



Life Underwriting Requirements Guide

January 2009

Includes updated financial guidelines

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ING FINANCIAL UNDERWRITING GUIDELINES – JANUARY 2009

Financial questions on the application and agent's report must be fully completed on all cases.

Purpose of Insurance	Formulas and Guidelines	Information Required														
PERSONAL																
Income replacement	<p>Maximum coverage</p> <table border="0"> <tr> <td>Ages</td> <td>Factor X earned Income</td> </tr> <tr> <td>20-30</td> <td>25-30</td> </tr> <tr> <td>31-40</td> <td>20-25</td> </tr> <tr> <td>41-50</td> <td>15-20</td> </tr> <tr> <td>51-60</td> <td>10-15</td> </tr> <tr> <td>61-70</td> <td>7-10</td> </tr> <tr> <td>71 and over</td> <td>Individual Consideration</td> </tr> </table>	Ages	Factor X earned Income	20-30	25-30	31-40	20-25	41-50	15-20	51-60	10-15	61-70	7-10	71 and over	Individual Consideration	<p>Gross annual earned income</p> <p>How amount of insurance was determined</p> <p>Purpose of coverage</p> <p>Additional documentation as below.</p>
Ages	Factor X earned Income															
20-30	25-30															
31-40	20-25															
41-50	15-20															
51-60	10-15															
61-70	7-10															
71 and over	Individual Consideration															
Creditor insurance (debt protection) – Personal	50-75% of outstanding loan balance	Amt, duration, purpose of loan; Collateral pledged; Repayment period – minimum 5 years														
Estate planning	Estate appreciation at reasonable interest rate % (6-8% range) X 15 years or remaining life expectancy (whichever is less) X 50% (max tax rate) *Higher or lower rates subject to individual consideration.	Estate analysis Personal balance sheet Additional documentation as below.														
Juvenile coverage	Up to 50% of largest amount of insurance on either parent's (or guardian's) life; (In New York, issue age 0-4, up to 25% of the insurance on the parent's life.) Risk amounts \$1,000,000+ require Individual Consideration	All children in family should be insured for similar amounts. If not, an explanation is needed. Need and purpose of insurance (cover letter required any apps over \$100,000).														
Charitable giving	Average of 3 year's history of gifts X lesser of 10 years or remaining life expectancy; Personal insurance needs must be fully met before charitable giving purchases are addressed.	To qualify for higher amounts, need multi year history of giving to the benefiting charity, documented by receipts or income tax returns														

Purpose of Insurance	Formulas and Guidelines	Information Required
BUSINESS		
Key executive	Up to 10 times annual income	Verification of income; List of other key executives and their coverage
Buy/sell & stock redemption plans	% of ownership X value of company (typically 5-15 X earnings, depending on the industry)	Details as to how the amount was determined; Corporate financial statements (income stmt and balance sheet); Percentage ownership in company; Details regarding buy/sell agreement; Market value of business Additional documentation as below.
Deferred compensation	Insurance amount is typically a formula multiple of deferrable income.	Deferred comp plan formula and description of insurance benefit
Creditor (debt repayment) – Business	Up to 75% of outstanding loan balance – Business should be the owner of the policy	Amt, purpose, duration of loan; Business financial statements; Collateral pledged Repayment period – minimum 5 years
Notes		
For ATR (Adjustable Term Rider) or other increasing risk benefit pattern, need justification for total ultimate risk amount and increase pattern (if irregular).		
If traditional premium financing is used as a payment method, full risk amount will be underwritten according to regular financial underwriting guidelines.		
ING does not accept and will not approve Non-Recourse Premium Financing, Investor-Owned-or Stranger-Owned-Life-Insurance (IOLI/SOLI) applications or programs.		

NON-PREMIUM FINANCED CASES: Additional Documentation & Verification Requirements

Age	Underwriting Risk Amount					
	\$1,000,000 - 2,500,000	\$2,500,001 - 5,000,000	\$5,000,001 - 7,500,000	\$7,500,001 - 10,000,000	\$10,000,001 - 20,000,000	\$20,000,000+
20-64 – Personal income replacement and estate planning	N/A	N/A	N/A	Underwriting Financial Data form	Third party verification of financial information	Written third party verification of financials & copies of financial statements (CPA compilation statement is acceptable)*
20-64 – Buy sell & stock redemption programs	N/A	Underwriting Financial Data form and IR with business bene report	IR with business bene report and copies of business financial statements		IR with business bene report, Financial Supplement Questionnaire, copies of business financial statements, & third party verification of financial information	
65-70 – All apps	Financial Supplement Questionnaire			Financial Supplement Questionnaire & Underwriting Financial Data Form	Financial Supplement Questionnaire, written third party verification of financials, & copies of financial statements. (CPA compilation statement is acceptable)*	
71-80 – All apps	Financial Supplement Questionnaire		Financial Supplement Questionnaire & Underwriting Financial Data Form	Financial Supplement Questionnaire, written third party verification of financials, & copies of financial statements. (CPA compilation statement is acceptable)*		
81-90 – All apps	Financial Supplement Questionnaire	Financial Supplement Questionnaire & Underwriting Financial Data Form	Financial Supplement Questionnaire, written third party verification of financials, & copies of financial statements. (CPA compilation statement is acceptable)*			
* Acceptable Written Third Party Verification of Financials	• Attorney signature with supporting documentation		• Tax return • Broker dealer statement	• Tax assessment or appraisal • Audited CPA signed statement	• CPA verified and signed statement with supporting documentation	

PREMIUM FINANCED CASES have additional information requirements. Consult your Internal Wholesaler for specific details.

The above guidelines and requirements may be modified by the Underwriting Department depending on case circumstances. For agent/registered representative use only. Not for public distribution.

ING Life Insurance Underwriting January 2009 Requirements for UL, VUL, and Term Products

Risk Amount	Age of Applicant*					
	16 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 85
0 - \$99,999	Medical questions on app completed by agent; Physical measurements by Paramed; Urine HIV	Medical questions on app completed by agent; Physical measurements by Paramed; Urine HIV	Medical questions on app completed by agent; Physical measurements by Paramed; Urine HIV	Paramed Blood/HOS	Paramed Blood/HOS Age 71+Q	Paramed Blood/HOS Age 71+Q
\$100,000-500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	Paramed Blood/HOS MVR EKG Age 71+Q
\$500,001-1,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	MD Exam Blood/HOS MVR EKG Age 71+Q
\$1,000,001-3,000,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	MD Exam Blood/HOS MVR EKG Age 71+Q
\$3,000,001-5,000,000	Paramed Blood/HOS MVR IR	Paramed Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR EKG Age 71+Q	MD Exam Blood/HOS MVR IR EKG Age 71+Q
\$5,000,001- 10,000,000	Paramed Blood/HOS MVR IR EKG	Paramed Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR EKG Age 71+Q	MD Exam Blood/HOS MVR IR EKG Age 71+Q
\$10,000,001 and up	MD Exam Blood/HOS MVR IR EKG	MD Exam Blood/HOS MVR IR TM	MD Exam Blood/HOS MVR IR TM	MD Exam Blood/HOS MVR IR TM	MD Exam Blood/HOS MVR IR EKG Age 71+Q	MD Exam Blood/HOS MVR IR EKG Age 71+Q

Age and Amount APS Ordering Guidelines

Ages 16-60	No routine Age and Amount APS ordering; order APS's for cause only	Ages 61-70	For routine consultations and examinations (excluding employment, school or insurance physicals, routine normal OB/GYN related exams, and routine care for cold, flu, allergies, and minor accidental injuries) Risk Amount \$500,000 or less \$500,001-\$1,000,000 \$1,000,001+	Ages 71+	All amounts. APS from personal physician always required
			If physician was consulted Within past 1 year Within past 2 years Within past 3 years		

APS - Attending Physician's Statement	MD Exam - Exam by a physician	Survivorship Guidelines • Regular underwriting guidelines for full risk amount on each person • Treadmill EKG required at ages 41-70 at \$20,000,001 risk amount and higher for non-tobacco users and at \$10,000,001 risk amount and higher for tobacco users	*Ages 0-15 0-\$250,000	Medical questions on app completed by agent Individual consideration - contact Underwriting for requirements Individual consideration - contact Underwriting for requirements
Blood/HOS - Blood chemistry profile & urinalysis	MVR - Motor Vehicle Report		\$250,001+	
EKG - Electrocardiogram	Paramed - Paramedical exam		Ages 86+ All Amounts	
IR - Inspection Report	TM - Treadmill (stress) EKG Age 71+Q - Questionnaire for Proposed Insureds age 71 and up - completed by examiner			

Preferred Classes Criteria for all Products Ages 16-70

Category	Super Preferred No Tobacco	Preferred No Tobacco	Select No Tobacco
No Tobacco (Minimum duration)	No use of tobacco or nicotine products in any form within the past 5 years	No use of tobacco or nicotine products in any form within the past 3 years	No use of tobacco or nicotine products in any form within the past 2 years
Build	See Super Preferred build chart	See Preferred build chart	See Select build chart
Blood Pressure	No current or prior blood pressure reading in excess of <ul style="list-style-type: none"> • Age 16-60 140/85 • Age 61-70 150/90 No history of treatment for hypertension	No current or prior blood pressure reading in excess of <ul style="list-style-type: none"> • Age 16-60 145/90 • Age 61-70 150/90 Treated, well-controlled hypertensives with pretreatment levels exceeding the above limit may be considered for Preferred	No current or prior blood pressure reading in excess of <ul style="list-style-type: none"> • 16-60 150/92 • 61-70 155/92 Treated, well-controlled hypertensives with pretreatment levels exceeding the above limit may be considered for Select
Cholesterol and Cholesterol/HDL ratio	Treated or untreated Chol max 220 + ratio not > 5.0 OR Chol max 240 + ratio not > 4.5	Treated or untreated Chol max 240 + ratio not > 5.5 OR Chol max 260 + ratio not > 5.0	Treated or untreated Chol max 250 + ratio not > 6.5 OR Chol max 270 + ratio not > 6.0
MVR	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years
Personal Medical History	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)
Alcohol/ Drug	No history of drug or alcohol abuse in past 10 years	No history of drug or alcohol abuse in past 10 years	No ratable history of drug or alcohol abuse
Family History (If proposed insured < age 60)	No cardiovascular deaths in parents prior to age 65	No cardiovascular deaths in parents prior to age 60	No more than one cardiovascular death in parents prior to age 60
Aviation or Hazardous Avocation/Occupation	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation

Super Preferred Build

Male Height	Super Preferred Build		Female Height	Super Preferred Build	
	Max	Min		Max	Min
4'8"	127	84	4'8"	124	83
4'9"	132	86	4'9"	128	85
4'10"	137	89	4'10"	133	88
4'11"	142	93	4'11"	138	91
5'0"	147	97	5'0"	143	93
5'1"	151	100	5'1"	148	95
5'2"	156	104	5'2"	152	98
5'3"	161	108	5'3"	157	100
5'4"	165	111	5'4"	162	102
5'5"	170	115	5'5"	166	104
5'6"	175	118	5'6"	171	107
5'7"	180	122	5'7"	176	108
5'8"	185	124	5'8"	181	112
5'9"	190	129	5'9"	186	115
5'10"	196	131	5'10"	191	118
5'11"	200	135	5'11"	196	121
6'0"	206	138	6'0"	201	125
6'1"	212	143	6'1"	207	126
6'2"	218	146	6'2"	212	128
6'3"	223	150	6'3"	218	133
6'4"	229	153	6'4"	224	137
6'5"	235	158	6'5"	230	140
6'6"	241	164	6'6"	236	144
6'7"	246	166	6'7"	242	146

Preferred Build

Male Height	Preferred Build			Female Height	Preferred Build		
	Max	Min	Max		Min		
4'8"	138	83	4'8"	135	82		
4'9"	143	85	4'9"	140	85		
4'10"	148	89	4'10"	145	87		
4'11"	154	92	4'11"	150	90		
5'0"	159	96	5'0"	155	92		
5'1"	164	99	5'1"	160	94		
5'2"	169	103	5'2"	164	97		
5'3"	174	107	5'3"	169	98		
5'4"	179	110	5'4"	174	101		
5'5"	184	113	5'5"	179	103		
5'6"	189	117	5'6"	184	105		
5'7"	194	120	5'7"	189	107		
5'8"	200	123	5'8"	195	111		
5'9"	205	127	5'9"	200	113		
5'10"	211	129	5'10"	206	117		
5'11"	216	133	5'11"	211	119		
6'0"	223	137	6'0"	217	122		
6'1"	228	141	6'1"	223	125		
6'2"	235	145	6'2"	230	128		
6'3"	241	148	6'3"	236	132		
6'4"	247	152	6'4"	243	135		
6'5"	254	156	6'5"	249	138		
6'6"	261	160	6'6"	256	142		
6'7"	267	165	6'7"	262	145		

Select Build (No Minimum)

Male Height	Select Build (No Minimum)		Female Height	Select Build (No Minimum)	
	Max	Max		Max	
4'8"	146	4'8"	142		
4'9"	151	4'9"	147		
4'10"	156	4'10"	152		
4'11"	162	4'11"	157		
5'0"	167	5'0"	162		
5'1"	173	5'1"	168		
5'2"	178	5'2"	174		
5'3"	184	5'3"	179		
5'4"	189	5'4"	184		
5'5"	195	5'5"	190		
5'6"	201	5'6"	196		
5'7"	207	5'7"	201		
5'8"	212	5'8"	207		
5'9"	218	5'9"	212		
5'10"	224	5'10"	218		
5'11"	230	5'11"	223		
6'0"	236	6'0"	229		
6'1"	242	6'1"	235		
6'2"	249	6'2"	241		
6'3"	256	6'3"	247		
6'4"	262	6'4"	254		
6'5"	269	6'5"	260		
6'6"	276	6'6"	266		
6'7"	283	6'7"	273		

Preferred Classes Criteria for all Products Ages 71+

Category	Super Preferred No Tobacco (available at ages 71-80 only)	Preferred No Tobacco Ages 71+	Select No Tobacco Ages 71+
No Tobacco (Minimum duration)	No use of tobacco or nicotine products in any form within the past 5 years	No use of tobacco or nicotine products in any form within the past 3 years	No use of tobacco or nicotine products in any form within the past 2 years
Build	Same as Super Preferred Build Ages 16-70 plus weight must be confirmed as stable for at least the past 2 years by medical records.	Same as Preferred Build Ages 16-70 plus weight must be confirmed as stable for at least the past 2 years by medical records.	Same as Select Build Ages 16-70
Blood Pressure	Average of past 2 years' blood pressure readings not in excess of 155/90 plus no pulse pressure greater than 75	Average of past 2 years' blood pressure readings not in excess of 160/90 plus no pulse pressure greater than 75	Average of past 2 years' blood pressure readings not in excess of 165/92
BP Treatment	Super Preferred, Preferred & Select -Age 71+ - For treated and controlled hypertensives (no reading > 160/90 on treatment), pre-treatment BP's may be eliminated from averaging.		
Cholesterol & HDL	Cholesterol between 160 - 280 mg% and HDL greater than 45, treated or untreated.	Cholesterol between 160 - 280 mg% and HDL greater than 45, treated or untreated.	Cholesterol between 160 - 300 mg% and HDL greater than 40, treated or untreated.
MVR/Driving History	Super Preferred, Preferred & Select -Age 71+ - No history of accidents, reckless driving, or revocation of license in past 10 years.		
Personal Medical History	Standard risk with no history of cancer in past 30 years (other than basal cell skin cancer, or certain squamous cell cancers)		
Alcohol/Drug	Super Preferred, Preferred & Select -Age 71+ - No history of drug or alcohol abuse within the past 10 years.		
Serum Albumin	3.9 g/dl or greater	3.6 g/dl or greater	N/A
Serum Creatinine	1.1 mg/dl or less (or eGFR > 70)	1.2 mg/dl or less (or eGFR >60)	N/A



ReliaStar Life Insurance Company

20 Washington Avenue South, Minneapolis, MN 55401

ReliaStar Life Insurance Company of New York

1000 Woodbury Road, Suite 208, Woodbury, NY 11797

Security Life of Denver Insurance Company

1290 Broadway, Denver, CO 80203-5699

Approved Underwriting Vendors

To provide the best service available, the following companies are subject to change

Attending Physician Statements

- Examination Management Services, Inc. (EMS) (800) 530-0560

Inspection Reports

- ExamOne (877) 777-2115

Motor Vehicle Reports

- ExamOne (877) 777-2115

Paramedical Facilities

- American Para Professional Systems, Inc. (APPS) (800) 727-2999
- Examination Management Services, Inc. (EMS) (800) 530-0560
- Portamedic/Hooper Holmes (800) 443-1417

Labs

- Clinical Reference Lab (CRL)

Underwriting Information

Underwriting Age

Underwriting requirements are based on the proposed insured's age at nearest birthday.

Underwriting Risk Amount

Underwriting risk amount is based on highest target death benefit to age 100. The amount being underwritten includes insurance placed in-force and applied for with the ING life insurance companies within the past year.

Requirements Notes

Please contact your underwriter with specific questions regarding underwriting requirements, health history, or financial underwriting. Significant health history may necessitate additional requirements. ING reserves the right to request additional information as deemed necessary.

Medical examinations (MD Paramed, Age 71+Q) and laboratory tests (Blood/HOS) are valid for a maximum of 6 months from the completion date through age 80, and for a maximum of 3 months from the completion date at ages 81 and up. Electrocardiograms (EKG's) and Treadmills (TM's) are valid for a maximum of 12 months from completion date. Depending on case circumstances, updated medical requirements, APS information, or Good Health Statements on delivery may be needed sooner than the above maximums.

Tobacco Use Definitions*

Super Preferred No Tobacco (SPNT)

No tobacco or nicotine products in any form within the past five years.

Preferred No Tobacco (PNT)

No tobacco or nicotine products in any form within the past three years.

Select No Tobacco (SLNT)

No tobacco or nicotine products in any form within the past two years.

Standard No Tobacco (SNT)

No tobacco or nicotine products in any form within the past one year.

Preferred Tobacco (PT)

A user of tobacco (less than two packs of cigarettes per day) or nicotine within the past three years who otherwise qualifies for Preferred Rates.

Standard Tobacco (ST)

A tobacco or nicotine user who otherwise qualifies for Standard Rates.

*Check product specifications for class availability

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All guarantees are based on the financial strength and claims-paying ability of the issuing insurance company, who is solely responsible for all obligations under its policies.

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