

Life Insurance Underwriting Guide

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Products issued by

National Life Insurance Company® | Life Insurance Company of the Southwest®

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX, and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | 800-906-3310 | www.NationalLife.com

Doing Business with National Life Group

Company Website: www.NationalLife.com

National Life Group Contact Center: 800-906-3310

National Life Group Technical Help Desk:
HelpDesk@NationalLife.com | 877-654-3499

Customer Relations

Life Insurance: LifeCustomerService@NationalLife.com

Annuities: Service@NationalLife.com

Phone: 800-732-8939

Contacting an employee at NLG: initial of first name followed by last name@nationallife.com

Sales

Life & Annuity Sales Desk:
NLGSalesDesk@NationalLife.com

Agent Services

Compensation (commissions and debt inquiries):
NLGCompensation@NationalLife.com

Contracting (contracting status, training, AML, E&O, terminations, servicing agent changes, and outstanding requirements):
Contracting@NationalLife.com

New Fact Finders, Web Access:
NAgencyUpdates@NationalLife.com

Billing

EFT Questions:
ElectronicFundsTransferTeam@NationalLife.com

General Billing Questions and Group Bill Questions:
Billing@NationalLife.com and
GroupBill-Life@NationalLife.com

Life New Business

Life Forms on Delivery (policy receipt, amendments, and statement of health): Use [Agent Portal](#).

Life Inforce Customer Service:
LifeCustomerService@NationalLife.com

New Business Submission:

For applications submitted through eApp, use the [Agent Portal](#).

For paper applications, email:
NBApplicationImages@NationalLife.com

Large Case New Business Submission (Face amounts \$5,000,000 or \$50,000 of CTP premium):
LargeCase@NationalLife.com

Outstanding Requirements (exams, lab slips, questionnaires, and policy forms requested by new business or underwriting):
For applications submitted through eApp, use the [Agent Portal](#).

For paper applications, email:
NBRequirementImages@NationalLife.com

Rewrites & Not Taken Policy Requests:
Rewrites@NationalLife.com

Underwriting Risk Assessments (Underwriting Quote Tool)

Instructional PDF: [Getting Started with the XRAE field Underwriting Tool](#)

Annuity New Business & Inforce Contacts

Annuity Forms on Delivery:
Imaging-New@NationalLife.com

Annuity Inforce Customer Service:
AgentServices@NationalLife.com

New Business Annuity Submission (including applications and transfer forms)

Imaging-New@NationalLife.com

Centralized Mailing Address

One National Life Drive, Montpelier, VT 05604

Quick Tips for Efficient Processing

Familiarizing yourself with National Life Group's New Business and Underwriting Department will inevitably make you a success with the company and help set realistic expectations with your client.

Our top priority and promise to you are to provide first-class service. With this in mind, we have developed this comprehensive field underwriting guide. Whether it is your first time sending an application or you are a seasoned agent, you will know ahead of time what you and your client can expect. We believe using this guide will help you get your business through faster and close the sale you worked so hard to earn!

Good field underwriting is essential to our partnership. Thorough field underwriting practices help to set expectations and make the process more efficient.

- Make sure your client gathers all information before the application is taken (i.e., Social Security numbers, addresses, medication information, driver's license, passport information, physician's name and contact information, date of last physician's visit, etc.)
- The information provided on the application is critical for consideration of life insurance coverage. Your responses must be complete and accurate to ensure the best coverage possible.

Submitting an Application

We are focused on helping you improve productivity. As part of our journey to Straight through Processing, we have eApp available through iPipeline. eApp is a dynamic interface that poses the questions the client needs to answer and alerts the agent to potential errors in the responses captured. Since the interface will guide agents through all the required questions, agents will no longer have to decide if a question is appropriate. eApp supports the submission of applications in Good Order. eApp integrates with our new business platform. Once you submit the application, the interface will send you a policy number.

Other Ways to Submit an Application

- Applications via eApp should use the secure upload on the [Agent Portal](#).
- Paper applications only can be submitted by:
 - Email: NBApplicationImages@NationalLife.com
- U.S. Mail: National Life Group
Attention: New Business Department M300,
One National Life Drive
Montpelier, VT 05604

Choosing to submit an application using a method other than eApp can slow down the underwriting time due to inaccurate state paperwork being submitted, missing forms, and missing answers to questions. This could significantly impact the time it takes a file to get through new business and underwriting.

Completing an Application

- Agents should complete applications in the physical presence of the proposed insured (face to face or virtually).
- Agents should be fluent in their clients' native language. Agents should not use an interpreter to complete an application.
- Ask every question on the application. A life insurance policy is a legal and binding contract. We will uphold our promise to provide your client with the best possible solution based on their needs. The insurance application asks each question for a particular reason. It helps the underwriter to conduct a proper risk assessment and provides your client with the best offer with the information in hand. Please collect all information regarding your client's financial and medical history during the application process to ensure this assessment is accurate.

Did you know? *If a client does not provide their accurate financial and medical history upfront and it is later discovered to be material misrepresentation, the client could risk having their policy rescinded if approved and issued.*

Required Questions Commonly Missed on an Application

- Has the insured applied for life or disability insurance elsewhere?
- Will the client replace any life insurance coverage in force?
- Has the insured been convicted of a misdemeanor (including but not limited to DUI or disorderly conduct)?
- Name and address of personal physician or name of clinic client last visited and outcome of the visit.

NLG requires adults ages 60 and over to have routine health care and a physical within the last 24 months. Otherwise, NLG will need to reject the file.

- Name and purpose of each current prescription medication.
- Past and present medical conditions, date diagnosed, and treatment received.
- Upcoming medical appointments, procedures, and follow-ups.

By taking the extra necessary time with your client up-front during the underwriting process, you will experience faster turnaround times!

***Did you know?** By providing the client's past and current medical history, along with the date the condition was diagnosed, the treatment required, and the control of the condition, you can speed up the underwriting process by up to five (5) business days.*

Status Inquiries

You can check the status of all your pending business by following up on your cases through your [agent portal](#) under Book of Business: **New Business >> Pending New Business Outstanding Requirements**

***Did you know?** The agent portal will tell you if action is required on your part and what outstanding items New Business and Underwriting may need from you.*

Call the case manager assigned to the file. The agent web portal will also display this information. Your case manager can tell if New Business and Underwriting have received all the requirements, if anything remains outstanding, and the current status of the case.

Where to Send Outstanding Requirements

Agents should submit any questionnaires, exams, attending physician statements, cover letters, financial documents, EFT, 1035, and replacement or rewrite forms by using the [Agent Portal](#).

For paper applications, email:

NBRequirementImages@NationalLife.com.

Using this process will ensure the safe and timely processing of the requirement.

***Did you know?** As requirements come in, they are attached to the file automatically as they are received and date stamped. This reduces mistakes and allows for timely processing of the requirements. For applications submitted through eApp, use the [Agent Portal](#). For paper applications, email NBRequirementImages@NationalLife.com.*

Need to Speak with Someone in New Business or Underwriting Regarding Your File?

We want to hear from you and love talking to you. Please know, however, we are busy trying to review, approve, and issue your business! If your case manager or underwriter cannot pick up the phone, please leave a message. They will return your phone call within one (1) business day.

* The health questions on the application must be completed.

Want to Reduce the Number of Emails Between You and the Home Office?

Please read all communication sent from the home office to you. Please answer each question(s) in its entirety with one email for the most efficient processing. Avoid answering one question at a time. *Also, please remember to provide full details!*

Illustrations

Contact the Sales Desk for assistance with running illustrations at NLGSalesDesk@NationalLife.com.

States that have adopted the NAIC Illustration Regulation require a signed illustration or valid sales certification along with the application. Agents do not need to submit these requirements if a state hasn't adopted the NAIC Model Regulation and the regulations do not require a signed illustration. Agents are required to familiarize themselves with their state's regulations.

TotalSecure applications also require an illustration to be submitted with the application.

Policy Delivery

Once the agent receives the policy, unless otherwise directed, they should deliver it to the policy owner in person as soon as possible. A policy transmittal accompanies the policy, which outlines all delivery requirements and receipts needed to complete the sale. Return the requirements by:

- Uploading them to the [Agent Portal](#)
- Using the self-addressed envelope enclosed with the printed policy
- Emailing them to: FormsOnDelivery@NationalLife.com.

Contestable Reviews & Rescissions

Policies generally become incontestable once they have been in force during the lifetime of the insured for a period of two (2) years from the issue date of a policy. Prior to that time, during a policy's contestable period, the Company reserves the right to perform a contestable review or investigation. This review may include obtaining additional medical and/or financial information regarding the insured and/or policy owner.

If it is determined that a material misrepresentation was made in the application for the policy, the policy may be rescinded. The policy and all attached riders are deemed null and void, according to applicable state laws and regulations, all premiums are refunded, and commissions are reversed. What constitutes a material misrepresentation is governed by state law, but it generally means that information was omitted or not presented at the time of application which would have changed the underwriting decision made at the time.

Examples of circumstances that may trigger a contestable review include:

- Third party information received after issue
- After issue requests that require new underwriting evidence
- Claims that occur during the 2-year contestable period

Agent Commissions and Contracting

- LSW and National Life commissions are generated weekly. Please see the website www.NationalLife.com for a Life commission cutoff schedule.
- Please note that Pennsylvania requires us to appoint you in their state before solicitation.

Visit the [Agent Portal](#) or the [NLG Mobile App](#) for commission, contracting, website, or forms-related items.

When Medical Testing is Required

Depending on the product, issue age, face amount, and medical history, the policy may require complete testing (paramedical exam, blood specimen, urinalysis specimen, and electrocardiograms). The medical exam is made part of the policy and can be used during a contestable review.

An agent should not order medical testing without authorization from a home office underwriter if it is not an age and amount requirement. Doing so could result in the agent being charged for the expense incurred.

Testing should not be ordered until the applicant has completed an application, and has signed the authorization, HIPAA, and HIV consent form. Having the client complete the testing ahead of time is against state insurance regulations. The state in which the contract is signed in can impose significant fines to the insurer. This could result in extra expense being charged to your client in the form of premium increases. If the testing is ordered without the client signing any of the above, please know you may be liable for the charges incurred that we did not specifically ask for.

When a paramedical exam is required, please guide your client about the process and help to set realistic expectations.

The medical examiner must be fluent in the client's language, or the paramedical company must provide an interpreter. Examiners cannot use a family member or anyone benefiting from the policy as a translator.

The client should do the following:

- Bring a photo ID such as a driver's license
- Fast for at least 12 hours
- Avoid strenuous exercise for at least 12 hours prior to the exam
- Bring a list of all medications

Did you know all life insurance contracts have a 2-year contestability period? The company has the right to contest a claim if that claim is submitted within the first two years of the contract of the issue date of coverage. This helps the insurance company to protect itself against individuals who may have intended to be misleading by providing inaccurate information to obtain an approval.

Did you know?

- An application is good for 6 months
 - A Statement of Health (form 5230) will be required after 90 days of the date of last evidence (exam or health section of application)
- Parameds and Labs are good for:
 - Ages up to 70: 12 months
 - Ages 70 and up: 6 months
- Rewrites: A policy can be rewritten up to 120 days from the date of application

Approved Paramed Vendors

Depending on the product, issue age, rate class, face amount, and medical history, Underwriting may require complete testing. Please review the Life Underwriting Requirements in this guide. The paramedical company will contact the prospective client to set up an appointment. Agents must use one of the following companies if full testing is needed; reference LSW/ National Life when making contact:

- APPS-Portamedic
– www.appslive.com | 800-727-2101
- Exam One
– www.examone.com | 877-933-9261

If a translator is needed for your client, make sure to indicate it on the Agent's Report.

Occasionally, medical records from the proposed insured's physician may be needed due to the face amount applied for or because of the client's medical history. National Life Group uses Parameds.com to retrieve those records.

– www.parameds.com | 800-872-3674

Attending Physician Statements can range from 10-2,000 pages. Please allow up to 5 business days for underwriting to review.

Laboratory Testing Services

Clinical Reference Lab is the approved testing service for blood profiles and urinalyses. Use of our approved lab helps ensure the timely transmission of test results. A urinalysis is required whenever blood testing is needed. Please refer to the product-specific charts in this guide for additional information. HIV consent forms must be submitted in those states where required for all proposed insureds that require laboratory testing. Completion of these forms is the agent's responsibility.

Did you know that the [Agent Portal](#) can provide Underwriting Guidance?

Click on the link to navigate to Underwriting Guidance.

Medical Testing Protocol

Medical Testing Orders

National Life Group does not authorize ordering or completing medical testing, such as paramedical exam or laboratory tests (blood/urine), until after the proposed insured has completed and signed NL or LSW application forms, including an authorization and appropriate HIPAA form.

Certain products may not require initial routine medical testing. Please refer to the product-specific charts for more information. We reserve the right to request medical testing for cause (such as diabetes, morbid obesity, etc.) National Life Group will request age-appropriate medicals anytime the amount of the NL/ LSW exceeds the maximum non-fluid coverage amount.

Existing coverage with National Life will impact the needed requirements. Please consult with your underwriter.

Release of Medical Testing

Our standard protocol is for the paramedical service providers to send the exam, EKG, senior assessment, and lab slip along with the specimens to the lab for timely processing when medical testing is required. The Home Office will receive testing results, and any policy issued will include a copy of the paramedical exam. If an agent or firm is brokering the business and wants to receive a copy of the exam, they may want to order the medical testing using their own account.

Requests for Lab Results to be Sent to a Client

Lab results can be received in one of two ways:

- The Paramed Examiner will provide a slip with information and code to retrieve it directly from the lab
- Submit a Form 7935 Release for Medical Information signed by the client and forwarded to the Home Office. Lab results will be sent via U.S. Postal Service to the client's address on record within five (5) business days of receipt of the information.

Medical Testing Completed by Other Companies

We will consider using another carrier's paramedical exam, EKG, and/or lab results completed within the last 12 months through age 69, and within the last six months for ages 70 and above, if copies are made available to us. We reserve the right to request current testing at older ages, for large face amounts, and at the underwriter's discretion.

Attending Physician Statement (APS)

An APS (copy of the client's medical records) may be required by the underwriter in order to complete the underwriting process. Obtaining these records can take 2-6 weeks, depending on the physician. The application should include the complete information (full name, address, phone number) for the personal physician as well as for all other physicians and specialists seen.

The Home Office will order medical records, unless otherwise noted, through Parameds.com.

Attending Physician Statement (APS) Guidelines

Medical records should not be ordered unless requested by the underwriter after initial review of the application. Because it can be cost prohibitive to order multiple APSs on smaller face amounts, all applications should be submitted using Medical Questionnaires whenever possible [see [Medical Questionnaire](#) section in this guide]. You should also consult the listing of [Uninsurable & Problematic Risks](#) in this guide before completing an application on a prospective client with complex medical issues.

The underwriter will make every effort to use the application, medical questionnaires, prescription database, and other tools to assess the risk while considering the total amount of the insurance applied for.

Routine (APS) Guidelines

Ages 0 – 17	\$1,000,001 and up
Ages 18 – 40	\$5,000,001 and up
Ages 41 – 60	\$2,000,001 and up
Ages 61 – 69	\$1,000,001 and up
Ages 70 & up	All face amounts

Certain medical impairments may require an APS regardless of face amount. These may include, but are not limited to:

- Alcohol/Drug Abuse and/or treatment
- Cardiovascular or Coronary Artery Disease
- Cancer
- Diabetes treated by insulin/with tobacco use
- Emphysema, COPD, Chronic Bronchitis
- Heart Murmur
- Hepatitis
- Kidney/Renal Disease
- Lupus
- Mental Disorders requiring multiple or psychotropic medications
- Multiple Sclerosis
- Peripheral Vascular Disease
- Stroke, TIA, CVA, Cerebral Hemorrhage
- Ulcerative Colitis/Crohn's Disease
- Opioid/Narcotic/Chronic Pain Medication
- History of incarceration
- PTSD
- Multiple chronic medical conditions
- Emergency room visit or hospitalization in the last 6 months

Requests for medical records may also be at the underwriter's discretion due to third party information, abnormal lab findings, etc., as well as because of larger face amounts and older ages.

Motor Vehicle Report

(Ordered by Home Office)

Motor Vehicle Reports are ordered on all applicants ages 16 and up, all face amounts.

Underwriting Programs

Full Medical/Financial Underwriting

National Life Group has a wide range of products that are underwritten using traditional underwriting requirements such as blood profile, urinalysis specimen, paramedical exam, and EKGs. Applications requiring full medical underwriting to properly assess the mortality risk the client represents are often on larger face amounts and older age applicants. Please refer to www.NationalLife.com for the most current listing of these products.

What does the agent need to know?

NLG will review the application containing your client's financial and medical information. The information will be cross-referenced with several databases used for the risk assessment such as:

- Medical Information Bureau (MIB)
- Milliman Intelliscript® Prescription Data, Medical Claims Data, and Criminal History Data
- Motor Vehicle Report
- Electronic Inspection Report
- LabPiQture, providing clinical laboratory results
- Clinical Reference Laboratory Prescription Database

What medical requirements might be requested for my client to complete?

- Blood profile and urinalysis specimen
- Paramedical exam
- Senior Assessment
- EKG
- Attending Physician Statement

Are there other requirements that I may need to have my client furnish?

Depending on the type of and purpose of the life insurance sale, the underwriter may request additional financial information to justify the face amount being requested. This information we request, may be in the form of:

- Personal Financial Questionnaire
- 2-year tax returns, W-2s, or 1099s
- Third Party Verified Financial Statements prepared by CPA or Tax Attorney
- Cover letter explaining the purpose of sale and how the total line of coverage was determined

Do you know how powerful a cover letter can be? If you have a client who is applying for insurance for reasons other than straight income replacement needs, it is best to submit a cover letter. The cover letter will tell the underwriter how the sale was made, the purpose of the sale, and the intended use of the funds and/or riders. A well-crafted cover letter helps the underwriter better understand your client's needs. If you submit an application via eApp, you can type this information in the cover letter.

Accelerated Underwriting Products (EZ Underwriting)

National Life Group is pleased to offer accelerated underwriting to applicants. This means your client may be eligible for our best class without the need to complete medical requirements (blood profile, urinalysis, paramedical exam, and EKG).

EZ underwriting is available to applicants ages 18-50 applying for face amounts up to and including \$3,000,000 on permanent products (\$2,000,000 on term products); to applicants ages 51-60 applying for face amounts up to and including \$1,000,000; and to applicants ages 61-65 applying for face amounts up to and including \$250,000.

Existing coverage with National Life Group will impact the needed requirements. Please consult with your underwriter.

Please consult the product's age and face amount grid for current guidelines. (See NLG's website for current listing).

Applicants Applying for the Following Face Amounts:

	Ages 18-50	Ages 51-60	Ages 61-65
FlexLife	Up to \$3M	Up to \$1M	Up to \$250,000
SummitLife	Up to \$3M	\$1M	n/a
PeakLife NL	Up to \$3M	\$1M	n/a
Term	Up to \$2M	Up to \$1M	Up to \$250,000
TotalSecure	Up to \$3M	Up to \$1M	Up to \$250,000
BasicSecure	Up to \$3M	Up to \$1M	Up to \$250,000

What does the agent need to know?

NLG will review your client's financial and medical information contained in the application, cross-referencing the information with several risk assessment databases such as:

- Medical Information Bureau (MIB)
- Milliman Intelliscript® Prescription Data, Medical Claims Data, and Criminal History Data
- LexisNexis® Risk Classifier, a third party data aggregator of FCRA compliant information (not ordered on ages 26-50 on EZ-eligible products with amounts <=\$500,000)
- LabPiQture, providing clinical laboratory results
- Motor Vehicle Report

What is the LexisNexis Risk Classifier?

LexisNexis® Risk Classifier aggregates public records from thousands of data sources in compliance with the Fair Credit Reporting Act to determine mortality and individual lifestyle risks.

This tool provides access to a much larger pool of data and enables us to:

- Make quicker underwriting decisions
- Meet the demand for a faster and less invasive process to obtain life insurance.

The Risk Classifier score is determined by a combination of data points that fall into three general buckets:

- Public record attributes
- Motor vehicle records (MVR) attributes
- Credit record attributes

A risk classifier score is not based on a single factor. Rather, it is the combination of multiple data points from these three general buckets that are used to determine an applicant's relative mortality risk.

The LexisNexis® Risk Classifier does NOT use the following data for mortality scoring:

- Race, religion, national origin, marital status, sexual orientation, geography, disability, title, employer, and employment history
- Data that is NOT compliant with the Fair Credit Reporting Act (consumer shopping data, facial recognition, and social media).

Questions about a Risk Classifier Score?

The LexisNexis® Consumer Center contact number for LIFE is 888-497-9215

Contact the LexisNexis® Consumer Center to:

- Receive a copy of and subsequently discuss their Life Report
- Dispute information contained in their Life Report
- Request a Report to be sent post-dispute

The mailing address for the LexisNexis® Consumer Center is:

- LexisNexis® Consumer Center Attn:
Life Report P.O. Box 105108 Atlanta, GA 30348-5108

When first calling, it is helpful if you:

- Specifically request a Life Report
- Advise the representative that you applied for life insurance

Life Reports are not available online.

Life Underwriting Requirements

SummitLife/Advanced Markets IUL

(SummitLife)

Underwriting Amount	Issue Ages							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70+
\$1,000,000	A	A	A	A	A	D	D	ME/APS
\$1,000,001 – \$2,000,000	A/J/APS	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001 – \$3,000,000	A/J/APS	A	A	A/APS	D/APS	D/APS	D/APS	ME/APS
\$3,000,001 – \$5,000,000	A/J/APS	D	D	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 – \$10,000,000	A/J/APS	D/APS	D/APS	D/APS	E/APS	E/APS	E/APS	ME/APS
\$10,000,001 & Up	A/J/APS	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine, EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement

J – Juvenile face amounts in excess of \$1,000,000 must be vetted by an Underwriter **prior** to submission; including financial justification and details of the sale.

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	0-85
Express Standard NT 1	Total Face ≤ \$2M	0-85
Express Standard NT 2	Total Face ≤ \$2M	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2M	18-85

- Face amounts over \$2,000,000 require an E-inspection
- Face amounts over \$5,000,000 require an APS, a confidential financial questionnaire form 1392, E-inspection, and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require an APS, a confidential financial questionnaire form 1392, E-inspection, and third party verified financials

For face amounts of \$2,000,000 or less:

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For face amounts greater than \$2,000,000:

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco.

Minimum Face \$1,000,000

1 Age Nearest Birthday

2 See product specific information for rate classes and ages available

3 See product specifications for applicable juvenile rates

Life Underwriting Requirements

PeakLife/Advanced Markets IUL

(PeakLife NL)

Underwriting Amount	Issue Ages						
	18-30	31-40	41-50	51-60	61-65	66-69	70+
\$1,000,000	A	A	A	A	D	D	ME/APS
\$1,000,001 – \$2,000,000	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001 – \$3,000,000	A	A	A/APS	D/APS	D/APS	D/APS	ME/APS
\$3,000,001 – \$5,000,000	D	D	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 – \$10,000,000	D/APS	D/APS	D/APS	E/APS	E/APS	E/APS	ME/APS
\$10,000,001 & Up	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine, EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement.

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	18-85
Express Standard NT 1	Total Face ≤ \$2M	18-85
Express Standard NT 2	Total Face ≤ \$2M	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2M	18-85

- Face amounts over \$2,000,000 require an E-inspection
- Face amounts over \$5,000,000 require an APS, a confidential financial questionnaire form 1392, E-inspection, and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection, and third party verified financials

For face amounts of \$2,000,000 or less:

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For face amounts greater than \$2,000,000:

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco.

Minimum Face \$1,000,000

1 Age Nearest Birthday

2 See product specific information for rate classes and ages available

Life Underwriting Requirements

FlexLife, FlexLife NL, BasicSecure, BasicSecure NL, TotalSecure, and TotalSecure NL

Underwriting Amount	Issue Ages							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70 ¹
Through \$250,000	A	A	A	A	A	A	D	ME/APS
\$250,001 – \$1,000,000	A	A	A	A	A	D	D	ME/APS
\$1,000,001 – \$2,000,000	A/J/APS	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001 – \$3,000,000	A/J/APS	A	A	A/APS	D/APS	D/APS	D/APS	ME/APS
\$3,000,001 – \$5,000,000	A/J/APS	D	D	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 – \$10,000,000	A/J/APS	D/APS	D/APS	D/APS	E/APS	E/APS	E/APS	ME/APS
\$10,000,001 & Up	A/J/APS	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

- A – Application
- D – Application, Exam, Blood Profile, Urine
- E – Application, Exam, Blood Profile, Urine, EKG
- M – Application, Exam, Blood Profile, Urine, Mature Assessment
- ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment
- APS – Attending Physician Statement
- J – Juvenile face amounts in excess of \$1,000,000 must be vetted by an Underwriter prior to submission; including financial justification and details of sale

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	0-85
Express Standard NT 1	Total Face ≤ \$2M	0-85
Express Standard NT 2	Total Face ≤ \$2M	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2M	18-85

- Face amounts over \$2,000,000 require an E-inspection
- Face amounts over \$5,000,000 require an APS, a confidential financial questionnaire form 1392, E-inspection and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection and third party verified financials

For Face Amounts of \$2,000,000 or Less

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For Face Amounts Greater Than \$2,000,000

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco

¹ Issue Age Nearest Birthday
² 200% rating added to Standard NT for tobacco users under age 18

Life Underwriting Requirements

SurvivorLife and SurvivorLife NL SIUL

Underwriting Amount	Issue Ages							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70+
\$250,000 - \$1,000,000	A	D	D	D	D	D	D	ME/APS
\$1,000,001 - \$2,000,000	A/J/APS	D	D	D	D	D/APS	D/APS	ME/APS
\$2,000,001 - \$3,000,000	A/J/APS	D	D	D/APS	D/APS	D/APS	D/APS	ME/APS
\$3,000,001 - \$5,000,000	A/J/APS	D	D	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 - \$10,000,000	A/J/APS	D/APS	D/APS	D/APS	E/APS	E/APS	E/APS	ME/APS
\$10,000,001 and up	A/J/APS	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine, EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement

J – Juvenile face amounts in excess of \$1,000,000 must be vetted by an Underwriter prior to submission; including financial justification and details of sale

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	0-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Uninsurable	All Face Amount	0-85

- This product will be available under full medical underwriting, required of both insureds (refer to Requirement Chart)
- Application is not available through eApp process. Paper only.

Available ratings are:

150% – Table B

300% – Table H

175% – Table C

350% – Table J

200% – Table D

400% – Table L

225% – Table E

500% – Table P

250% – Table F

Ages 75 through 79 – no ratings over 300%

Ages 80 through 85 – no ratings over 200%

These substandard age limits do not apply to uninsurable.

If one life is uninsurable, the other must be rated 200% or better.

- Face amounts over \$2,000,000 require an E-inspection
- Face amounts over \$5,000,000 require an APS, a confidential financial questionnaire form 1392, E-inspection, and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection, and third party verified financials

For Face Amounts of \$2,000,000 or Less

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard classes. Table ratings are not available.

For Face Amounts Greater Than \$2,000,000

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco

¹ Issue Age Nearest Birthday

² 200% rating added to Standard NT for tobacco users under age 18

Life Underwriting Requirements

Term LSW and Term NL Life

Underwriting Amount	Issue Ages						
	18-30	31-40	41-50	51-60	61-65	66-69	70+
Through \$250,000	A	A	A	A	A	D	ME/APS
\$250,001 - \$1,000,000	A	A	A	A	D	D	ME/APS
\$1,000,001 - \$2,000,000	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001 - \$5,000,000	D	D	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 - \$10,000,000	D/APS	D/APS	D/APS	E/APS	E/APS	E/APS	ME/APS
\$10,000,001 and up	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application
D – Application, Exam, Blood Profile, Urine
E – Application, Exam, Blood Profile, Urine and EKG
M – Application, Exam, Blood Profile, Urine, Mature Assessment
ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment
APS – Attending Physician Statement

Term rate class offerings for nontobacco and tobacco

Product/Issue Age	Nontobacco Rate Age Availability	Tobacco Rate Age Availability
10 Year Term	18-75	18-75
15 Year Term	18-75	18-70
20 Year Term	18-70	18-65
30 Year Term	18-55	18-50
ART 18-85	18-85	18-85

- Face amounts over \$2,000,000 require an E-inspection
- Face amounts over \$5,000,000 require an APS, a confidential financial questionnaire form 1392, E-inspection, and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection, and third party verified financials

Term products rate class offerings:

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	18-85
Express Standard NT 1	Total Face ≤ \$2,000,000	18-85
Express Standard NT 2	Total Face ≤ \$2,000,000	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2,000,000	18-85

For Face Amounts of \$2,000,000 or Less

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For Face Amounts Greater Than \$2,000,000

- **Substandard:** Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco

¹ Issue Age Nearest Birthday

² LSW and NL Term product are not available until age 18; see product availability below:

ISSUE AGES OFFERED

ART 18-85

10 Year Term 18-75

15 Year Term 18-75 Non-tobacco 18-70 Tobacco

20 Year Term 18-70 Non-tobacco 18-65 Tobacco

30 Year Term 18-55 Non-tobacco 18-50 Tobacco

Underwriting Rate Classes Explained

Elite Preferred Non-Tobacco

See guidelines on next pages.

Preferred Non-Tobacco

See guidelines on next pages.

Select Non-Tobacco

Offered for those clients who do not meet all criteria for preferred but meet the special standard “plus” criteria for this well-priced non-tobacco/non-nicotine class.

Standard Non-Tobacco

Offers competitive rates for applicants who are standard risk and do not use tobacco or nicotine products. If additional table ratings are applicable, use this rate class as the platform for non-tobacco class illustrations with ratings.

Express Standard Non-Tobacco 1

Available to applicants who do not use products containing tobacco or nicotine that qualify with rating of four tables or less who would otherwise be substandard. Limited availability by product.

Express Standard Non-Tobacco 2

Available to applicants who do not use products containing tobacco or nicotine that qualify with rating of 225% to 300%. Living Benefits and Lifetime Income Benefit Riders are not available. Limited availability by product.

Preferred Tobacco

Available to applicants who use products containing tobacco or nicotine but meet all the other preferred guidelines (see following pages).

Standard Tobacco

Applicants who use tobacco or nicotine products that do not otherwise meet the preferred guidelines will use this rate class. If additional table ratings are applicable, use this rate class as the platform for tobacco class illustrations with ratings.

Express Standard Tobacco

Available to tobacco users that rate four tables or less. Limited availability by product.

Table Ratings converted to Percent Ratings

Table 2	Table B	150%
Table 3	Table C	175%
Table 4	Table D	200%
Table 5	Table E	225%
Table 6	Table F	250%
Table 8	Table G	300%
Table 10	Table H	350%
Table 12	Table I	400%
Table 16	Table J	500%

Ratings are illustrated using Standard or Verified Standard class as the platform for Non-Smoker clients or using Standard Tobacco class as the platform for tobacco users. Some products may show Standard Tobacco vs. Standard Smoker. Please refer to product guides for specific rate classes available.

¹ See product-specific tables

² Please refer to the product-specific charts for class

Accelerated Elite/Preferred/Select Criteria (Permanent Products)

EZ Underwriting

	Elite Non-Tobacco	Preferred Non-Tobacco and Tobacco	Select Non-Tobacco
Tobacco or Nicotine Use	No use of tobacco or nicotine of any kind within last 60 months	No use of tobacco or nicotine of any kind within last 36 months.	No use of tobacco or nicotine of any kind within last 12 months
Family History	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 65.	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 60.	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 60.
Health History	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ)	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ)	Standard risks with no current borderline medical problems. No currently ratable medical history.
Driving History	No reckless driving (includes no excessive speed) or alcohol-related moving violation within 5 years, no license suspension within 3 years, and no more than one moving violation within last 3 years.	No reckless driving or alcohol-related moving violation within 5 years, no license suspension within 3 years, and no more than two moving violations within last 3 years ¹	No reckless driving or alcohol-related moving violation within 5 years, no license suspension within 3 years, and no more than three moving violations within last 3 years.
Prescription Drug History	No medications in past 5 years for heart disease, cancer, mood disorders, rheumatoid arthritis, kidney or liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease, and neurological disease. (One hypertensive medication allowed and medication for cholesterol is allowed.)	No medications in past 5 years for heart disease, cancer, depression, rheumatoid arthritis, liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease and neurological disease. (One hypertensive medication allowed and medication for cholesterol is allowed.)	No medications in past 5 years for heart disease, cancer, depression, rheumatoid arthritis, liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease and neurological disease. (One hypertensive medication allowed, and medication for cholesterol is allowed.)
Aviation/Avocation	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major U.S. carriers permitted.	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major U.S. carriers permitted.	No ratable aviation, hazardous avocation or occupation.
Alcohol/Drug	No history of drug or alcohol abuse or treatment at any time.	No history of drug or alcohol abuse or treatment within last 10 years.	No ratable history of drug or alcohol abuse.
BMI	>18.5 and <27.1	>18.5 and <29.9	>18.5 and <32.7

¹ For ages 18-25 if one moving violation results in points assessed by underwriting manual, preferred will not be allowed.

Fully Underwritten Elite/Preferred/Select Criteria (Permanent Products)¹

	Elite Preferred Non-Tobacco	Preferred Non-Tobacco and Tobacco	Select Non-Tobacco
Citizenship	U.S. Resident.*	U.S. Resident.	U.S. Resident.
Tobacco or Nicotine Products ^{1,2}	No use of tobacco or nicotine-containing products of any kind within the last 60 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine-containing products ³ of any kind within the past 36 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine-containing products ³ of any kind within the past 12 months. Current lab testing negative for nicotine.
Health	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risk with no current borderline medical problems. No currently ratable medical history.
Alcohol/ Drugs	No history of drug or alcohol abuse or treatment at any time, and no current use of drugs.	No history of drug or alcohol abuse or treatment within the last 10 years, and no current use of drugs.	No ratable history of drug or alcohol abuse.
Aviation/ Avocation	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No ratable aviation, hazardous avocation or occupation.
Family History	No parental family history of death from coronary artery disease or cancer prior to age 65. Criteria does not apply if applicant has reached the age of 65 or for gender-specific cancers where the applicant is the opposite gender.	No parental family history of death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.	Parental family history of no more than one death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.
Blood Pressure	Current blood pressure with a 12-month average reading of 135/85 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 140/90 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 150/90 or better.
Cholesterol	Current cholesterol/HDL ratio of 4.5 or less, or 5.0 or less for issue ages 65 and up. Cholesterol must also be 260mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 5.5 or less, or 6.0 or less for issue ages 65 and up. Cholesterol must also be 280mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 6.5 or less, or 7.0 or less for issue ages 65 and up. Cholesterol must also be 300mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.
Driving History	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than one moving violation within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than two moving violations within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than three moving violations within the last three years.

* Some Foreign Nationals may qualify for best class. Please refer to Foreign National guidelines.

¹ Please refer to the National Life and LSW product guides for classes available.

² Not applicable for Preferred Tobacco class.

³ Products such as cigarettes, cigars, chewing tobacco, pipe, nicotine gum products, nicotine patch, etc.

Accelerated Elite/Preferred/Select Criteria (Term Products)

EZ Underwriting

	Elite Non-Tobacco	Preferred Non-Tobacco and Tobacco	Select Non-Tobacco
Tobacco or Nicotine Use	No use of tobacco or nicotine of any kind within last 60 months.	No use of tobacco or nicotine of any kind within last 60 months.	No use of tobacco or nicotine of any kind within last 36 months.
Family History	No family history (parents or siblings) of coronary heart disease or cancer prior to age 65.	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 65.	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 60.
Health History	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).
Driving History	No reckless driving (includes no excessive speed) or alcohol-related moving violation within 5 years, no license suspension within 3 years, and no moving violation within last 3 years.	No reckless driving (includes no excessive speed) or alcohol-related moving violation within 5 years, no license suspension within 3 years, and no more than one moving violation within last 3 years ¹ .	No reckless driving or alcohol-related moving violation within 5 years, no license suspension within 3 years, and no more than two moving violations within last 3 years.
Prescription Drug History	No medications in past 5 years for heart disease, cancer, mood disorders, rheumatoid arthritis, kidney or liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease, hypertension, cholesterol treatment, and/or neurological disease.	No medications in past 5 years for heart disease, cancer, mood disorders, rheumatoid arthritis, kidney or liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease and/or neurological disease. (One hypertensive medication allowed and medication for cholesterol is allowed.)	No medications in past 5 years for heart disease, cancer, mood disorders, rheumatoid arthritis, kidney or liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease and/or neurological disease. (One hypertensive medication allowed and medication for cholesterol is allowed.)
Aviation/Avocation	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major US carriers permitted.	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major US carriers permitted.	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major US carriers permitted.
Alcohol/Drug	No history of drug or alcohol abuse or treatment at any time.	No history of drug or alcohol abuse or treatment at any time.	No history of drug or alcohol abuse or treatment within last 10 years.
BMI	>18.5 and <24.9	>18.5 and <27.1	>18.5 and <29.9

¹ For ages 18-25, if one moving violation results in points assessed by underwriting manual, preferred will not be allowed.

Fully Underwritten Elite/Preferred/Select Criteria (Term Products)¹

	Elite Preferred Non-Tobacco	Preferred Non-Tobacco and Tobacco	Select Non-Tobacco
Citizenship	U.S. Resident.*	U.S. Resident.	U.S. Resident.
Tobacco or Nicotine Products ^{1,2}	No use of tobacco or nicotine - containing products of any kind within the last 60 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products ³ of any kind within the past 60 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products of any kind within the past 36 months. Current lab testing negative for nicotine.
Health History	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risk with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).
Alcohol/ Drugs	No history of drug or alcohol abuse or treatment at any time, and no current use of drugs.	No history of drug or alcohol abuse or treatment at any time, and no current use of drugs.	No history of drug or alcohol abuse or treatment within the last 10 years, and no current use of drugs.
Aviation/ Avocation	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.
Family History	No family history of coronary artery disease or cancer prior to age 65. Criteria does not apply if applicant has reached the age of 65 or for gender-specific cancers where the applicant is the opposite gender.	No family history of death from coronary artery disease or cancer prior to age 65. Criteria does not apply if applicant has reached the age of 65 or for gender-specific cancers where the applicant is the opposite gender.	No family history of death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.
Blood Pressure	Current blood pressure with a 12-month average reading of 135/85 or better.	Current blood pressure with a 12-month average reading of 135/85 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 140/90 or better. Blood pressure treatment is acceptable if treated by only one drug.
Cholesterol	Current cholesterol/HDL ratio of 4.5 or less, or 5.0 or less for issue ages 65 and up. Cholesterol must also be 260mg/dl or less.	Current cholesterol/HDL ratio of 4.5 or less, or 5.0 or less for issue ages 65 and up. Cholesterol must also be 260mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 5.5 or less, or 6.0 or less for issue ages 65 and up. Cholesterol must also be 280mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.
Driving History	No reckless driving (includes no excessive speed) or alcohol-related moving violations within 5 years, no license suspension within 3 years, and no more than one moving violation within the last 3 years.	No reckless driving (includes no excessive speed) or alcohol-related moving violations within 5 years, no license suspension within 3 years, and no more than one moving violations within the last 3 years.	No reckless driving or alcohol-related moving violations within 5 years, no license suspension within 3 years, and no more than 2 moving violations within the last 3 years.

* Some Foreign Nationals may qualify for best class. Please refer to Foreign National guidelines.

¹ Please refer to the National Life and LSW product guides for classes available.

² Not applicable for Preferred Tobacco class.

³ Products such as cigarettes, cigars, chewing tobacco, pipe, nicotine gum products, nicotine patch, etc.

Table of Height and Weight, Ages 16 and Older (Permanent Products)

This chart is used as a guideline to identify the weights that are usually acceptable within the rate classes shown, and to show the acceptable weight to qualify for the disability income rider. Other factors, including age or disproportion in body measurements (girth of chest and abdomen), may impact the final decision.

Rate Class	Elite	Preferred	Select	Standard	Express Standard 1	Express Standard 2
BMI	≥18.5 to <27.1	≥27.1 to <29.9	≥29.9 to < 32.7	≥32.7 to <37.5	≥37.5 to <42.5	≥42.5 to <46.5
Height	Weight (lbs.)					
4' 8"	83-120	121-133	134-145	146-167	168-189	190-207
4' 9"	86-125	126-138	139-151	152-173	174-196	197-214
4' 10"	89-129	130-143	144-156	157-179	180-203	204-222
4' 11"	92-134	135-148	149-161	162-185	186-210	211-230
5' 0"	95-138	139-153	154-167	168-191	192-217	218-238
5' 1"	98-143	144-158	159-173	174-198	199-224	225-246
5' 2"	102-148	149-163	164-178	179-205	206-232	233-254
5' 3"	105-152	153-168	169-184	185-211	212-239	240-262
5' 4"	108-157	158-174	175-190	191-218	219-247	248-270
5' 5"	112-162	163-179	180-196	197-225	226-255	256-279
5' 6"	115-167	168-185	186-202	203-232	233-263	264-288
5' 7"	119-172	173-190	191-208	209-239	240-271	272-296
5' 8"	122-177	178-196	197-215	216-246	247-279	280-305
5' 9"	126-183	184-202	203-221	222-253	254-287	288-314
5' 10"	129-188	189-208	209-227	228-261	262-296	297-324
5' 11"	133-194	195-214	215-234	235-268	269-304	305-333
6' 0"	137-199	200-220	221-241	242-276	277-313	314-342
6' 1"	141-205	206-226	227-247	248-284	285-322	323-352
6' 2"	145-211	212-232	233-254	255-292	293-330	331-362
6' 3"	148-216	217-239	240-261	262-299	300-339	340-371
6' 4"	152-222	223-245	246-268	269-308	309-349	350-381
6' 5"	156-228	229-252	253-275	276-316	317-358	359-392
6' 6"	161-234	235-258	259-282	283-324	325-367	368-402
6' 7"	165-240	241-265	266-290	291-332	333-377	378-412
6' 8"	169-246	247-272	273-297	298-341	342-386	387-423

Individual consideration will be given for low BMIs. Please use the Underwriting Quote Tool XRAE ([Instructional PDF: Getting Started with the XRAE Field Underwriting Tool](#)).

Table of Height and Weight, Ages 18 and Older (Term Products)

This chart is used as a guideline to identify the weights that are usually acceptable within the rate classes shown, and to show the acceptable weight to qualify for the disability income rider. Other factors, including age or disproportion in body measurements (girth of chest and abdomen), may impact the final decision.

Rate Class	Elite	Preferred	Select	Standard	Express Standard 1	Express Standard 2
BMI	≥18.5 to <24.9	≥24.9 to <27.1	≥27.1 to < 29.9	≥29.9 to <37.5	≥37.5 to <42.5	≥42.5 to <46.5
Height	Weight (lbs.)					
4' 8"	83-111	112-120	121-133	134-167	168-189	190-207
4' 9"	86-115	116-125	126-138	139-173	174-196	197-214
4' 10"	89-119	120-129	130-143	144-179	180-203	204-222
4' 11"	92-123	124-134	135-148	149-185	186-210	211-230
5' 0"	95-127	128-138	139-153	154-192	193-217	218-238
5' 1"	98-131	132-143	144-158	159-198	199-224	225-246
5' 2"	102-136	137-148	149-163	164-205	206-232	233-254
5' 3"	105-140	141-152	153-168	169-211	212-239	240-262
5' 4"	108-145	146-157	158-174	175-218	219-247	248-270
5' 5"	112-149	150-162	163-179	180-225	226-255	256-279
5' 6"	115-154	155-167	168-185	186-232	233-263	264-288
5' 7"	119-158	159-173	174-190	191-239	240-271	272-296
5' 8"	122-163	164-178	179-196	197-246	247-279	280-305
5' 9"	126-168	169-183	184-202	203-253	254-287	288-314
5' 10"	129-173	174-188	189-208	209-261	262-296	297-324
5' 11"	133-178	179-194	195-214	215-268	269-304	305-333
6' 0"	137-183	184-199	200-220	221-276	277-313	314-342
6' 1"	141-188	189-205	206-226	227-284	285-322	323-352
6' 2"	145-193	194-211	212-232	233-292	293-330	331-362
6' 3"	148-199	200-216	217-239	240-300	301-339	340-371
6' 4"	152-204	205-222	223-245	246-308	309-349	350-381
6' 5"	156-209	210-228	229-252	253-316	317-358	359-392
6' 6"	161-215	216-234	235-258	259-324	325-367	368-402
6' 7"	165-221	222-240	241-265	266-332	333-377	378-412
6' 8"	169-226	227-246	247-272	273-341	342-386	387-423

Individual consideration will be given for low BMIs. Please use the Underwriting Quote Tool XRAE ([Instructional PDF: Getting Started with the XRAE Field Underwriting Tool](#)).

Uninsurable and Problematic Risks

Applications should not be written on persons with the following impairments/issues. This list is not intended to be all-inclusive. If your applicant has a serious condition not listed here, please contact your Underwriting Team for a tentative quote.

Ages 60 and over must have routine health care and a physical within 24 months. We will otherwise need to decline.

If **declined by another carrier** within the last year, please use the Underwriting Quote Tool XRAE ([Instructional PDF: Getting Started with the XRAE Field Underwriting Tool](#)).

- Abdominal Aortic Aneurysm, present or surgically corrected within the past six months
- Alcohol treatment within the last two years
- Angioplasty/Bypass or MI/Heart Attack in the last six months; or in combination with history of diabetes, stroke and/or continued tobacco use
- Alzheimer's disease, Dementia, or Cognitive Impairment
- Autism
- Bankruptcy, Chapter 7, that has not been discharged
- Cancer treatment, current; or certain internal organ cancers diagnosed within the past three to five years – contact underwriter with specific details
- Chronic Opioid/Narcotic use
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling) or with current tobacco use
- CVA (stroke) within one year; or with history of diabetes or cardiac history
- Diabetes if uncontrolled (glycohemoglobin A1C 10.0 and above) or if complications present (amputation, retinopathy, kidney, or vascular disease) or in combination with cardiac, stroke, or morbid obesity. Juvenile onset diabetes (diagnosed prior to age 20)
- Disabled for most non-musculoskeletal related impairments (i.e., on SSDI or DI due to depression, PTSD, or other medical issues.)
- Down's Syndrome
- Driver's license currently suspended or revoked
- Drug use within the last three years
- Single DUI in the last year or multiple DUIs with any occurring within the last 5 years
- **Low BMI when an infant**
- **Low BMI when age 60 and over**
- Epilepsy/Seizures diagnosed within one year
- History of being charged with a felony. History of being charged with a misdemeanor and not released from probation or parole for one full year
- Gastric Bypass within six months
- Heart Surgery within six months or in combination with Diabetes or Stroke history
- Heart Valve Surgery within one year
- IOLI / SOLI – Investor Owned or Stranger Owned Life Insurance
- Kidney Dialysis or Chronic Renal Failure
- Mental Disorder/PTSD requiring hospitalization or disability in last year
- Multiple Sclerosis, if disabling or progressive
- Organ Transplant, awaiting or recipient
- Parkinson's Disease if disabling
- Parole or Probation (see Felony or Misdemeanor)
- Polycystic Kidney Disease
- Pregnancy with current gestational diabetes, toxemia, eclampsia, pre-eclampsia. Would reconsider at six weeks post-partum.
- Surgery (major) pending
- Suicide attempt in last year; or more than one attempt within two years
- Valve replacement within year

Financial Underwriting

Financial Underwriting is the evaluation of the proposed insured's personal and business financial background. During the analysis we need to confirm that the need for insurance in force with our company and other carriers as well as applied for is reasonable and in line with the insured's needs. It is the underwriter's responsibility to make sure the policy will be affordable in order to sustain premium payments. It is necessary to establish the insurable interest of the beneficiary in the life of the prospective insured at the time of underwriting, and the financial loss that will occur in the event of an unexpected and untimely death of that insured.

While life insurance has other specialty uses such as cash value accumulation, the primary purpose of life insurance is to protect against a loss and the death benefit cannot exceed the client's economic ("human life") value.

The writing agent is an important source of information. Through a cover letter, he/she can provide an explanation of the purpose, need, and method used to establish the requested face amount and total line of coverage, as well as any unusual aspects of the case and competitive situations. Copies of the needs analysis and financial statement should accompany applications with large face amounts.

New York Financial Suitability Review

Effective February 1, 2020, all New York contracts are subject to enhanced suitability review per Regulation 187. In order to perform this additional level of suitability review, we will require that the Confidential Financial Questionnaire (form 1392) be completed on all NY applications. To avoid delays, submit this questionnaire with all applications.

Personal Insurance; replacement of income:

Age	Factor Time Income
18-30	40x annual earned income
31-40	35x annual earned income
41-50	25x annual earned income
51-60	15x annual earned income
61-65	10x annual earned income
66-69	5x annual earned income

Earned income is money received from paid work. It is not income from investments, rental property, alimony, savings accounts etc. Underwriters take into the consideration earned income only.

Juvenile coverage for children ages 0-19 (including dependent college-age students):

Unless state insurance law dictates otherwise, coverage for juveniles will be considered based on parent/legal guardian's financial picture or the maximum death benefit that a \$100/month premium can purchase on a permanent plan.

Face amounts in excess of \$1,000,000 should not be submitted without prior vetting from an underwriter. The underwriter will base their determination to proceed if the agent verifies the parent or guardian's financial status is high-net worth and thus would require additional estate planning or gifting solutions.

For all juvenile coverage:

- Child must be at least 14 days old and be U.S. citizen or permanent resident.
- Acceptable ownership will be parents/legal guardians or grandparents only (guardianship paperwork will be necessary).

New York contracts have special rules that must be followed on juveniles up to age 14.

- **For ages 0-4**, it's the maximum of 25% of the inforce coverage on the life of the parent who is applying.
- **For ages 5-14**, it's the maximum of 50% of the inforce coverage on the life of the parent who is applying.
- If parents are joint owners, the 25% or 50% is based on the parent with the greater coverage.

These limits do not apply if a grandparent is purchasing the coverage on the child and the child is not dependent on that grandparent for support. In this situation we are able to follow our normal juvenile guidelines.

If you have a family applying for life insurance, it is important that the total premium does not exceed 10% of the client's annual income. If it does, the underwriter will reserve the right to ask for additional financial documentation.

Other Personal Insurance

For larger face amounts requested, it is the agent's responsibility to inform the client that the purchase of a life insurance policy is a binding financial contract that requires disclosure of personal and/or business financial information. Depending on the insurance need, specific concrete forms of financial varication or attestation(s) may be required. Below are National Life Group's Financial Underwriting Requirements:

Requirements/Documentation	Age Range (if applicable)	Face Amount/Coverage Amount
Personal Financial Questionnaire (form 1392)*	All Ages	\$5,000,001 and up
Income Verification (2 years of tax returns, W-2s and/or 1099s)	All Ages	At Underwriter's Request or \$10,000,001 and up
Electronic Inspection Report	All Ages	\$2,000,001 and up
Third Party Verified Financial Statement (Prepared by CPA or Tax Attorney)	18-69	\$10,000,001 and up
Third Party Verified Financial Statement (Prepared by CPA or Tax Attorney)	70+	\$5,000,001 and up

* All NY applications must include this form at all face amounts.

These are general guidelines. We reserve the right to request financial requirements at the underwriter's discretion. See Business Insurance Guidelines for additional underwriting requirements that may be requested

Personal Insurance

Estate Protection/ Estate Planning	<p>Purpose of insurance: Life insurance coverage to protect the assets from sale for estate tax purposes. The personal net worth of an individual or family is used as the basis for a calculation of an approximate estate tax liability and related expenses. The underwriter will consider the nature of the assets and how their value has changed over time at a reasonable rate of growth, compounded up to 10 to 20 years depending on the clients' ages and risk class and offset by expected interest rate.</p>
Final Expense Coverage	<p>National Life Group does not offer a stand-alone final expense or burial coverage. (With appropriate financial justification to a maximum up to \$100,000 may be considered with final expenses being considered as part of the overall need for coverage.)</p>
Coverage on Older-Age Applicants & Dependent Parents	<p>Purpose of insurance: Personal insurance on older-age applicants may be needed for estate tax situations (see estate planning) or asset repositioning. Final expenses may be considered in the overall need for coverage. Income replacement is not applicable at ages 70+.</p> <p>Retirement income: Cash value may be used for retirement income. However, the death benefit must be financially justifiable. Coverage on dependent parents</p> <ul style="list-style-type: none"> • Coverage on dependent parents: A limited amount of coverage may be considered on dependent parents if a financial loss is demonstrated – what is the quantifiable financial loss that the family must replace? • If services provided to the family by the dependent parent would require significant expense to replace, how was that amount determined? • The head of household (adult child of dependent parent) must have sufficient life insurance coverage in force at an amount greater than being applied for one parent. • The head of household's income must be sufficient to support the family finances and total line of coverage for household members. • Coverage cannot be used to create an estate at death. With appropriate financial justification a maximum up to \$100,000 (total with all carriers) may be considered. However, if no financial justification is demonstrated no coverage will be issued. <p>Premium to income ratio In order to sustain long term premium payments, generally households with modest annual income should not exceed 10% of income for life insurance premiums. Households with greater annual income may put a larger percentage of their income in their policies; this will be considered on an individual basis.</p>
State & Federal Assistance Recipients	<p>Individuals whose primary source of income is state or federal aid programs, Supplemental Security Income (SSI), or Social Security Disability Income (SSDI) generally have a minimal need for life insurance other than a nominal final expense policy. If this is their only source of income, we would not offer coverage.</p>

Non-Working Spouse Coverage	If the working spouse has inforce/pending coverage, we can match their coverage up to \$1,000,000. Any amount greater than \$1,000,000 will require financial justification. If the working spouse is uninsurable, we would allow the non-working spouse coverage in line with earned household annual income.
Charitable Coverage	Personal life insurance needs should be met before consideration of charitable giving. The amount of coverage to be considered will be based on the established history of annual giving and income replacement factor. Large face amounts will require a copy of past tax returns showing charitable gifting history. A cover letter should be provided explaining the relationship between the applicant and the charity and confirm that the client understands that the coverage will be included in ultimate total line limits.
Asset Repositioning	Any assets or income being repositioned into life insurance to enhance or leverage a legacy for wealth transfer purposes should not cause future financial hardship for the client and family. Must qualify for death benefit using financial guidelines above.
Creditor (Personal)	A copy of the loan document should be submitted with the agent's cover letter outlining details of loan terms and status of loan. Personal home mortgages will be considered up to 100%; other personal loans up to 75% of loan amount. Use of collateral assignment for outstanding loan amount to lender is recommended.
IOLI/STOLI (Investor Owned Life Insurance/ Stranger Owned Life Insurance)	It is the policy of National Life Group not to support any form of Investor Owned Life Insurance (IOLI), including "non-recourse premium financing", Stranger Owned Life Insurance (STOLI), or Charity Owned Life Insurance (CHOLI), where the intention of the proposed owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company, or charity. Applications for life insurance that involve such arrangements should not be submitted.
Bankruptcy	There are different types of bankruptcy filings but the most common are Chapters 7, 11, and 13. From an underwriting perspective, they can be viewed differently. We will not offer coverage to an individual with a history of Chapter 7 bankruptcy until the bankruptcy proceedings have been discharged, and the client is working full time and demonstrates a financial need for a reasonable amount of coverage. We will consider coverage for applicants currently in Chapter 11 or 13 once the applicant is making regular debt payments and they are not subject to any court-imposed restrictions. All applicants will be underwritten on their own merit, taking into consideration stable employment, annual income, net worth, purpose, and need for coverage, as well as any medical concerns.

Business Insurance

Insurance is frequently used to protect against financial loss in a business relationship. The most common are Key Person, Buy/Sell, and Deferred Compensation. The amount of death benefit must be suitable for the given business financial situation. Each business sale should include a detailed cover letter and Business Insurance Questionnaire (Form 20098). If the contract is employer owned, the employer consent form must be filled out and submitted (Form 8453) prior to issue.

Key Person	Individuals who make significant contributions to the profitability of a business and cannot readily be replaced may be considered Key Persons. Generally, a multiple of annual salary, such as five (5) times income, would be considered – 10 times for well-established businesses. Stock options, bonuses, and certain benefits, such as housing and automobile allowances, will also be factored into compensation.
Buy-Sell Cross Purchase/ Stock Redemption	All owners should be proportionately insured based on their established business interest and the fair market value outlined in the buy-sell agreement. If there is no buy-sell agreement, a cover letter is needed with details on how fair market value was determined. In addition, the last two years of income statements and balance sheet information is needed – or a third party business valuation.
Deferred Compensation	<p>Deferred compensation can be divided into two broad categories: qualified plans and non-qualified plans. Qualified plans allow the employer to take a tax deduction (as a normal business expense) when contributions are made to the plan. These contributions are made on a before-tax basis and the employee is not subject to income taxes at the time of the contribution, but is instead allowed to defer taxes until benefits are distributed from the plan. Non-qualified plans do not receive this tax savings: the employer cannot take a deduction for contributions and the employee must pay income taxes on contributions in the year in which they are made.</p> <p>Because a key benefit of this concept is that the cash value buildup of the policy grows income tax deferred and can potentially be accessed using policy loans or withdrawals* as a supplement to retirement benefits, a product with a lower face amount and maximum funding best meets the deferred compensation concept.</p> <p>The Underwriter will require salaries, benefit being refunded, and amount of insurance being applied for. Long term financial outlook of the business is also a financial consideration.</p>
Loan Protection/Creditor (Business)	A maximum of 75% of the outstanding loan amount will be considered. Complete details regarding the purpose and terms of the loan must be provided. Collateral assignment of the death benefit for the loan balance should be used.
Executive Bonus	Employers may offer an executive bonus plan to provide additional incentives by paying life insurance premiums for the executive employee's personally owned policy. The amount may be defined in a deferred compensation agreement and should be justified by personal insurance needs. A copy of any deferred compensation agreement should be submitted as well as documentation of salary (including bonuses) for past two years.

* Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.

Advanced Marketing Department

National Life Group has an Advanced Marketing Department to help you work more effectively in the advanced markets space. If you have questions about business insurance needs, qualified plans, executive benefit plans, or premium finance cases, they are here to help!

With more than 180 years of combined industry experience our Advanced Market Team is here to help you grow your business.

We specialize in working with high net worth individuals, business owners, and their families along with charitable and non-profit organizations.

We provide your team with:

- Direct access to our in-house team for case consultation and point-of-sale support
- Simplified sales concepts to help you sell
- Case design and presentation
- Consultation with strategic advisors – CPAs and attorneys
- Ongoing education and training

We are committed to supporting your needs and the needs of your clients. We stay current in the market and understand what people are thinking from Main Street to Wall Street. At the end of the day, our job is to simplify the sales process and make doing business with us easy.

Here are some of the programs the Advanced Markets Team can help you with!

- *Main Street Buy-sell*
- *Retained Earnings*
- *Qualified Plans*
- *Executive Benefits*
- *Foreign Nationals*
- *MultiLife*
- *Bonus Arrangements*
- *Premium Finance*
- *Split Dollar*
- *Executive G2I Program*

Our Team can help: 800-906-3310, Option 1

Insurance Basics

The Life Insurance Application

Once executed and signed by all parties involved, life insurance applications are a legal and binding document between the applicant, the owner, and the company. The insurance company agrees to pay for the claim if something were to happen to the proposed insured, provided the applicant answered all questions on the application truthfully and all underwriting requirements are completed. Therefore, it's important to take care when filling out the application. Not taking the time to ensure that the insurance company has the most relevant information about the insured will delay the application in the underwriting process, and will result in a less than favorable pricing, or could cause the insured's policy to be rescinded due to material misrepresentation.

Two-Year Contestability Period

If an insured passes away or if a claim is submitted within the first two years of the coverage being in effect, the insurance company has a right to contest or question the claim. If the applicant provides inaccurate information on the application in order to receive an offer for coverage or to get better rates, this is misrepresentation and could result in the denial of the benefit or claim.

Rescission

The revocation or cancellation of an insurance contract due to material misrepresentation. All premiums paid into the contract plus interest will be refunded to the insured. The policy will be cancelled. A rescission results in the agent receiving a chargeback on commissions.

Third Party Medical Evidence

Additional databases are used to find medical information when available, such as lab results, routine health care, and physician information.

Medical Information Bureau

The Medical Information Bureau (MIB) is a non-profit company owned by members that helps prevent insurance fraud. It is an essential underwriting tool that our company uses for every life application we receive. If an applicant omits pertinent information about their health, financial, or avocation history on the application, MIB will alert the insurance company of the errors and omissions who will then investigate. Preventing fraud helps drive down the cost of life and health insurance. The underwriter can never make an adverse decision based on MIB information. The MIB information is FCRA regulated.

Prescription Data Base Report

This report is an electronic query of an individual's past and current prescription history provided in real time, quickly identifying the number of prescriptions prescribed by a provider, the name of the provider, and the address.

Did you know the prescription database captures prescription fills going back seven years? So be sure to not only ask your client about what medications they are currently taking, but also what medications they've taken in the past.

Risk Classifier Score

The risk classifier is a third-party data aggregator of FCRA-compliant information that provides the insurance company with real time information about the applicant's behavioral risks. The classifier compiles data about the applicant's public record attributes, motor vehicle record attributes, and credit record attributes. This data is used as part of an algorithm that allows the insurer to accurately and quickly assess the risk in an initial review without the need for additional requirements.

Rewrite

The process of making a change to a contract that has been issued within 120 days of the later of the application.

Nexus

Applications executed in states other than the Owner or Insured's residence state.

National Life Group Company Policy

When an application is executed in a state other than the state of residence of the Owner or Insured, we require that there be an acceptable connection (nexus) between the state of execution and the residence state of the Owner/Insured.

Acceptable Scenarios

Many state insurance departments are sensitive to business written on their residents in other states, so it is critical that the connection is clearly stated when an application with a nexus situation is submitted.

- The Insured/Owner owns real estate or another residence in that state.
- The company that the Insured/Owner works for is based in that state.
- The Insured/Owner owns a company based in that state.
- The Owner is a trust governed by the laws of the state where the application is to be completed.

Exception

An exception to this rule would be if the Insured/Owner was a relative of the agent. Relatives would only include immediate family members such as spouse, parent, sibling, or child.

Agent Licensing

All of the scenarios noted above are subject to the appropriate agent licensing in both states. Some states require the agent(s) to be licensed in both the insured and proposed owner's resident state and the state of execution.

Product Availability

All of the scenarios noted above are subject to the product availability in both states. Also, if the state of execution is a border state to the insured's or proposed owner's residence state and the residence state has either disapproved the policy form or approved a materially different policy form, the residence state insurance department may require the sale to be canceled and/or require it to be changed to the policy form approved by the residence state.

Application Forms

When writing an application that has met the nexus guidelines and is executed in a state other than the residence state, the application forms used must be the approved forms for the state of execution.

State of Execution Certification

Form 9928 must be completed when a life insurance or annuity application is completed and signed in a state other than the state of residence of the insured or proposed Owner. This form is available on the Company website.

Insurable Interest – Owner/Beneficiary

Insurance law and public policy in the various states require that we establish an **Insurable Interest between the Proposed Insured and the Owner/Beneficiary** exists at the time we issue a life insurance policy. The strictest definition of insurable interest suggests that the Owner/Beneficiary must suffer a **quantifiable financial loss** at the Insured's death. In other words, the Owner/Beneficiary must be better off if the Insured lives rather than dies.

Because the Owner controls several aspects of the policy, such as the right to change the beneficiary, change the face amount or riders, or cancel the policy, the insurance company is charged with assuring there is insurable interest of the owner for any policy issued.

The simplest, most common relationship we insure is that between spouses. Survivor income, debt repayment, tuition costs, and final expenses are all quantifiable needs that become readily apparent at death in this situation and are perfectly appropriate purposes for life insurance. Loan repayment in debtor relationships, key-person and buy-sell agreements in business relationships, and estate protection are other fairly quantifiable needs that can be supported by life insurance.

The law also makes allowance for the bonds of love and affection that exist between spouses (or “significant others”), when parents insure minor children, and when grandparents insure grandchildren (with parental approval).

The relationships between cousins, nieces/nephews, and aunts/uncles are more difficult to insure because the financial and emotional ties are hard to identify and quantify.

Except when spouses insure each other or when parents insure minor children, it is the Agent's responsibility to carefully describe the insurable interest supporting any application where the Owner is someone other than the Proposed Insured and if the relationship of the Owner to the Beneficiary is questionable. It's important that the explanation include the **financial loss incurred** at the Proposed Insured's death.

The owner and beneficiaries on their contract often change over the life of the policy.

Generally accepted ownership arrangements include Insured, Spouse, Parent of Minor Child, Grandparent, Business Partner, Business/Corporation Owned by the Insured, and Trusts.

When a minor becomes owner, by reason of the death of the current owner, a court-appointed legal guardian is required to act on behalf of the child for all dealings with the policy. Additionally, most transactions would require a court order authorizing action requested by the legal guardian.

You can avoid this situation by including a contingent owner on the policy.

To add a contingent owner now, email the following information to TitleDepartment@nationallife.com, and the application will be amended before issue:

- Name
- Date of birth
- Social Security number
- Relationship to the insured

To add a contingent owner after a policy is issued, please complete a 1492 Ownership Change form and email it to TitleDepartment@nationallife.com.

Underwriting Quotes

Introduction

Certain medical or non-medical impairments may require “pre-qualifying” a proposed client for insurance coverage. The Underwriting Quick Quote process will now be handled through the XRAE “Express Risk Assessment Exchange” management tool. This will allow for instantaneous assessments by evaluating a client’s medical conditions against proprietary underwriting rules.

All quotes are tentative, non-binding, and subject to change after a full underwriting workup and company retention limits.

Requirements

XRAE tool requires the following fields:

- Agent name
- Client name
- Gender
- Date of birth
- Face amount
- Product type

Beyond the required fields above, the ability to provide details around the client’s medical and non-medical history will be available. Medical conditions offered will have impairment-based reflexive questions for “best case” underwriting classifications. The more information provided, the more complete the assessment.

Quotes Requiring Underwriter Review

If XRAE is unable to make a risk assessment, the following outcome will be presented to the agent:

- Additional Review Required – Click the Messaging link to request UW review.

A manual submission of the quote will be required through the messaging tool in XRAE. These requests will be handled by Underwriting within 24 hours.

Please Note: Do NOT attach quotes to e-applications unless directed by Underwriting. XRAE saves all quotes and you can refer back to them at a later date if needed.

Informal Applications

Introduction

National Life Group is willing to consider informal/trial applications on a very limited basis, subject to the following parameters:

- Permanent products only.
- Minimum face amount: \$2,000,000
- Maximum age: 70
- Summary page required, including case design (product and face amount requested), rate needed to place, and outline of medical history. Financial documentation is required at the time of trial in order to be considered for review.
- Time service: 10 business days.
- Do not submit informal paperwork on cases that have been previously declined and/or multi-carrier shopped.

Tentative offers good for 60 days.

Placement

- Informal applications as a percentage of submitted business: No more than 5%.
- Informal-to-formal conversion rate: 50%.
- Review will be done on a monthly, quarterly, and year-to-date basis.
- We will consider alternative action with one quarter of data if parameters are not met. We will require, at the firm's expense, that they pay for APS summary service and they cannot submit full papers.

Requirements

Requirements needed for an Informal Application are:

- New Business Checklist with Informal Application clearly indicated
- Form 8164 – HIPAA-compliant authorization or properly signed HIPAA form identifying National Life/LSW as an authorized carrier.
- Client information: Name, date of birth, Social Security number.
- Agent Information: Agent code, agency office code.
- Form 1386 Informal Inquiry with Authorization

Important: No medical testing should be ordered or money collected.

Submit Forms to Home Office

Forms can be faxed or emailed to National Life Group as follows:

- Fax forms to 802-229-7592
- Email forms to NBApplicationImages@NationalLife.com

Important: Must be password protected if emailing

Foreign National Guidelines

Who is Considered a Foreign National?

National Life Group products are priced for the U.S. population. Our risk tolerance is measured based on the client's resident country and their permanency of residence in the U.S.

[View current Foreign National Guidelines for life insurance and annuity sales](#)

Medical Questionnaires

Obtaining detailed medical information is critical for an underwriter's assessment of the mortality and/or morbidity risk. The following questionnaires are available to assist in gathering detailed information from the client and may be accessed via the Forms Section on the web site by clicking on the catalog numbers below.

Questionnaire:	Catalog #	When needed:
Alcohol Usage	Catalog # 47552 Form # 9270	<ul style="list-style-type: none"> Any DUI (driving while intoxicated) history History of alcohol treatment within ten years History of abnormal liver function testing or current abnormal lab testing
Arthritis	Catalog # 47557 Form # 9275	<ul style="list-style-type: none"> Non-rheumatoid, non-steroid treated arthritis (i.e., osteoarthritis, gout)
Asthma/Respiratory	Catalog # 47550 Form # 9268	<ul style="list-style-type: none"> History of – or current treatment for – non-steroid asthma, bronchitis, emphysema, pneumonia, or tuberculosis
Avocation, Aviation & Foreign Travel	Catalog # 51381 Form # 1480	<ul style="list-style-type: none"> Any participation in racing, parachuting, sky diving, underwater diving, aviation, or foreign travel
Blood Pressure	Catalog # 50789 Form # 8625	<ul style="list-style-type: none"> History of – current treatment for – high blood pressure
Business Insurance	Catalog # 51945 Form # 20098	<ul style="list-style-type: none"> Applications covering business needs or relationships
Cardiac (Chest Pain)	Catalog # 47556 Form # 9274	<ul style="list-style-type: none"> History of cardiac chest pain and other cardiac impairments
Criminal History	Catalog # 51943 Form # 20087	<ul style="list-style-type: none"> History of felony or misdemeanor conviction
Diabetes/Blood Sugar	Catalog # 48824 Form # 9594	<ul style="list-style-type: none"> History of – or current treatment for – diabetes
Drug Use	Catalog # 47551 Form # 9269	<ul style="list-style-type: none"> History of drug treatment or drug use within the past ten years
Employer Owned	Catalog # 50258 Form # 8453	<ul style="list-style-type: none"> When the client's employer is the owner of the policy
Financial	Catalog # 40121 Form # 1392	<ul style="list-style-type: none"> As needed to provide client or business finances
Foreign National	Catalog # 50038 Form # 8327	<ul style="list-style-type: none"> Must be submitted with all foreign national applications
Gastro-Intestinal	Catalog # 47558 Form # 9276	<ul style="list-style-type: none"> History of – or current treatment for – acid reflux, gastritis, gastric or duodenal ulcers
Genitourinary	Catalog # 47549 Form # 9267	<ul style="list-style-type: none"> History of – or current treatment for – urethritis, prostatitis, BPH (hypertrophy of the prostate), kidney stones, or other benign kidney disorders
Headache/Migraine	Catalog # 47553 Form # 9271	<ul style="list-style-type: none"> History of – or current treatment for – stress, migraine, or cluster headaches
Hepatitis/Liver Disorder	Catalog # 53373 Form # 20528	<ul style="list-style-type: none"> History of – or current treatment for – hepatitis or liver disorder
Military Personnel	Catalog # 51942 Form # 20086	<ul style="list-style-type: none"> Current affiliation with military organization
Military Sales Disclosure	Catalog # 50914 Form # 8643	<ul style="list-style-type: none"> Required when the client is in the U.S. military
Mountain Climbing	Catalog # 51944 Form # 20088	<ul style="list-style-type: none"> Any participation within the past three years or planned mountain climbing
Pain	Catalog # 47559 Form # 9277	<ul style="list-style-type: none"> History of – or current treatment for – musculoskeletal back pain when requesting Waiver of Premium or Disability Income Rider

Questionnaire:	Catalog #	When needed:
Psychiatric	Catalog # 48390 Form # 9437	• History of – or current treatment for – psychiatric issues.
Seizure	Catalog # 47554 Form # 9272	• History of – or current treatment for – seizures.
Sleep Apnea	Catalog # 53377 Form # 20531	• History of – or current treatment for – sleep apnea
Stroke/TIA	Catalog # 50788 Form # 8624	• History of stroke or transient ischemic attack within ten years
Tumor	Catalog # 47561 Form # 9279	• History of benign (non-cancerous) tumors or cysts (i.e., fibroid, basal cell)

Medical Condition

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	LIFE
Abscess	No rating
AIDS	Decline
Alcoholism (total abstinence >2 years)	Moderate rating to Standard
Allergies/Allergic Reaction	No rating
ALS (Lou Gehrig's Disease)	Decline
Alzheimer's disease	Decline
Amputations, if not due to peripheral vascular disease	Rate for cause
Anemia	Rate for cause
Aneurysm, abdominal	Table 4 to Decline
Aneurysm, cerebral, stable after full recovery	No rating to moderate rating
Angina pectoris (current; stable)	Table 6 to Decline
Anxiety, mild	No rating
Aortic insufficiency murmur (depends on age)	Standard to Decline
Appendectomy/Appendicitis	No rating
Atrial fibrillation (depends on frequency and cause)	No rating to moderate rating
Arthritis, osteo	No rating
Arthritis, rheumatoid (depends on severity)	No rating to Decline
Arthroscopic knee surgery	
within 1 year	No rating
after one year – full recovery	No rating
Asthma (depends on age, attacks, medications)	No rating to Decline
Back disorder	No rating
Bartholin cyst	No rating
Bell's palsy (fully recovered; after three months)	No rating
Blindness (depends on cause)	No rating
Bone or joint disorder	Rate for cause
Bone spur	
present	No rating
surgically corrected	No rating
Breast cancer, (after 3 years; depends on pathology)	Possible flat extra to Decline
Breast disorders, not cancer	No rating
Broken bone	
fully recovered	No rating
not recovered or pins/plates inserted	No rating
Bronchiectasis (depends on severity)	No rating to Decline
Bronchitis (acute)	No rating
Bronchitis (chronic)	No rating to Decline
Bundle branch block, right/incomplete	No rating
Bundle branch block, right/complete	No rating to Table 4

ER = Exclusion Rider

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Bundle branch block, left/complete with cardiac evaluation with no cardiac evaluation	Table 4 to Decline Decline
Bursitis	No rating
Cancer, internal	Use XRAE for an Underwriting Quote
Cancer, skin, basal cell (removed)	Usually Standard
Cancer, skin, squamous cell (removed)	Possible Standard
Cancer, skin, melanoma	Possible Standard
Cardiomyopathy present or chronic resolved >3 years	Decline Table 4 to Decline
Cartilage – torn present fully recovered	No rating No rating
Cataracts (recovered 3 months)	No rating
Cerebral palsy	Table 4 to Decline
Chronic fatigue syndrome (fully recovered)	No rating
Chronic obstructive lung disease (COPD)	Table 2 to Decline
Cirrhosis of the liver	Decline
Colitis, spastic	No rating
Colitis, ulcerative	No rating to Decline
Concussion, cerebral within six months after six months – no residuals	Postpone No rating
Congestive heart failure	Table 6 to Decline
Convulsions	No rating to Table 6
Coronary artery disease	No rating to Decline
Crohn's disease	Table 2 to Decline
Cyst – sebaceous, Bartholin	No rating
Cystic fibrosis	Decline
Cystitis	No rating
Cystocele, rectocele surgically corrected present	No rating No rating
D & C (dilatation and curettage) – benign results first year after one year – no recurrence	No rating No rating
Defibrillator/Ventricular Tachycardia	Decline
Depression	No rating to Decline
Dermatitis – atopic	No rating
Diabetes mellitus (depends on age of onset, control)	No rating to Decline
Dislocation – one occurrence; fully recovered	No rating
Diverticulitis and diverticulosis	No rating to Moderate Rating

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Drug abuse (total abstinence for 5 years)	No rating to Decline
Emphysema	Table 4 to Decline
Endocarditis	Rate for cause
Epilepsy, petit mal – no attack in one year	No rating
Epilepsy, grand mal/others - no attack in one year	No rating to moderate rating
Esophageal stricture	Rate for cause
Fibrositis, myositis	No rating
Fibromyalgia	No rating to moderate rating
Fractured skull (no residuals)	No rating
Fracture (other than skull) full recovery	No rating
not recovered or pins/plates inserted	No rating
Gall bladder disorder – present	No rating
Gastroenteritis	No rating
Genitourinary disorder (rate for cause)	No rating to moderate rating
Glaucoma	No rating
Gout	No rating
Headache, migraine	No rating
Hearing impaired	No rating
Heart attack (depends on age/severity)	No rating to Decline
Heart bypass surgery (depends on age/severity)	No rating to Decline
Heart valve replacement	Table 4 to Decline
Hepatitis, chronic Hep. B (treated and resolved)	Table 4 to Decline
Hep. C (treated and resolved)	Table 4 to Decline
Hernia	No rating
Herniated disc	No rating
High blood pressure (well controlled)	No rating
Hip disorder	Rate for cause
Histoplasmosis, nonsystemic, six months after recovery	Table 2 to Decline
HIV	Moderate rating to Decline
Hodgkin's disease	Use XRAE for an Underwriting Quote
Hydronephrosis (fully recovered/depends on cause)	Table 2 to Decline
Hysterectomy benign	No rating
malignant	Flat extra to Decline
Ileitis, regional	Table 4 to Decline
Kidney failure, dialysis	Decline
Kidney infection/pyelonephritis (if no recurrence in 2+ years/depends on cause)	No rating
Kidney removal (depends on cause)	Use XRAE for an Underwriting Quote

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Leukemia (in remission 5+ years)	Flat extra to Decline
Ligament injury - full recovery	No rating
Lou Gehrig's Disease – ALS	Decline
Lupus, systemic	Table 4 to Decline
Lupus, discoid (skin only; in remission, no steroid use)	No rating
Malaria – single attack	No rating
Meniere's disease	No rating
Meningitis (full recovery)	No rating
Mental retardation (depends on severity)	Moderate rating to Decline
Murmur (mitral)	Moderate rating to Decline
Mitral valve prolapse	No rating to Decline
Mononucleosis (infectious; uncomplicated recovery)	No rating
Multiple sclerosis (not progressive or disabling)	Table 2 to Decline
Myasthenia gravis	Use XRAE for an Underwriting Quote
Myocarditis	Use XRAE for an Underwriting Quote
Muscular dystrophy	Decline
Nephritis	
single episode and no complications	No rating
others	Mod. rating/Decline
Non-Hodgkin's lymphoma	Use XRAE for an Underwriting Quote
Osteomyelitis	No rating/Moderate rating
Pacemaker	Table 3 to Decline
Pancreatitis	Rate for cause
Paraplegic	Table 6 to Decline
Parkinson's disease	Table 3 to Decline
Pericarditis (present)	Rate for cause
recovered	No rating
Peripheral vascular disease (not severe)	Table 2 at best
Phlebitis	
full recovery	No rating
multiple episodes (depends on cause)	Table 2 to Decline
Pleurisy Hysterectomy	
benign	No rating
malignant	Flat extra to Decline
Pleurisy	
single episode and recovered	No rating
others	Rate for cause
Pneumonia full recovery, no further work up needed	No rating
Pregnancy – current	
no current or past complications	No rating
with history of complications	Rate for cause

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Prostate; prostatitis; TURP (no malignancy)	No rating
acute episode - no recurrence for 3 years	No rating
recurrent/chronic	No rating
single episode and recovered	Rate for cause
others	
Psychosis (schizophrenia)	Table 6 to Decline
Quadriplegic	Highly rated to Decline
Raynaud's disease (full recovery)	No rating
Raynaud's phenomenon (depends on cause)	No rating to Decline
Rheumatic fever, no heart damage	No rating
Sarcoidosis (depends on organs involved)	Moderate rating to Decline
Sebaceous cyst - removed	No rating
Sciatica	No rating
Sleep Apnea (consistent CPAP use)	Possible Standard
Stroke (after one year; full recovery)	Table 4 at best
Suicide attempt (after 2 years)	Flat extra to Decline
Tennis elbow	No rating
Thyroid disorder	
hyperthyroid – if medically stable	No rating
hypothyroid – controlled with medication	No rating
Transient ischemic attack (TIA) (no residuals)	No rating to moderate rating
Tuberculosis (full recovery; no residuals)	No rating
Tumors	Use XRAE for an Underwriting Quote
Ulcer (depends on type)	No rating to moderate rating
Varicose veins	No rating

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After-Issue Contract Change Quick Reference Guide

NL and LSW Life Insurance Products

Contract changes (after the rewrite period of 120 days from the application date) are considered “after issue” changes. These changes are processed in Contract Change – Inforce Customer Service.

Three forms unique to after-issue contract changes:

- **Form 1441** Policy Change Application is used for contract changes
- **Form 20007** Term Conversion Application
- **Form 20114** Policy Change/Term Conversion Supplement to The Application is used anytime the after issue change or term conversion requires underwriting. *It should be noted that additional underwriting requirements may be needed at the underwriter's discretion.*

All changes should be submitted with a completed Customer Services Agency Transmittal (catalog #45208) via email to: ContractChange@NationalLife.com or Fax to 802-229-3131.

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Term Conversions	Form 20007 Agent Report 1441G Illustration ABR Disclosure Statements (see individual state special kits) Interest Crediting Strategies (if converting to IUL) NL: 8411 LSW: 8613 1441S Variable Supplemental App (if converting to VUL) Form 20114 if underwriting is required. Note: 20007 Term Conversion Application Kit includes all necessary forms. For CA: form 8196; form 20667 (this notice must be provided & left with client) For NY form 7717NY	Form 20007: <i>Complete top portion of the form indicating term policy number or policy number of policy with term rider being converted, effective date of new policy and check box next to Term Conversion.</i> Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K	Form 20114: If the new policy will have an increased face amount, additional riders, or an improvement in the premium class. HIPAA 8164	Please note if new policy will have a term rider, underwriting is required. Any ABR rider on the term policy may be carried over to the new policy. Any ABR rider that is NOT on the term rider can be added subject to underwriting approval (need 20114 and HIPAA)	Yes	Yes
Exercise Additional Insurance Option (AIO) <i>Traditional Life Only</i>	Form 20007 Agent Report 1441G Illustration ABR Disclosure Statements (see individual state special kits) Interest Crediting Strategies (if converting to IUL) NL: 8411 LSW: 8613 1441S Variable Supplemental App (if converting to VUL) Form 20114 if underwriting is required Note: 20007 Term Conversion Application Kit includes all necessary forms. For CA: form 8196; form 20667 (this notice must be provided & left with client) For NY form 7717NY	Form 20007: Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K	Form 20114: If new policy will have additional riders or improved premium class. HIPAA 8164	ABR riders may be added to new policy subject to underwriting approval.		

LIFE INSURANCE UNDERWRITING GUIDE

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Death Benefit Option Change	Form 1441 Or letter signed by owner, include policy number in letter	Form 1441: Part A: 1, 2, 3, Part B: 5, 6b Part G			No	Yes
Lost Policy	Form 1502 Lost Policy Affidavit				Yes \$25.00 fee for duplicate policy, certification free. If policy lost prior to delivery no charge.	Yes \$25.00 fee for duplicate policy, certification free.
Paid Up Insurance	Form 2185 Request for Paid Up Insurance	Part A, Part B, and C if applicable Part D		ONLY AVAILABLE ON TRADITIONAL WHOLE LIFE POLICIES	No	Yes
Reinstatement				CONTACT HOME OFFICE	Yes	Yes
Add or Increase Benefits/Riders Please check Agent's Guide for Rider availability by product or contact the Contract Change Department at the Home Office.						
Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Accelerated Benefits Rider - Terminal	Form 1441 ABR Disclosure Statements (see individual state special kits)	Form 1441: Part A: 1, 2, 3 Part B: 3 Part G		NOT AVAILABLE AFTER ISSUE IN NY	Yes	Yes
Accelerated Benefits Rider - Chronic	Form 1441 Form 20114 ABR Disclosure Statements (see individual state special kits) HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 z Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F	NOT AVAILABLE AFTER ISSUE IN NY	Yes	Yes
Accelerated Benefits Rider - Critical	Form 1441 Form 20114 ABR Disclosure Statements (see individual state special kits) HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F	NOT AVAILABLE AFTER ISSUE IN NY	Yes	Yes
Additional Insurance Option Rider	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Paid Up Rider (APAR, SPAR, MPAR) Total Secure only	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Protection Rider	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		NL: No LSW: Yes	Yes

Any claim for critical illness or critical injury benefits for a given Qualifying Event must be filed within 365 days following the occurrence of such Qualifying Event.

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Children's Term Rider (CTR)	Form 1441 Agent Report 1441G HIPAA 8164 (for each child)	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part D: 1, 2 Part G			Yes	Yes
Guaranteed Insurability Rider (GIR/GIO)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Other Insured Rider (OIR)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part C Part E: 1-18 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F Age/Amount requirements for OIR coverage applied for	Required signatures: Owner, Primary Insured & Primary Other Insured	Yes	Yes
Term Rider	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Waiver of Premium (WP)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F	Rider is not available after issue on all products.	Check with HO.	Check with HO.
Change in Premium Class						
Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Non-smoker to preferred smoker to non-smoker etc.	Contact Home Office for availability and requirements					

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Face Amount Change						
Decrease face amount Available on all products	Form 1441 or Letter requesting decrease, specifying the amount and policy number, signed by the Owner.	Form 1441: Part A: 1, 2, 3 Part B: 2, 6b Part G			Available on exception basis only. Contact Home Office	Yes: UL, IUL, VUL no more than 25% of largest face amount in-force within preceding 12 months. All Products: New Face amount cannot be lower than minimum plan amount
Face Amount Change (continued)						
Increase face amount <i>Only available for UL, IUL or VUL policies</i>	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 1, 6b Part C if increasing OIR Part G	Age/Amount requirements for increase amount	Contact Home Office for quote	Available on exception basis only. Contact Home Office	Yes
Increase face amount by Exercising Guaranteed Insurability Option (GIO) Rider. <i>Only available for UL, IUL or VUL policies</i>	1441 Agent Report 1441G	Form 1441: Part A: 1-3 Part B: 1, 6b Part G				
Terminate a Benefit or Rider	Form 1441 or Letter requesting termination of rider/benefit; include policy number, signed by the Owner.	Form 1441: Part A: 1, 2, 3 Part B: 4, 6b Part G			Yes	Yes