLE/Lupus
- Sleep Apnea
- Stroke/Transient Ischemic Attack (TIA)
- Ulcerative Colitis (UC)

Note: Advanced diagnostic testing, biopsies, cardiac testing, and other medical history may require an Attending Physician’s Statement. When Attending Physician’s Statements are ordered, we’ll require traditional underwriting.

Business Solutions Enhanced Underwriting

This is a streamlined, full underwriting program that functions as an extension of Principal Accelerated Underwriting (AU). It allows us to leverage digital health data and other available information to help provide coverage to individuals without insurance exams at higher face amounts. Where eligible AU face amounts end, this program takes over.

Eligibility guidelines

- Policy must be employer-owned/sponsored, trust-owned, or an affiliated relationship (i.e., an individual policy owned by a business owner, key employee, or their family member).
- Face amounts up to $50 million.
- All currently sold products are eligible.
- Insured eligibility:
  - Ages 25-70.
  - Have total compensation of $150,000 or higher.
  - U.S. citizen or green card holder—foreign nationals/foreign residents are not eligible.
  - Professional athletes, entertainers, government officials, and other high-profile applicants are not eligible. Contact your underwriter prior to case submission if you have questions about whether specific occupations qualify.
  - Standard or better risk class, including cases improved to Standard with Healthy Lifestyle Credits. Cases improved to Standard through the Principal Risk Upgrade Program are not eligible.
- Attending Physician Statement must include history for the past five years, including a physical with blood, and physical measurements in the past 12 months.
- Favorable EKG or cardiac testing within the past three years:
  - Ages 41-49 for face amounts over $10 million.
  - Ages 50+ for all face amounts above applicable AU limit.
- Online Part B or TeleApp interview required for application Part B completion.

You can request the program when you submit an application. If additional requirements are needed to qualify, we'll let you know prior to ordering additional information. An offer is based on review of the Part B, Motor Vehicle Report, prescription history, MIB, LLC report, financial information, and medical records.

Benefits

This program is ideal for business owners, key employees, and other high-income earners who have high coverage needs but want to avoid the inconvenience of traditional full underwriting. It's a solution that offers a better customer experience for fully underwritten cases—even at multi-million face amounts. And because it allows more of your clients to potentially get insurance coverage without an insurance exam, it helps you stand out in the business market.

Risk Upgrade Program

How it works

Give clients a rating boost. Our Principal® Risk Upgrade Program (PRUP) allows us to potentially improve ratings of Table 2 or a flat extra of $2.50 per $1,000 to Standard on select impairments and non-medical risks.

PRUP guidelines

- Face amounts $100,000 to $5,000,000. Total face amount pending and in force for all companies cannot exceed $20 million.
- Applicant ages 20-65
- All products except One-Year Term
- Table 2 or $2.50 per $1,000 on a single item only. All other impairments and non-medical risks must be Standard.
- Must be fully underwritten case. Accelerated Underwriting without labs, Guaranteed Issue, and Simplified issue are not eligible.
- New applications only

What are the benefits?

PRUP eliminates the low, substandard ratings that can be the most challenging to present to your client. Consequently, you can present an offer to a client that has a greater chance of being placed. The greatest benefit is the competitive Standard rate received by your client without a reduction in the compensation paid to you.

PRUP eligible risks

The following items are eligible for consideration through this program. The program is based on the overall case and experience with the particular impairment. Not all cases will be automatically reduced.

- Acoustic Neuroma
- Addison's
- Anemia
- Anxiety
- Arthritis
- Asperger's
- Asthma
- Atrial Septal Defect
- Atrial Fibrillation and Flutter
- Attention Deficit Disorder
- Barrett's Esophagus
- Bicuspid Aortic Valve
- Blood Pressure
- Build
- CDT (Carbohydrate-deficient transferrin)
- Cerebral Venous Angioma
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Cholesterol and Chol/HDL ratio
- Clotting disorders/Pro-coagulation (age 50+)
- Concussion
- Creatinine (isolated elevations)
- Crohn's Disease
- Depression
- Diabetes Mellitus Type II
- EBCT (electron beam computed tomography)
- EKG T and ST changes
- Epilepsy
- Esophageal Obstruction
- GFR (isolated elevations)
- Glomerulopathy-minimal change
- IgA Nephropathy
- Impaired Glucose Tolerance
- Iron Deficiency
- Liver enzymes (isolated elevations)
- Lupus (mild)
- Meningioma
- Microalbuminuria
- Mitral Insufficiency
- Multiple Sclerosis (mild)
- NT-proBNP
- Obstructive Sleep Apnea
- Optic Neuritis
- Osteoarthritis
- Parkinson's
- Peptic Ulcer
- Polycystic Ovary Syndrome
- Post-Traumatic Stress Disorder
- Protein/Creatinine ratio and Proteinuria
- PSA abnormalities
- Psoriasis
- Psoriatic Arthritis
- Pulmonary Embolism
- Rheumatoid Arthritis
- Skin tumors other than melanoma
- Surgical Treatment of Obesity
- Thyroid
- Triglycerides
- Ulcerative Colitis

Non-Medical:

- Aviation (Commercial and Private)
- Driving
- Foreign Travel
- Motorcycle Sports
- Motor Sports/Auto Racing
- Mountain Climbing
- Occupation
- Scuba Diving
- Winter Sports

Note: Advanced diagnostic testing, biopsies, cardiac testing, and other medical history may require an attending physician's statement. When attending physician's statements are ordered, we will require traditional underwriting.

Healthy Lifestyle Credits

What are Healthy Lifestyle Credits?

All applicants should be given credit for doing the right things to take care of themselves.

Following this philosophy, we use Healthy Lifestyle Credits (HLCs) as an underwriting tool to help clients get the most favorable rating possible. The underlying basis of our HLCs is an evaluation of several coronary and cancer risk factors of a client as follows.

How do HLCs help your clients?

Our underwriters review an applicant's risk profile factors and assign positive or negative points. When finished, they use the applicant's results to determine the final underwriting rating. This allows us to reduce or eliminate a table rating or even improve Standard or better risks for the proposed insured.[1] Favorable HLCs can help your clients earn up to two tables of credit that offset table ratings that have been assessed and may even improve Standard or better risks up to one class if they have enough favorable credits. Here are a few guidelines to keep in mind with HLCs:

- Ratings for asthma, anxiety, depression, colitis, sleep apnea, body build, and blood pressure are examples of covered conditions. (This listing is not inclusive of all covered conditions.)
- Temporary flat extras of $5 per $1,000 or less can be improved with enough HLCs for qualifying medical conditions, such as some cancers.
- A few conditions are excluded, including ratings for coronary or atherosclerotic diseases, diabetes, and permanent flat extras. Flat extras are also excluded for non-medical ratings such as driving, aviation, or alcohol and drugs. (This listing is not inclusive of all excluded conditions.)
- Available for ages 20-85 on all products.

HLC risk profile factors

- Blood pressure
- Cholesterol
- Pulse
- Weight
- Family history
- Preventive cancer screening tests
- Preventive heart screening tests
- Routine physicals
- A scoring system is used for each factor, with positive points for favorable factors and negative points for less favorable factors. If a factor is considered neutral, a score of zero is given These factors combine to make up an insured's HLC score.

Examples

Proposed insured	Original rating (based on medical history)	Improved rating with HLCs
• Mark suffers from depression	Table 5	Table 3
• Sue has asthma	Table 4	Table 2
• Brian's build falls outside the guidelines	Table 2	Standard
• Betty has high blood pressure	Preferred	Super Preferred

[1] Earn up to two tables of credit that offset table ratings that have been assessed. Ratings for cardiovascular disease, diabetes, and flat extras are excluded from the HLC program. To improve cases that are Standard risk or better, they must have only one knockout for build, blood pressure, or cholesterol and have enough favorable factors for improvement.

Save time with the application.

When it comes time to submit the life insurance application, it's easy to complete the personal history portion of the application (Part B). Use our online Part B or TeleApp to help guide your clients through the application.

Whether it's online or by telephone, our reflexive questions provide the underwriters with additional insight into the base question responses that the traditional paper application process doesn't provide. That means less back and forth between your client and underwriting trying to clarify vague paper application medical questions, fewer routine requirements, and reduced APS ordering.

Here's how it works:

1. **Complete Part A (Part I) of the application,** and obtain Part C signatures. Determine if the client would prefer to submit the personal history portion of the application online or by scheduling a telephone interview. Explain the interview process to your client. The TeleApp Guide (BB10268) provides step-by-step instructions to help prepare your client.

2. **Order Part B** by using our convenient online tool to request the personal history portion of the application, or contact our TeleApp department directly to request it. Once we receive the notification, our system will automatically send the client an email with the online Part B link.* If your client prefers to complete Part B by phone, select the phone option when completing the Part B Request Form. An experienced Principal medical application specialist will call them within one to two business days to complete the lifestyle and medical history information.
   - Follow-up reminder emails will be sent to clients at five and 10 days (field office contacts originally listed on the application/Part B Request Form will also be copied on the emails).
   - If the online Part B isn't completed within 30 days, the link will expire.

3. **Once your client has completed Part B,** they'll receive an email link to eSign the document.

4. **Submit the initial application** and include other required forms, such as supplemental applications, illustrations, blood consent, HIPPA, and Financial Professional Report.

5. **After your client has eSigned the Part B,** and the rest of the application has been received, a copy will be available on Principal.com under "Client Correspondence."

* Must be able to read, speak, and understand English.

Schedule time to complete the personal history portion of the application.

Choose for the proposed insured to complete the personal history online or by phone.

Here's how:

Navigate to insurance.advisors.com and complete the Request Part B form.

When scheduling, please provide:

- Financial professional's name, email address, and telephone number (no toll free numbers or extensions)
- Proposed insured's name and date of birth
- Products and total amounts applied for
- Signature state (the signing state)
- Proposed insured's telephone number (no toll-free numbers or extensions)
- Proposed insured's email address
- A confirmation number is sent by email to the field office contact when the Request Part B form is submitted.

Prepare your clients.

It's always better when you know what to expect. Let your clients know it takes approximately 30 minutes to complete the personal history portion of the application online. Phone interviews will require additional time due to the amount of information being discussed with your client. The personal history portion of the application covers the following topics:

- General activities and health habits
- Annual income and net worth information
- Foreign travel history for the last five years
- Names and dosages for all medications currently being taken
- Names, addresses, and phone numbers of medical providers
- Approximate dates of any injuries, surgeries, emergency room visits, hospitalizations, illnesses, or conditions

Impairments

The impairment information on the following pages has been provided to help give you a general idea of potential underwriting outcomes based on medical and non-medical life insurance underwriting.

By initially obtaining specific, detailed information, your underwriter will be able to provide the right quote quickly and easily.

Descriptions of possible underwriting outcomes represent tentative, non-binding assessments based on hypothetical parameters using our underwriting guidelines at the time of publication. Actual underwriting outcomes may be more favorable than illustrated using available PRUP and HLCs. We reserve the right to apply individual consideration to any case. All cases are subject to full underwriting, and assessments are subject to change based on actual file review. For more information, contact your home office underwriter.

The impairments table is set up as follows:

Impairment. The name of the impairment, including a short description. Conditions are listed alphabetically.

Risk factors	Typical requirements	Likely underwiriting decision
The criteria the underwriter uses to classify the risk.	**Requirements:** Medical requirements the underwriter is likely to request, in addition to the routine age and amount medical requirements. **For faster decision:** These are the specific details to include in your application package to enable the underwriter to quickly and easily provide the right quote. This information may be used to determine appropriate APS acquisition, thereby expediting the underwriting process and limiting the need for subsequent requirement requests.	The risk classification or rating necessary for the impairment based on the factors and requirements presented. Many impairments outline a best-case scenario, typical case, and worst-case rating.

Impairments / Medical

Alcohol abuse: (Includes alcoholism and problem drinking)

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Amount of past and present alcohol consumption declared • Any diagnosis of abuse or dependence • Past history of treatment • Results of all investigations, including liver enzymes and alcohol markers • How long abstinent or consuming in moderation • Any relapses • Member of a self-help group such as Alcoholics Anonymous • Treatment with medication • Any co-morbid conditions, including any history of other substance abuse, driving offenses or participation in hazardous sports • Any history of marital or job instability • Any medical complications	**Requirements:** APS, medical exam, MVR, blood test, alcohol questionnaire, inspection report selectively **For faster decision:** • Provide details of medical treatment. • Document any residential care/treatment including dates and length of treatment. • Outline any favorable aspects, such as continued employment, attendance in Alcoholics Anonymous or similar body, etc.	Ratings depend primarily on applicant's age, time since last use and any co-morbid factors. **Alcoholism:** **Best case:** Standard (> six years since last consumption) **Worst case:** Decline **Problem drinking:** **Best case:** Table 2-4 (over age 30 and mild) **Worst case:** Decline

Alzheimer's disease

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Age at onset of symptoms • Treatment, including any medications • Activities of daily living • Living independently • Type of assistance, if required • Judgment intact • Stable course	**Requirements:** APS, Inspection Report selectively **For faster decision:** • Any neuropsychiatric testing such as cognitive or memory testing • Activity levels • ADLs affected • IADLs affected	**All cases:** Decline

Anemia

Risk factors	Typical requirements	Likely underwriting decision
• Type of anemia • Severity/degree of anemia • Cause of anemia, if known • Treatment • Blood test results • Details of testing done and referrals to specialists/ hematologists (include dates, names of tests and doctors seen) • Medications • Any concurrent impairment	**Requirements:** APS **For faster decision:** • Results of all investigations and testing to include cause and/or source of bleeding • Details of treatment • Details of ongoing surveillance of the condition, including recent complete blood count (CBC)	Ratings depend on type of anemia and assume anemia is fully investigated and stable. Decisions can range from Preferred to Decline. **Iron deficiency anemia:** Preferred possible for best-case scenario **Hemolytic anemia:** Preferred possible for best-case scenario

Aneurysm

Risk factors	Typical requirements	Likely underwriting decision
• Precise diagnosis • Type or location of aneurysm • Date of diagnosis • Cause • Size and stability of aneurysm • Currently present • Treatment • Smoking history • Presence of associated coronary artery disease, hypertension, cerebrovascular, other peripheral vascular or renal disease, or COPD • Blood pressure control	**Requirements:** APS **For faster decision:** • All tests and details of ongoing surveillance • Details of any lifestyle modifications • Details of blood pressure and lipid control • Presence of associated coronary artery disease, hypertension, cerebrovascular, other peripheral vascular or renal disease, or COPD • Smoking history • Presence or absence of symptoms	Can consider on a rated basis 6 to 12 months post-op depending on the type of aneurysm. **Abdominal:** **No surgery:** Best case is Table 6 provided diameter <5 cm, with no increase in size within last three years or since diagnosis **If diameter >5 cm:** Decline **With surgery:** Individual consideration **Cerebral:** **No surgery:** $7.50 per $1,000 if small, stable and no complications **Large:** Decline **With surgery:** Standard after two years **Thoracic:** **No surgery:** Decline **With surgery:** Table 4 after two years

Angina pectoris

Risk factors	Typical requirements	Likely underwiriting decision
Refer to Coronary Artery Disease.		

Angioplasty

Risk factors	Typical requirements	Likely underwiriting decision
Refer to Coronary Artery Disease.		

Apnea/sleep apnea

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Type of apnea (obstructive, central or mixed) • Severity • Treatment (CPAP or surgery) • Compliance with treatment • Date of last sleep study • Current height/weight • Presence of cardiovascular disease and/or risk factors including hypertension, arrhythmias • Any associated overweight or obesity • Smoking history	**Requirement:** APS **For faster decision:** • Type, frequency, severity, and duration of symptoms • Results of sleep study including, apnea index and degree of oxygen desaturation • Treatment and compliance with treatment • Any associated impairments • History of motor vehicle or industrial accidents attributed to sleepiness	**Mild disease and no complications:** Preferred or Super Preferred possible **Moderate disease untreated and no complications:** Table 2-3 **Moderate disease treated and compliant with therapy:** Preferred possible **Severe disease untreated and no complications:** Decline **Severe disease treated and compliant with therapy.** **Best case:** Standard after two years compliance with treatment

Arteriosclerosis

Risk factors	Typical requirements	Likely underwiriting decision
Refer to Coronary Artery Disease.		

Asthma

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Date of diagnosis • Current symptoms • Frequency and severity of asthma attacks • Type of medication and frequency of use • Compliant with medications • Hospitalizations or ER visits • Limitations to activities • Smoking history • Occupational or environmental exposure • Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD	**Requirement:** APS **For faster decision:** • Results of investigations including pulmonary function tests • Frequency of symptoms • Duration and intensity of exacerbations • Treatment and response to treatment • Frequency of night-time symptoms • Smoking history • Time off work • Level of activity	**Minimal or mild asthma:** Preferred or Super Preferred **Moderate:** Standard to Table 2 **Severe:** Table 6 to Decline

Atrial fibrillation

Risk factors	Typical requirements	Likely underwiriting decision
• Date of diagnosis and age at onset • Age of applicant • Frequency of attacks • Associated symptoms and complications • Risk factors for stroke • Exercise tolerance • Underlying cardiac and non-cardiac disease • Full cardiac evaluation • Paroxysmal vs. Chronic • Treatment including use of anticoagulant medication	**Requirement:** APS **For faster decision:** • Type of atrial fibrillation • Details of treatment • Copies of all cardiac Investigations • Current level of activity	**Found on examination, no investigation:** Postpone **Paroxysmal Atrial Fibrillation (PAF) with infrequent attacks:** Standard **Chronic Atrial Fibrillation:** Table 2-6 Less favorable outcome for co-morbid complications

Barrett's esophagus

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Ongoing risk factors • Results of all investigations including biopsy • Stable course • Medication/treatment • Response to medication treatment • Compliant with medical treatment and surveillance • Complications (e.g., hemorrhage, perforation)	**Requirement:** APS **For faster decision:** • Results of all investigations including biopsy • Details of ongoing follow-up (e.g., endoscopy) • Details of lifestyle modification (stop smoking and alcohol use)	**Best case:** Preferred or Super Preferred if no dysplasia and good follow-up done on a regular basis **Typical case:** Standard to Table 2 **Worst case:** Decline

Blood pressure

Risk factors	Typical requirements	Likely underwriting decision
Refer to Hypertension.		

Bypass surgery

Risk factors	Typical requirements	Likely underwriting decision
Refer to Coronary Artery Disease.		

Cancer

Risk factors	Typical requirements	Likely underwriting decision
Refer to specific organ or type of cancer.		**For all forms of cancer:** Consideration for insurance begins once treatment has been completed, assuming the client is well followed.

Cancer: Basal Cell Carcinoma/Squamous Cell Carcinoma

Risk factors	Typical requirements	Likely underwiriting decision
• Date of diagnosis • Pathology reports including confirmation of basal cell carcinoma • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Family history of atypical/ dysplastic nevi or dysplastic nevus syndrome • Details of regular full body surface skin examinations • Any recurrence or spread • Ongoing risk factors such as multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report including post-operative • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking)	**Complete excision:** Possible Preferred or Super Preferred

Cancer: Breast

Risk factors	Typical requirements	Likely underwiriting decision
• Date of diagnosis • Type and stage of cancer • Size of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report • Stage and grade of tumor • Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen) • Hospital reports • Details of follow-up (mammograms, bone scan, etc.)	**Best case:** Standard for carcinoma after 2-3 years since treatment. **Typical case:** Unable to consider until 2-3 years after completion of treatment (chemo or radiation), then possible Table rating and/or a flat extra depending on stage and grade. **Worst case:** Decline

Cancer: Colon

Risk factors	Typical requirements	Likely underwiriting decision
• Date of diagnosis • Stage and grade of the tumor • Any hereditary syndrome that may be associated with other types of cancer • Family history of colon cancer types of cancer • What treatment • Length of remission • Ongoing follow-up including colonoscopy results • Any recurrence • Any complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report and staging information • Details and date(s) of treatment • Hospital reports • Details of follow-up (colonoscopy and tumor markers)	**Best case:** Standard after three years **Typical case:** Unable to consider until 2-3 years after completion of treatment (chemo or radiation), then possible Table rating and/or a flat extra depending on stage and grade. **Worst case:** Decline

Cancer: Leukemia

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Date of diagnosis • Type of leukemia and stage of cancer • Treatment • Date treatment completed • Any recurrence or secondary cancer	**Requirements:** APS, blood testing if current results are not available. **For faster decision:** • Pathology reports • Evidence of regular follow-up • Hospital treatment reports	**Acute lymphoid leukemia/acute myeloid leukemia:** **Best case:** Standard **Typical case:** Standard with a flat extra **Worst case:** Decline **Chronic lymphoid leukemia/ hairy cell leukemia:** **Best case:** Table 4 **Typical case:** Table 8 – Decline **Worst case:** Decline

Cancer: Lung

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis • Type of cell and stage of cancer • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report and staging • Treatment and hospital report • Evidence of regular follow-up (CT scans etc.)	**Carcinoma (all types)** **Stage 1:** **Best case:** Standard after eight years **Typical case:** Standard with a flat extra **Worst case:** Decline if less than or equal to three years since primary treatment **Stage 2-3:** **Best case:** Standard after nine years **Typical case:** Standard with a flat extra **Worst case:** Decline if less than or equal to five years since primary treatment

Cancer: Prostate

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis • Type of treatment • Date treatment completed • Stage and Gleason Grade • Any recurrence or spread • Serial PSA levels including current PSA • Any serious complications from treatment	**Requirements:** APS, blood profile to include PSA if current results are not available. **For faster decision:** • Pathology reports • Type of treatment • Evidence of regular follow-up and PSA testing • Copies of PSA tests	If client is under age 70, rate class will depend on years since primary treatment, the stage of cancer and Gleason grade of the tumor. **Best case:** Standard **Typical case:** Standard with a flat extra **Worst case:** Decline

Cancer: Malignant melanoma

Risk factors	Typical requirements	Likely underwriting decision
• Date of diagnosis • Type of cancer/tumor • Depth and thickness of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Details of regular full body surface skin examinations • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report • Evidence of regular dermatology follow-up • Hospital treatment reports	**Best case:** Standard **Typical case:** Standard with a flat extra **Worst case:** Decline

Cancer: Thyroid

Risk factors	Typical requirements	Likely underwriting decision
• Type of thyroid cancer (papillary, follicular, anaplastic, etc.) • Pathology • Age of applicant • Type of treatment and date(s) performed • Any remission and for how long • Any recurrence • Any complications from treatment	**Requirements:** APS **For faster decision:** • Pathology report • Treatment and hospital report • Evidence of regular follow-up	**Best case:** Standard **Typical case:** Standard or Standard with a flat extra **Worst case:** Decline

Chronic obstructive pulmonary disease (COPD)

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Smoking history and current tobacco use • Build, any current weight loss • Severity of symptoms • Degree of impaired respiratory function • Speed of disease progression • Alpha-1 antitrypsin deficiency or other biochemical abnormality • Any concurrent impairment (e.g., CAD, cancer, malnutrition) • Any hospitalization • Any treatment with oxygen is a decline	**Requirement:** APS **For faster decision:** • Pulmonary function tests (PFT), serial PFTs • Details of lifestyle modification • Level of activity	**Best case:** Standard **Typical case:** Table 2-8 **Worst case:** Decline

Coronary artery disease

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis and age at onset • Severity of the disease (how many vessels and which ones) • Current symptoms • Treatment • Medications • Smoking history • Any concurrent serious impairment • Any history of congestive heart failure or arrhythmia • Active lifestyle • Blood pressure and cholesterol readings • Family history	**Requirements:** APS, EKG (or TST) if current test is not available. **For faster decision:** • Cardiac test results (e.g., angiogram, recent stress tests, perfusion) • Detailed list of medications • Copies of lipid testing • Details of any lifestyle change. Best ratings possible with testing including perfusion and stress echocardiograms within the past 12 months.	Unable to consider until six months post-surgery **Best case:** Standard **Typical case:** Table 2-8 **Worst case:** Decline

Crohn's disease

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Severity of the disease • Frequency of flare ups • Severity of symptoms • Medication – ongoing oral steroid therapy • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease	**Requirement:** APS **For faster decision:** • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	**Best case:** Standard **Typical case:** Standard – Table 5 **Worst case:** Table 6 – Decline

Diabetes

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Date of diagnosis and age at onset • Type of diabetes • Treatment • Medication • Degree of control – blood sugar readings • Complications – nephropathy or kidney disease, neuropathy, retinopathy, cardiovascular disease • Current height and weight • Blood pressure	**Requirements:** APS, blood (if not already required or current results not available). **For faster decision:** • Type of diabetes including age at onset • Copies of specialist reports (neurologist, nephrologist, endocrinologist) • History of blood sugar control—copies of blood tests (incl. Hemoglobin A1c where possible) • Details of risk factor modification • Active lifestyle	**Type 1** Also known as Insulin Dependent Diabetes Mellitus (IDDM) **Best case:** Table 3-4 **Typical case:** Table 5-8 **Worst case:** Decline (complications, poor or uncontrolled) **Type 2** Also known as Non-Insulin Dependent Mellitus (NIDDM) or Adult Onset Diabetes **Best case:** Standard **Typical case:** Table 2-4 **Worst case:** Decline (complications, poor or uncontrolled)

Emphysema

Risk factors	Typical requirements	Likely underwriting decision
Refer to COPD.		

Epilepsy/seizure disorder

Risk factors	Typical requirements	Likely underwriting decision
• Age onset • Compliance with medication • Control of seizures • Reason for the seizure activity • Any alcohol use • Any other significant medical conditions	**For faster decision:** • Type of epilepsy • Age diagnosed • Duration of history • Date of last seizure and number of seizures per year	**Best case:** Standard **Typical case:** Table 2-6 **Worst case:** Decline

Gastric surgery for obesity

Risk factors	Typical requirements	Likely underwriting decision
• Pre-operative weight • Current weight • Any co-morbid conditions (such as diabetes, hypertension, coronary disease) • Date of surgery • Type of surgery • Any surgical complications • Outcome of surgery (weight loss, improvement of risk factors)	**Requirements:** APS **For faster decision:** • Supply all medical reports relating to the surgical procedure and follow-up. • Current weight	Unable to consider until 6 months after surgery. **Restrictive surgery (gastric banding or gastroplasty):** **6 months to 3 years:** Table 3 **>3 years:** Standard to Table 2 **Malabsorptive surgery/bypass:** **<1 year:** Postpone **1-5 years:** Table 4 **>5 years:** Standard to Table 2

Heart attack

Risk factors	Typical requirements	Likely underwriting decision
Refer to Coronary Artery Disease.		

Hepatitis B

Risk factors	Typical requirements	Likely underwriting decision
• Date of diagnosis • Is this acute or chronic infection • Laboratory results (liver function) • If chronic, was a biopsy done • Any alcohol usage or other medical conditions	**Requirement:** APS **For faster decision:** • Laboratory results • Sonograms, CTs, biopsy results	**Best case:** Standard **Typical case:** Table 2-6 **Worst case:** Decline

Hepatitis C

Risk factors	Typical requirements	Likely underwriting decision
• Duration of the disease • Laboratory results, including liver function tests • Has a biopsy been done • Does the client use alcohol, and if so, amount per day	**Requirement:** APS **For faster decision:** • Laboratory results, including liver function tests • Biopsy results • Sonogram and/or CT scan results	**If treated with sustained viral response** **Best case:** Standard **Typical case:** Standard to Table 3 **Worst case:** Decline - with complications including continued elevated liver enzymes or moderate liver disease on biopsy **Untreated** **Best case:** Table 3-4 **Typical case:** Table 5-8 **Worst case:** Decline

Hypertension

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis • Type of hypertension (essential or secondary to another impairment) • Medication/treatment • Response to medication treatment • Current BP readings and history of readings for past 2 years (demonstrate stable course) • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, stroke, kidney disease, build)	**Requirements:** APS, para or medical exam, selectively **For faster decision:** • Record of blood pressure readings • Copies of any cardiac investigation • Details of risk factor modification • Active lifestyle	Rating depends on severity of hypertension. May qualify for Preferred or Super Preferred if well-controlled and compliant with medication.

Liver function test

Risk factors	Typical requirements	Likely underwiriting decision
• How many liver functions are outside the normal lab range? • Is client taking any medications or using alcohol? • Is there a medical condition that is causing the elevation in liver function? • How long has this finding been monitored by the attending physician? • Is this a new finding which has not been fully evaluated with additional testing?	**Requirements:** APS, Hepatitis screens, all markers, selectively **For faster decision:** • All laboratory tests • Any sonograms • Details of medications being taken • Amount of alcohol used • Results of any investigations for elevated liver functions	Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, and any diagnosis for the elevated liver function finding. **Best case:** Preferred or Super Preferred **Typical case:** Standard to Table 4 **Worst case:** Decline

Myocardial infarction

Risk factors	Typical requirements	Likely underwiriting decision
Refer to Coronary Artery Disease.		

Parkinson's disease

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Severity of the disease • History of falling or indications of dementia • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., depression)	**Requirement:** APS **For faster decision:** • Details of type of Parkinson's • Type of treatment • Compliance and response to medication • Severity of the disease • Active and independent lifestyle (outline Activities of Daily Living)	**Best case:** Standard **Typical case:** Table 2-4 **Worst case:** Table 5 – Decline

Peripheral artery disease (PAD)/peripheral vascular disease (PVD)

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Smoking status—if currently smoking, this will have a greater impact on disease progression. • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build)	**Requirements:** APS, medical exam, insurance blood profile, EKG – selectively **For faster decision:** • Copies of any vascular and cardiac investigation • Details of any ongoing symptoms • Ankle-brachial index (ABI) score • Details of risk factor modification • Active lifestyle	**Best case:** Standard **Typical case:** Table 2-4 **Worst case:** Table 5 – Decline

Pulmonary nodule

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis • Size and number of nodules • Any treatment • Date treatment completed • Benign pathology • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis)	**Requirement:** APS **For faster decision:** • Copies of tests • Details of follow-up • Demonstrated stability of nodule(s)	**Best case:** Preferred possible **Typical case:** Standard **Worst case:** Decline

Rheumatoid arthritis

Risk factors	Typical requirements	Likely underwriting decision
• Severity of symptoms • What medications are being taken • Any limitations of daily activities • No other significant medical condition(s)	**Requirement:** APS **For faster decision:** Laboratory results	**Best case:** Preferred possible **Typical case:** Standard - Table 2 **Worst case:** Decline

Stroke

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis and age at onset • Current symptoms/extent of neurological deficit • Cause of stroke • Treatment • Medications • Number of strokes • Smoking history • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	**Requirement:** APS **For faster decision:** • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	**Best case:** Table 4 **Typical case:** Table 4 with a flat extra **Worst case:** Decline

Transient ischemic attack (TIA)

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Date of diagnosis and age at onset • Any neurological deficit • Number of episodes • Treatment • Medications • Smoking history • Test results • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	**Requirement:** APS **For faster decision:** • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	**Best case:** Standard **Typical case:** Table 2-3 for single TIA, Table 4 with a flat extra for multiple TIAs **Worst case:** Decline

Ulcerative colitis

Risk factors	Typical requirements	Likely underwiriting decision
• Current age • Age of onset • Severity of the disease • Frequency of flare-ups • Severity of symptoms • Date of last episode • Extra-colonic complications • Effect on ADLs • Medication (ongoing oral steroid therapy) • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up	**Requirement:** APS **For faster decision:** • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	**Best case:** Standard **Typical case:** Standard to Table 5 **Worst case:** Table 6 to Decline

Impairments/non-medical

Aviation

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Pilot experience • Flight ratings and type of license held • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying • Purpose of flights and number of flying hours per year • Medical history • Lifestyle	**Requirement:** Aviation Statement **For faster decision:** • Overall experience • Hours flown per year • Pilot experience • Flight ratings • Aircraft • Details of specialized flying	**Best case:** Preferred or Super Preferred possible* **Typical case:** Standard* **Worst case:** Aviation Exclusion Rider if available or Decline * Flat extra may apply to base rating.

Climbing and mountaineering

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Frequency • Type of terrain: established trails • Altitude/heights • Location: North America/ Europe or elsewhere • Medical history • Lifestyle	**Requirement:** Sport Statement, Foreign Travel Questionnaire, if applicable **For faster decision:** • Overall experience • Frequency • Type of terrain • Difficulty of climbs	**Best case:** Preferred or Super Preferred possible* **Typical case:** Standard* **Worst case:** Hazardous Sports Exclusion Rider if available or Decline * Flat extra may apply to base rating.

Driving

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Types of infractions • Frequency of infractions • DWI (multiple) • Other suspensions and number of suspensions • Accident (at fault) • Risk-taking avocations	**Requirement:** MVR **For faster decision:** • Number and types of violations • Date of last violation • Date of last suspension, length of, and reason for suspension	**Best case/typical case:** Preferred or Super Preferred for infrequent, minor violations **Worst case:** Decline **NOTE:** A single DUI can be considered with a flat extra 0-1 year since violation. Standard is available after 2-3 years.

Motor vehicle racing

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Type of vehicle/size of engine • Type of fuel • Frequency • Speeds attained (average, highest) • Type of course • Location (outside U.S. or Canada) • Concurrent avocations	**Requirements:** Sport Statement, Foreign Travel Questionnaire (if applicable) **For faster decision:** • Type of racing and frequency • Speeds attained	**Best case:** Preferred or Super Preferred **Typical case:** Standard to Standard with a flat extra **Worst case:** Decline

Scuba diving

Risk factors	Typical requirements	Likely underwriting decision
• Current age • Experience including certification • Depths and frequency of dives • Medical history • Lifestyle • Dive location (e.g., lake, open ocean, beaches) • Dive sites (e.g., wreck, salvage) • Diving activities (e.g., search and rescue, caves, ice) • Commercial diving	**Requirement:** Avocation Questionnaire, Foreign Travel Questionnaire (if applicable) **For faster decision:** • Type of diving (location, site, activities) • Experience • Frequency	**Best case/typical case:** Preferred or Super Preferred **Worst case:** Decline

Height/weight charts

Super Preferred, Preferred, Super Standard, Standard build height																									
Age 20-44 male and female																									
Height	4’8”	4’9	4’10	4’11	5’0	5’1	5’2	5’3	5’4	5’5	5’6	5’7	5’8	5’9	5’10	5’11	6’0	6’1	6’2	6’3	6’4	6’5	6’6	6’7	6’8	6’9
Super Preferred	129	134	139	144	149	154	159	164	169	174	180	185	191	197	202	208	214	220	226	232	239	245	251	258	264	271
Preferred	138	143	148	153	159	164	170	175	181	186	192	198	204	210	216	222	229	235	242	248	255	262	269	276	283	290
Super Standard	147	152	158	163	169	175	180	186	192	198	205	211	217	224	230	237	244	250	257	264	271	279	286	293	301	308
Standard	157	163	168	174	180	186	192	199	205	212	218	225	232	238	245	252	260	267	274	282	289	297	307	312	320	328

Super Preferred, Preferred, Super Standard, Standard build height																									
Age 45-64 male and female																									
Height	4’8”	4’9	4’10	4’11	5’0	5’1	5’2	5’3	5’4	5’5	5’6	5’7	5’8	5’9	5’10	5’11	6’0	6’1	6’2	6’3	6’4	6’5	6’6	6’7	6’8	6’9
Super Preferred	132	136	141	146	151	156	161	167	172	177	183	188	194	200	206	212	218	224	230	236	243	249	256	262	269	276
Preferred	140	146	151	156	161	167	172	178	184	189	195	201	207	213	220	226	232	239	246	252	259	266	273	280	287	294
Super Standard	152	157	163	168	174	180	186	192	198	204	211	217	224	230	237	244	251	258	265	272	280	287	295	302	310	318
Standard	163	169	175	181	188	194	200	207	214	220	227	234	241	248	256	263	270	278	286	294	301	309	318	326	334	342

Super Preferred, Preferred, Super Standard, Standard build height																									
Age 65 & up male and female																									
Height	4’8”	4’9	4’10	4’11	5’0	5’1	5’2	5’3	5’4	5’5	5’6	5’7	5’8	5’9	5’10	5’11	6’0	6’1	6’2	6’3	6’4	6’5	6’6	6’7	6’8	6’9
Super Preferred	134	139	144	149	154	159	164	169	175	180	186	192	197	203	209	215	221	228	234	240	247	253	260	267	273	280
Preferred	143	148	153	158	164	169	175	181	187	192	198	204	211	217	223	230	236	243	250	256	263	270	277	284	292	299
Super Standard	156	162	167	173	179	185	191	198	204	210	217	224	230	237	244	251	258	266	273	280	288	295	303	311	319	327
Standard	170	176	183	189	195	202	209	215	222	229	236	244	251	259	266	274	282	289	297	306	314	322	330	339	348	356

Super Standard/Preferred/Super Preferred

Give clients credit for managing their health.

Super Standard/Preferred/Super Preferred classes are designed for individuals whom we expect to have lower or better mortality than individuals rated Standard.

How does our program differ from other programs?

- Our HLCs allow us to offset one negative risk factor/knockout if the individual has enough favorable credits.
- We allow individuals taking medication for high blood pressure and cholesterol to qualify for a Preferred rating.
- Preferred ratings are available with aviation/sports exclusions.
- Individuals with an imperfect family history may still qualify for a Preferred rating if they have routine preventative screening tests.

Basic guidelines

The following describes our criteria for rating a case Preferred or Super Preferred:

- Preferred ages = 20 to 85;
  Super Preferred ages = 20 to 80
- Principal uses a knockout system. Knockouts are provided on pages 26 and 27.
- HLCs can improve the rating up to one class if they have enough favorable credits and only one knockout for build, blood pressure, or cholesterol.
- Tobacco use:
  - Super Preferred class requires no tobacco use for prior 60 months.
  - Preferred Non-Tobacco class requires no tobacco use for prior 24 months (prior 36 months for ages 71 to 85).
  - Preferred Tobacco class includes all forms of tobacco.

Examples

Male, age 68

Scenario

- Blood Pressure = 130/87
- 6'0" and 210 pounds
- Pulse = 74 and regular
- Cholesterol/HDL = 6.2
- EKG = normal
- Family history: father suffered a heart attack at age 62
- Last complete physical was 18 months ago, including a colonoscopy and PSA. All results were normal.

Our rating

Client is Super Standard due to a Preferred knockout for cholesterol/HDL ratio. We can improve the rating to Preferred using HLCs based on his other favorable factors and routine physicals.

- Final rating: **Preferred**

Competitor rating

Client is not allowed the Preferred class due to high cholesterol/HDL.

Female, age 52

Scenario

- Blood Pressure = 128/76
- 5'5" and 135 pounds
- Pulse = 72 and regular
- Cholesterol/HDL = 3.2
- EKG = normal
- Family history: mother died of breast cancer at age 65
- Last complete physical was 9 months ago including mammogram, which was within normal limits
- Mammograms last 10 years have been within normal limits

Our rating

Client meets criteria to remain Super Preferred/Preferred. When looking at the overall risk profile, we are able to offset family history due to favorable HLCs and regular mammograms.

- Final rating: **Super Preferred**

Competitor rating

Client is not allowed the Super Preferred class due to family history (mother died of breast cancer at age 65).

Female, age 74

Scenario

- Blood pressure = 145/80
- 5'1" and 181 pounds
- Pulse = 72 and regular
- Cholesterol/HDL = 5.8
- EKG = normal
- Family history: both parents died in their 90s
- No heart disease or cancer noted in family history
- Last exam was 12 months ago, including a colonoscopy and mammogram within normal limits

Our rating

Client is Super Standard due to a Preferred knockout for build. We can improve the rating to Preferred using HLCs based on her other favorable factors and routine physicals.

- Final rating: **Preferred**

Competitor rating

Client is not allowed the Preferred class due to her build and cholesterol/HDL ratio.

Guidelines

Super Standard/Preferred/Super Preferred

Family history

- Includes: parents and siblings
- Cardiovascular defined as: Coronary Artery Disease, Peripheral Vascular Disease, Stroke, and Transient Ischemic Attack
- Disregard cancer history if it pertains to only one family member and applicant has had regular checkups targeted at early diagnosis

Super Standard	Preferred	Super Preferred
• Up to one death prior to age 60 of: › Cardiovascular Disease › Breast Cancer › Colon Cancer › Ovarian Cancer › Prostate Cancer › Diabetes • Disregard cancer of opposite sex except for colon cancer • Family history not considered for applicants aged 71+	• No death prior to age 60 of: › Cardiovascular Disease › Breast Cancer › Colon Cancer › Ovarian Cancer › Prostate Cancer › Diabetes • Disregard cancer of opposite sex except for colon cancer • Family history not considered for applicants aged 71+	• No death prior to age 65 of: Cardiovascular Disease › Breast Cancer › Colon Cancer › Ovarian Cancer › Prostate Cancer › Diabetes • Disregard cancer of opposite sex except for colon cancer • Family history not considered for applicants aged 71+

Blood pressure

- Use exam average if no hypertension treatment
- Use 12 month average if hypertension history

Super Standard	Preferred	Super Preferred
Cannot exceed: • 145/90 at ages 20-64 • 150/90 at ages 65-85	Cannot exceed: • 140/85 at ages 20-44 • 140/90 at ages 45-64 • 145/90 at ages 65-85	Cannot exceed: • 135/85 at ages 20-44 • 140/85 at ages 45-64 • 140/90 at ages 65-85

Cholesterol

- Lipid-lowering medication does not disqualify the applicant, by itself, from any classes
- We assess the ratio within the context of the entire lipid profile

Super Standard	Preferred	Super Preferred
Cannot exceed: • Total cholesterol 275, cholesterol/HDL of 6.5 at ages 20-64 • Total cholesterol 300, cholesterol/HDL of 7.0 at ages 65-85	Cannot exceed: • Total cholesterol 265, cholesterol/HDL of 5.5 at ages 20-64 • Total cholesterol 280, cholesterol/HDL of 6.0 at ages 65-85	Cannot exceed: • Total cholesterol 240, cholesterol/HDL of 4.5 at ages 20-64 • Total cholesterol 260, cholesterol/HDL of 5.0 at ages 65-85

History of alcohol abuse, drug abuse, cancer, or diabetes

Super Standard	Preferred	Super Preferred
• No rating	• No personal history of alcohol or drug abuse **within 10 years.** • No personal history of diabetes or cancer **ever.** • **Exception—Basal and Squamous Cell** • Personal history of certain cancers will be allowed. Consult your home office underwriter for criteria. • No personal history of gestational diabetes within 10 years. • Select diabetics age 70 and older may qualify.	• No personal history of alcohol or drug abuse, diabetes or cancer **ever.** • **Exception—Basal and Squamous Cell** • No personal history of gestational diabetes within 10 years.

Foreign residency/travel

Super Standard	Preferred	Super Preferred
• Travel to hazardous area may disqualify for Super Standard, Preferred, and Super Preferred • Consult with your home office underwriter for applicants who are not U.S. citizens or permanent residents		

Tobacco[1]

Tobacco use includes any tobacco or nicotine product

Super Standard	Preferred	Super Preferred
• No tobacco use for: one year, ages 20-70 three years, ages 71-85 • Exception—24 or fewer cigars per year with a negative urine	• No tobacco use for: two years, ages 20-70 three years, ages 71-85 • **Exception—24 or fewer cigars per year with a negative urine** • For Tobacco/Preferred rates all preferred criteria must be met except tobacco use	• No tobacco use for: five years, ages 20-80 • **Exception—12 or fewer cigars per year with a negative urine**

Driving[2]

Super Standard	Preferred	Super Preferred
• No rating	• No more than two moving violations in the past three years. • No driving under the influence or reckless driving in five years.	

Occupation/military/aviation/hazardous sports

Super Standard	Preferred	Super Preferred
• Not ratable for occupation and military. • For aviation and hazardous sports risk, refer to your home office underwriter.		

[1] Tobacco definitions:
- Tobacco: Current or past use in the prior 12 months of any tobacco or nicotine products including cigarettes, cigars, pipe, chew, snuff, patch, gum, e-cigarettes, hookah, or nicotine aids such as Chantix. (For ages 71-85, a client will be classified as tobacco if they have used any types of tobacco in the last 3 years.)
- Non-tobacco: No tobacco use in any form currently or in the prior 12 months.
- Exception to non-tobacco: Twenty-four or fewer cigars in the prior 12 months with admitted use on the application (or TeleApp) and a negative urine specimen for nicotine qualify for non-tobacco.
- Marijuana: A recreational user of marijuana with a maximum use of 1-2 times per month, may qualify for non-tobacco rates. For increased frequency and for other types of use (medicinal, non-smoked forms, etc.), please contact your home office underwriter for details.
- In New Jersey, marijuana only users (no tobacco use) are considered non-tobacco.

[2] Subject to review of specific infractions.

Financial underwriting

We are committed to maintaining market-leading underwriting and service, and we want you to be familiar with our financial underwriting requirements and guidelines when submitting cases to us.

Financial requirements

Face amount	Confidential financial statement[1]	Financial underwriting supplement for life insurance[2]	Electronic inspection report	Third-party financial verification
$2,000,000 to $4,999,999	X	X (for ages 70+)	X (for ages 70+ at $2,500,001 & up))	
$5,000,000	X	X	X (for ages 70+)	
$5,000,001 to $10,000,000	X	X	X	X (for ages 70+)
$10,000,001 and up	X	X	X	X
Any face amount, age 70+, trust less than two years	X	X	X	X

[1] Effective October 1, 2022, the Confidential financial statement is required only for applications written in CA, FL, MT, ND, NY, SD, and WY. For all other states, the needed information will be provided on Part A of the application. In the required states, the form should be used when the purpose for insurance is business-related.

[2] The Financial underwriting supplement for life insurance should be used when the purpose for insurance is part of personal planning for business owners, key employees, or their families.

Premium to income ratio

If net worth is less than or equal to $5 million, acceptable ratio of premium to income is up to 25%.

If net worth is greater than $5 million, acceptable ratio of premium to income is up to 40%.

If net worth is greater than $10 million, acceptable ratio of premium to income is up to 60%.

Personal financial underwriting guidelines

Purpose of insurance	Formulas and guidelines		Information needed
Income replacement	**Maximum coverage**		• Gross annual income • How amount of insurance was determined • Other coverage in force or pending with all carriers
	Ages:	**Multiply income by:**	
	18-35	30	
	36-45	25	
	46-55	20	
	56-60	15	
	61-65	10	
	66-70	5	
	71+	1	
Estate planning	**Estate growth period**		• Estate analysis • Net worth • How insurance amount was determined • Risk amounts
	Ages:	**Growth assumption:**	
	Up to age 70	75% of life expectancy not to exceed up to 20 years	
	71-80	75% of life expectancy not to exceed up to 10 years	
	81+	Use current estate value	
	• Estimate growth factor up to 8% • Assume 50% of estimated future estate value will be lost to estate tax • Insurance amount = 50% of estimated future estate value		

Note: If you have questions regarding juvenile, charitable insurance, or creditor insurance, please contact your home office underwriter.

Business financial underwriting guidelines

Purpose of insurance	Formulas and guidelines	Information needed
Key executive	• Up to 10 times annual income • Higher amounts may be considered based on case details. • Business owner and beneficiary	• Verification of income • List of other key executives and their coverage • Explanation of lay role to employer
Buy-sell and stock redemption plans	• Value of company multiplied by percent of ownership • Cross purchase—partners are owners and beneficiaries • Entity purchase—business is owner and beneficiary • Value of business and how the value was determined	Business financials: • Balance sheet • Income statement • List of owners/ownership percentages • Confirmation all partners are similarly insured
Executive Bonus/ S Owner	• Insurance amount = a multiple of the executive's income	• Verification of income
Deferred compensation	• Insurance amount = a multiple of the executive's income	• Deferred compensation plan formula and description of insurance benefit • Verification of compensation

Note: If you have questions regarding creditor insurance, please contact your home office underwriter.

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