

**UNITED OF OMAHA LIFE INSURANCE COMPANY  
COMPANION LIFE INSURANCE COMPANY**

MUTUAL *of* OMAHA AFFILIATES

*Life Insurance  
Underwriting  
Guidelines*



Mutual *of* Omaha

**BROKERAGE**

*As of October, 2010*

*Ask your underwriter about  
the Fit underwriting credit  
program!*

**1-800-775-7896**

**Producer use only.  
Not to be used with the General Public.**

LY27455

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## Life Underwriting

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Mutual of Omaha appreciates your business and would like to provide you with the tools and materials that make it easier on you through the underwriting process. You will find that in this easy to use reference guide we have included information on our requirements grid, build chart, paramed vendors and much more.

## Underwriting Teams

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Here at Mutual of Omaha, we have a very experienced and knowledgeable underwriting team. We review each case carefully to give your clients the best offer and look to see if any of our Fit underwriting credits apply. We also offer trials and quick quotes to give you an idea of our position on certain cases. Our team is here to help you place business. Give us a call directly with any questions you may have at 1-800-775-7896 or contact your underwriting team.

## Underwriting Strengths

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### Medical

#### *Tobacco*

1. Occasional cigar users (one per month or less) can qualify for Preferred Plus, Preferred & Standard Plus nontobacco rates if there is a negative urinalysis test
2. Clients who occasionally use marijuana may qualify for standard nonsmoker rates
3. \*Lifetime non-smoker credit

#### *Family History*

4. Family history qualifications do not apply if the proposed insured is 65 or older for Preferred Plus, Preferred & Standard Plus classes
5. Family history qualifications apply only to deaths rather than disease
6. Family history of deaths due to cancer can qualify for Preferred and Standard Plus
7. \*Great family history credit – no deaths prior to age 70

#### *Health conditions*

8. Mild Asthma clients may be eligible for Preferred
9. Mild Sleep Apnea may be eligible for Preferred with verified c-PAP usage
10. Treatment for cholesterol or hypertension does not exclude a proposed insured from our Preferred, Preferred Plus or Standard Plus classes
11. Unisex build charts
12. \*Cholesterol/HDL ratio <5.0 credit
13. \*Negative cardiac testing credit
14. Blood Pressure control credit treated or untreated of 130/80 or better

### Non Medical

15. Commercial pilots for regularly scheduled passenger airlines can qualify for all preferred classes and private pilots can qualify for Preferred Plus, Preferred or Standard Plus classes with Aviation Exclusion Rider (AER)
16. All Preferred classes may be available for occasional scuba diving if proposed insured is certified and dives less than 100 feet
17. Age Last Birthday Advantage
18. \*Preferred or better driving record credit
19. \*Minimal alcohol use credit (no more than 2 drinks per day)

\*These strengths qualify for our Fit underwriting credit program for your clients who normally fall within T2-T4 range; applies to term and universal policies and face amounts \$250,000 to \$1.5 million (\$3 million for survivor).

## Completing Fully Underwritten Applications

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One base policy per application.

- Use the precise plan name on the application
- If applying for the Children's Rider, complete the Supplemental application
- Juvenile Life Insurance Supplemental Application – complete if Proposed Insured or Other Proposed Insured is age 15 days-17 years
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is over \$100,000 – you will need a signed HIV consent form
- You will need a signed Accelerated Death Benefit Disclosure Form unless applying for Term Life Answers for a face amount of more than \$500,000
- If face amount is \$1,000,000 and above, and the Proposed Insured is age 65 or over – you will need (a) signed Statement of Policyowner Intent and, (b) signed Premium Funding and Acknowledgement form
- **Do not collect a check for the initial premium** if any Proposed Insured is applying for more than \$500,000 of insurance, nor if the answers to any of the 4 TIA questions are “yes”
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

## Completing Simplified Applications

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One base policy per application.

- Write in the product name and the amount of the insurance applied for
- If applying for any rider offering Disability Benefits, complete the supplemental application
- If applying for the Children's Rider, complete the Supplemental application
- Complete the Monthly Bank Withdrawal form if applicable
- Attach cover letter or additional information, as needed
- All changes should be initialed by the Applicant/Owner
- Always submit the Producer Statement and always provide client with MIB Group Inc. Pre-Notice, Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices, Investigative Consumer Reports Notice, Summary of Rights, and Life Insurance Buyers Guide
- Always obtain signed MIB and HIPAA authorizations
- If face amount is over \$250,000 – you will need a signed HIV consent form, if your state requires one
- Submit a signed Accelerated Death Benefit Form
- Complete Conditional Receipt Form. **If a check for the initial premium was not collected** at the time of application, do not complete this form
- **Have client sign state replacement forms (if applicable) and provide a copy to the client**
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client

For additional information, please refer to the appropriate Application Submission Checklist.

## Producer Report

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This report will need to be completed and sent in with each application.

## Conditional Receipt

(Applies to Companion products and United Express products)

A Receipt is furnished in connection with an application for insurance on the proposed insured(s) bearing the same date as the Receipt. Insurance under the Receipt will become effective on the Effective Date defined below, but only if **all** conditions below have been completely met:

- (1) The amount received is sufficient to Pay: (a) the first premium of a fixed premium plan, at the mode applied for; or (b) the first planned period premium on a flexible premium plan.
- (2) All required medical examinations must be completed within 60 days from the date of the application.
- (3) Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to our underwriting standards in effect, without modification of the plan, premium rate, benefits, class and amount of coverage applied for.
- (4) To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made.
- (5) All parts of the application, and if required, supplements to the application, questionnaires and amendments to the application are completed and received by the home office.

The amount of conditional insurance coverage provided under this Receipt, if any, shall not exceed \$100,000 and shall also not exceed the death benefit applied for. If the application is not approved and accepted within 60 days of the Effective Date of this Receipt, conditional insurance coverage will cease. In that case, our liability will be limited to the return of the premium paid. We have the right to terminate conditional insurance coverage at any time prior to the expiration of 60 days of the Effective Date of this Receipt by mailing a refund of the premium paid.

## TIA Receipt

(Applies to United Term & UL Fully Underwritten Products)

### Face Amount Requirements:

- **Total amount of insurance applied for cannot exceed \$500,000**
- If the total amount of insurance applied for exceeds \$500,000, **NO MONEY** can be collected and no coverage will be in effect under this Agreement
- **If a question is answered “Yes,” NO MONEY can be collected and no coverage is in effect under this Agreement**

Temporary life insurance under this Agreement will automatically terminate on the earliest of the following dates:

- (1) 90 days from the date of this Agreement; or
  - (2) the date that insurance takes effect under the policy applied for; or
  - (3) the date of the letter offering to the Applicant a policy, other than applied for; or
  - (4) the date a policy, other than as applied for, is offered by a Producer to the Applicant; or
  - (5) the date the premium refund is mailed; or
  - (6) the date any check or draft submitted as payment is not honored by the bank on which it is drawn; or
  - (7) the date United mails notice of termination of coverage.
- If the policy applied for is either
    - (a) pursuant to a conversion privilege in (an) existing United life policy(ies), or
    - (b) to replace (an) existing United life policy(ies) with another United life policy, then in the event of the death of the Proposed Insured before the termination of this Agreement, United will pay only the greater of:
      - (1) the benefits due under the terms of the existing policy(ies) which is/are being converted or replaced, or
      - (2) the benefits due under the terms of this Agreement. The Applicant acknowledges and agrees that benefits shall not be payable under both, C.(1) and C.(2) above.

The temporary life insurance provided by this Agreement is subject to the provisions of the policy form applied for; however, no benefits will be paid for:

- (1) disability; or
- (2) death from suicide while sane or insane (in Missouri, only if suicide was intended at the time of this application and we can prove it was intended); or
- (3) the same loss under both this Agreement and any life policy issued from the application.

## Maximum Autobind and Retention Limits

Ratings & Flat Extras		Ages 0-80	Ages 81+
Standard through Table 6 and Flat Extras through \$15/Thousand	Maximum Autobind	\$30,000,000	\$3,000,000 Standard Only
	Retention	\$5,000,000	\$500,000
Table 7+ and Flat Extras over \$15/Thousand	Maximum Autobind	\$15,000,000	Fac Only
	Retention	\$2,500,000	N/A

## Jumbo Limits

Up to Age	Total Amounts In Force and Applied For
80	\$50,000,000
81-85	\$25,000,000

## Testing of Proposed Insured

### Telephone Interview

Your client may be contacted within one business day for a confidential telephone interview to complete the application process. This call should last approximately 30 minutes. It is important to note that the telephone dialogue between your client and the EMSI representative will be tape recorded and relied upon as part of our risk analysis. As a result, it's important that your client be prepared to answer questions as accurately as possible.

### Paramedical Appointment

At the end of the telephone interview, EMSI will schedule a basic paramedical exam for your client. There is no cost to the client for this examination and it can take place in their home or place of employment. The Exam includes:

- Height and Weight
- Blood Pressure and Pulse
- Urine and blood samples may also be needed
- Depending on the client's age and amount of life insurance applied for, an electrocardiogram (EKG) may be required.

### Prior to the Paramedical Appointment have your Client:

- Get a good night's sleep
- Avoid drinking alcoholic beverages for at least 8 hours
- Do not smoke or drink coffee for a least 1 hour before the appointment
- Drink a glass of water 2 hours prior
- Try not to eat any food 2 hours prior. If at all possible, fast or 12 hours
- Advise the paramedic of any medication(s) being taken
- Skip heavy exercise on the day of exam
- Wear comfortable, loose fitting clothes

## Approved Paramedical Companies

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American Para Professionals (APPS)  
1-800-635-1677

ExamOne  
1-877-933-9261

Examination Mgmt. Services, Inc. (EMSI)  
1-800-872-3674

Hooper Holmes (Portamedic)  
1-800-765-1010

Superior Mobile Medics  
1-800-898-3926

## Attending Physician's Statement

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The Attending Physician's Statement (APS) is a vital source of information on which to base underwriting decisions. You have the option to order APS's for your clients, we just ask that you notify us the APS has been ordered when you submit the application. If an APS has not been ordered, an underwriter will order the APS for you. If you do not notify us with the application that you have ordered the APS and we order a duplicate order, we will not reimburse you the cost. In addition, if Mutual of Omaha has ordered the APS, please do not send a duplicate request to the doctor or hospital as it will delay the process.

If you choose to order the APS on your client instead of Mutual of Omaha, we will reimburse you the usual and customary cost of the APS provided we have received the application to correspond with the APS order. If you order the APS and have submitted the application to multiple carriers, we ask that you only send in for reimbursement if you place the case with Mutual of Omaha.

## APS Guidelines

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- An APS will be ordered for cause (significant medical history) in all cases
- Above age 65, an APS will be obtained for routine physicals, and lab work, EKG's, etc. if MD seen within 1 year
- At any age, an APS will be requested when MD seen within 3 months of application unless the office visit was for a minor impairment
- An APS should be available for anyone 65 and over

**An APS may not be needed for health history of treated hypertension or treated cholesterol *if***

- Applying for standard risk classes through Preferred;  
Note: Preferred Plus is not available without an APS
- Age 65 and under
- Face amount of \$500,000 or less
- Amount in force and applied for does not exceed company retention

**Note: This is a guide. Specifics of an individual case may warrant an APS to determine the appropriate risk classification.**

## Inspection Reports

Inspection reports are required for face amounts of \$5,000,001 and above for ages 18 and above.

## Motor Vehicle Records

Motor vehicle records are required as shown below:

Ages	Face Amounts
18-45	\$25,000 and over
46-70	\$1,000,001 and over
71 and Over	\$500,000 and over

## Financial Underwriting Guidelines

### Income Replacement

Ages	\$25,000 or higher annual earned income
20 to 40	25X
41 to 50	20X
51 to 55	15X
56 to 65	10X
66 up	7X*

Larger amounts may be considered on an individual case basis for special needs situations with supporting documentation of financial need. A spouse working full or part time to supplement their household income can qualify for a similar amount as a non-working spouse depending on the circumstances.

\*Income replacement is generally not considered for those over age 66 unless an individual is actively at work.

### Estate Conservation

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. Generally the net worth can be expected to increase over a period of years, so it is common practice to project that growth over a period of years at a selected rate of interest. A growth rate of 6% is most commonly recommended although different rates can occasionally be used if appropriate. At older ages or impaired risks, a lower rate is usually used. The appropriate amount of coverage is typically 50% of the projected estate.

Ages	Years
Up to 55	20
56-70	15
71 Up	1x Estate Value*

**\*Standard or better risk classes, otherwise individual consideration**

## Non-Working Spouse

Will generally consider for an amount equal to the amount in force and applied for on the breadwinner depending on the circumstances of the case up to a maximum of \$1,000,000 unless there is also an estate tax need. Additional insurance can be considered with cover memo or other documentation outlining any special needs.

## Business Insurance

A business questionnaire (BIQ) should be submitted on all business cases, and a well constructed cover letter explaining the purpose of coverage and how the face amount was determined is very helpful. Copies of company financial statements and buy/sell agreements may be necessary to help value a business to determine the appropriate amounts of coverage on each owner for business continuation cases.

## Key Person

Generally 5-10X earned income plus bonuses if paid regularly as part of a company bonus plan. If key person has an ownership interest in the company, the appropriate percentage of company net income can be added to his income. Some states such as New York have specific requirements to qualify as a key person.

## Creditor Insurance

Generally up to a maximum of 75% of a secured loan unless agreement has a loan provision calling the loan due upon the death of owner/key person.

## Buy/Sell

Coverage should usually be applied for or in force on all major active partners. A business insurance questionnaire should be fully completed in all cases unless a detailed cover letter and company financial statements are submitted with the application. Each partner's ownership percentage should be included and coverage should be proportional to the ownership interest.

Company financial statements and copies of a buy/sell agreement are sometimes necessary to help establish a reasonable market valuation for the company and may be ordered at the underwriter's discretion.



## Juvenile Life Insurance Guidelines\*

For life insurance purposes, applicants are considered to be juveniles between the ages of 15 days and 17 years old.

### Life Insurance Face Amounts

- Generally, the maximum Face Amount is \$100,000. The Face Amount should not exceed 50% of the coverage carried on the parent with the least amount of life insurance in-force. Any amount exceeding 50% of the lesser insured parent must include a cover letter with an explanation of the need for Underwriting consideration of the higher amount.

### Ownership/Beneficiary

- Owner and Beneficiary must be parent or grandparent. Other relatives and friends are considered to have no insurable interest. If a grandparent applies as owner and the child does not reside in the same household as the grandparent, a parent must sign the application on the “signature of parent” line authorizing the purchase and attesting to answers to the application questions.
- A legal guardian can be considered as owner and/or beneficiary. Details should be provided in a cover letter along with copies of guardianship documentation.

### Household life insurance coverage

- All children should be equally insured, include a cover memo advising coverage amount on all family members
- The parent(s) must be insured

### Risk class

- The Proposed Insured must be a Standard Risk (No Impaired Risk)

### Face amounts greater than \$100,000

While we do not normally offer coverage over \$100,000 to juveniles, we will consider if the following criteria are met in addition to the above guidelines:

- APS is required in ALL cases
- A Cover Letter explaining the rationale of the need for \$100,000 or higher face amounts
- Maximum Face Amount \$250,000

## Underwriting Limits on Juvenile Life Applications written in New York

1. Minors between age 4 years 6 months and 14 years 6 months old  
Coverage is limited to the greater of \$50,000 or ½ (50%) of the amount carried by the Applicant.
2. Minors less than age 4 years 6 months old  
Coverage is limited to the greater of \$50,000 or ¼ (25%) of the amount carried by the Applicant.

\*Not available in Washington

# Initial Underwriting Requirements – Fully Underwritten

Age:	Amount Being Underwritten: Effective May 1, 2010							
	\$25,000 \$99,999	\$100,000 \$249,999	\$250,000 \$499,999	\$500,000 \$750,000	\$750,001 \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001 \$10,000,000	Over \$10,000,000
<b>Under 18</b>	Nonmedical	Nonmedical*	N/A	N/A	N/A	N/A	N/A	N/A
<b>18-30</b>	Nonmedical	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS PHI MVR	Paramed Blood & HOS IR MVR	Paramed Blood & HOS IR MVR
<b>31-35</b>	Nonmedical	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS PHI MVR	Paramed Blood & HOS IR MVR	Paramed Blood & HOS IR MVR
<b>36-45</b>	Nonmedical	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS MVR	Paramed Blood & HOS PHI MVR	Paramed Blood & HOS IR MVR	Paramed Blood & HOS EKG IR MVR
<b>46-55</b>	Nonmedical Rx	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
<b>56-60</b>	Nonmedical Rx	Paramed Blood & HOS	Paramed Blood & HOS	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG PHI MVR	Paramed Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
<b>61-65</b>	Nonmedical Rx	Paramed Blood & HOS	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
<b>66-70</b>	Nonmedical APS Rx	Paramed Blood & HOS	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	Paramed Blood & HOS EKG	MD Exam Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR
<b>71 and Over</b>	Nonmedical APS Rx	Paramed Blood & HOS	MD Exam Blood & HOS EKG PHI	MD Exam Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG PHI MVR	MD Exam Blood & HOS EKG IR MVR	MD Exam Blood & HOS TEKG IR MVR

**Key:**

- APS** – Attending Physician’s Statement
- Blood & HOS** – Blood & Urine collection
- EKG** – Electrocardiogram
- IR** – Inspection Report
- MD Exam** – Blood & HOS w/M.D. Exam (Specializing in Internal Medicine)
- MVR** – Motor Vehicle Report (Ordered from H.O.)
- Nonmedical** – A Fully Completed Application
- Paramed** – Long Form Exam (form MLU21727)
- PHI** – Personal History Interview taken over telephone (Ordered from H.O.)
- Rx** – Pharmaceutical Check
- TEKG** – Treadmill Electrocardiogram

**Paramedical Vendors:**

- American Para Professional Systems, Inc. (APPS) – (800) 635-1677
- ExamOne – (877) 933-9261
- Examination Management Services, Inc. (EMSI) – (800) 872-3674
- Hooper Holmes (Portamedic) – (800) 765-1010
- Superior Mobile Medics – (800) 898-3926

**Minimum Underwriting Requirements  
Effective Date: May 1, 2010**

\*APS required on juveniles over \$100,000

## PREFERRED PLUS Underwriting Criteria

<b>NICOTINE Tobacco</b>	No nicotine x 60 months Occasional cigar, nontobacco available with negative HOS <sup>1</sup> 12 cigars per year
<b>FAMILY HISTORY</b> (Does not apply if age 65 and older.)	No death of a parent or sibling prior to age 65 due to Cancer, Heart Disease or Diabetes
<b>BLOOD PRESSURE</b>	Treatment allowed with good control No reading in the past year >135/85
<b>CHOLESTEROL</b> Averaged 3 cholesterols over past 12 months. If available	Cholesterol Level $\leq$ 250 and Cholesterol Ratio $\leq$ 5.0  Treatment allowed
<b>ALCOHOL &amp; DRUG</b>	Allowed after 15 years
<b>MEDICAL HISTORY</b>	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
<b>DRIVING RECORD</b>	No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last five (5) years
<b>AVOCATION<sup>2</sup></b>	No participation ever in any hazardous occupation, avocation or sport
<b>AVIATION<sup>3</sup></b>	No flying as a private pilot or crewmember unless aviation exclusion
<b>CRIMINAL RECORD</b>	No felony convictions in the past 10 years
<b>BUILD</b>	No exception
<b>PROFILE &amp; HOS</b>	10% allowed in any one test if determined to be of no medical significance

<sup>1</sup>An occasional cigar is no more than 12 cigars per year

<sup>2</sup>Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet

<sup>3</sup>Some types of commercial aviation may be acceptable based on manual

## PREFERRED Underwriting Criteria

<b>NICOTINE Tobacco</b>	No nicotine x 36 months Occasional cigar, nontobacco available with negative HOS <sup>1</sup> 12 cigars per year
<b>FAMILY HISTORY</b> (Does not apply if age 65 and older.)	No death of a parent or sibling prior to age 60 due to Heart Disease or Diabetes
<b>BLOOD PRESSURE</b>	Treatment allowed with good control Avg BP <145/90
<b>CHOLESTEROL</b> Averaged 3 cholesterols over past 12 months. If available	Cholesterol Level $\leq$ 275 and Cholesterol Ratio $\leq$ 6.0  Treatment allowed
<b>ALCOHOL &amp; DRUG</b>	Allowed after 10 years
<b>MEDICAL HISTORY</b>	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
<b>DRIVING RECORD</b>	No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last three (3) years
<b>AVOCATION<sup>2</sup></b>	No hazardous activities within the past 2 years
<b>AVIATION<sup>3</sup></b>	No flying as a private pilot or crewmember unless aviation exclusion
<b>CRIMINAL RECORD</b>	No felony convictions in the past 10 years
<b>BUILD</b>	No exception
<b>PROFILE &amp; HOS</b>	10% allowed in any one test if determined to be of no medical significance

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the home office underwriter.

## STANDARD PLUS Underwriting Criteria

<b>NICOTINE Tobacco</b>	No nicotine x 12 months Occasional cigar, nontobacco available with negative HOS <sup>1</sup> (Note: Standard Plus tobacco is an available class)
<b>FAMILY HISTORY</b> (Does not apply if age 65 and older.)	No death of a parent or sibling prior to age 60 due to Heart Disease
<b>BLOOD PRESSURE</b>	Treatment allowed with good control Avg BP <152/90
<b>CHOLESTEROL</b> Averaged 3 cholesterols over past 12 months. If available	Cholesterol Level $\leq 300$ and Cholesterol Ratio $\leq 7.0$  Treatment allowed
<b>ALCOHOL &amp; DRUG</b>	Allowed after 5 years
<b>MEDICAL HISTORY</b>	No history of CAD, DM or Cancer (Basal Cell skin cancer and superficial squamous cell allowed)
<b>DRIVING RECORD</b>	No convictions for DWI, DUI or reckless driving within the last five (5) years and no more than two (2) moving violations within the last three (3) years
<b>AVOCATION<sup>2</sup></b>	Flat extras are allowed
<b>AVIATION<sup>3</sup></b>	No flying as a private pilot or crewmember unless aviation exclusion (IFR private pilots allowed if standard)
<b>CRIMINAL RECORD</b>	No felony convictions in the past 10 years
<b>BUILD</b>	If Male, up to 5 pounds allowed if all other criteria are met
<b>PROFILE &amp; HOS</b>	If all Standard Plus criteria are met and the laboratory values do not warrant any debits, Standard Plus is allowed

<sup>1</sup>An occasional cigar is no more than 12 cigars per year

<sup>2</sup>Limited scuba diving as a part of vacation or other occasional occurrence is acceptable if depth of dive does not exceed 100 feet

<sup>3</sup>Some types of commercial aviation may be acceptable based on manual

In addition to the criteria above, there must not be any other significant health problems. Final risk determination will be made by the home office underwriter.

# Build Chart – Fully Underwritten

	Table 1	Table 2	Table 3	Table 4	Table 5	Table 6	Table 8	Table 10	Table 12				
	Preferred Plus	Preferred	Standard Plus	Standard	+25	+50	+75	+100	+125	+150	+200	+250	+300
Height	Weight												
4 Feet													
8"	125	134	143	152	170	184	190	197	204	212	221	230	240
9"	131	140	150	157	176	189	195	202	209	216	225	234	244
10"	135	145	155	162	182	194	201	208	214	222	231	240	249
11"	141	150	160	168	187	199	207	214	220	228	237	245	254
5 Feet													
1"	146	156	167	174	193	205	213	220	226	235	244	253	262
2"	152	163	175	180	199	211	218	226	233	242	250	259	269
3"	158	169	180	186	205	215	223	232	239	248	257	266	277
4"	164	174	185	191	213	220	228	238	246	255	264	275	284
5"	169	179	190	197	221	225	235	245	252	261	270	281	292
6"	174	184	195	204	226	231	242	251	259	268	277	286	299
7"	180	190	200	210	232	239	248	258	268	276	285	293	308
8"	185	195	205	217	239	245	254	265	275	284	293	303	316
9"	189	199	210	223	246	251	262	274	283	291	300	312	324
10"	195	205	215	230	254	258	270	282	291	299	309	319	331
11"	200	211	222	236	262	266	278	289	300	307	316	327	340
12"	206	217	227	243	269	274	287	298	307	315	325	339	349
6 Feet													
1"	211	222	234	250	275	281	292	305	315	322	333	348	356
2"	217	229	242	257	282	289	300	313	322	330	340	355	365
3"	222	234	247	264	289	296	308	321	331	339	349	366	374
4"	228	240	252	272	296	303	317	329	339	348	358	376	383
5"	233	245	258	279	301	311	325	338	348	357	367	385	394
6"	239	251	264	287	307	319	334	347	357	366	376	393	402
7"	246	258	270	298	313	328	345	358	366	375	385	405	413
8"	252	264	276	302	320	336	354	367	375	384	394	413	422
9"	–	–	–	310	327	345	363	376	385	395	405	422	431
10"	–	–	–	317	335	352	372	385	395	406	415	435	444
11"	–	–	–	325	343	359	382	395	407	418	427	444	462

## Underwriting Requirements – Express Only

Age	Term Life Express GUL Express	Term Life Express Only
	Amount being Underwritten:	
	\$50,000-\$250,000	\$250,001-\$400,000
18-60	Simplified Underwriting – Standard through Table 4 MIB Pharmaceutical Random Phone Interview	Simplified Underwriting – Standard through Table 4 Pharmaceutical Phone Interview Oral Fluids
61-65	Simplified Underwriting – Standard through Table 4 MIB Pharmaceutical Phone Interview	Simplified Underwriting – Standard through Table 4 Pharmaceutical Phone Interview Oral Fluids APS (Mandatory)
<b>Please Provide Name and Address of Personal Physician with all applications where an APS is mandatory</b>		

Issue Ages	Legacy SPL Underwriting Requirements
20-65	Simplified Underwriting – Standard through Table 4 MIB Pharmaceuticals Random Telephone Interview
66+	Simplified Underwriting – Standard through Table 4 MIB MVR (as needed) Pharmaceuticals Telephone Interview

**Note:**  
**Oral Fluid Kits can be ordered through your normal channel.**  
 Agent mails Oral Fluid Kit to Lab  
 Kit is processed through Clinical Reference Lab (CRL)

<b>NOTE:</b>	1. Random interviews will be conducted for quality control
	2. Medical questionnaires and/or an occasional APS may be requested at the underwriter's discretion to clarify information developed from other sources
	3. Producer training <a href="http://www.salivatrainig.com/">http://www.salivatrainig.com/</a>

## Express Underwriting Build Chart (Male & Female)

Height	Maximum Weight
<b>4 Feet</b>	
8"	197
9"	202
10"	208
11"	214
<b>5 Feet</b>	220
1"	226
2"	232
3"	238
4"	245
5"	251
6"	258
7"	265
8"	274
9"	282
10"	289
11"	298
<b>6 Feet</b>	305
1"	313
2"	321
3"	329
4"	338
5"	347
6"	358
7"	367
8"	376
9"	385
10"	395

## Impairments

<b>A</b>	
<b>Acromegaly</b> .....	Table 4 – 8
<b>Addison’s Disease</b> .....	Standard – Table 3
<b>ADHD/ADD</b> .....	Standard – Table 2
<b>Alcohol</b>	
Current excessive use .....	Decline
Alcoholism treatment, no current use, postponed 2 years. ....	Standard – Table 8
<b>Alzheimer’s Disease</b> .....	Decline
<b>Anemia</b>	
Aplastic Anemia .....	Standard – Decline
Sickle Cell .....	Decline
Sickle Cell Trait .....	Standard
<b>Aortic Aneurysm</b>	
Unoperated .....	Table 6 to Decline
Surgery, stable 6 months .....	Table 2 – 6
<b>Angina Pectoris</b>	
Angina .....	Table 2 – 8
Unstable Angina, under age 40 ...	Decline
Stable Angina, over age 40 (dependent on age and cath. report) .....	Table 4 – 8
<b>Angioedema</b> .....	Standard – Table 2
<b>Ankylosing Spondylitis</b> .....	Standard – Table 4
<b>Anorexia Nervosa</b>	
Current .....	Decline
Full recovery, stable > 4 years .....	Standard – Table 2
<b>Anxiety Disorders</b>	
Mild or well-controlled .....	Standard
Others .....	Standard – Table 4
<b>Aortic Murmurs/Insufficiency</b> .....	Standard – Table 8
<b>Arrhythmias</b>	
Atrial Fibrillation .....	Standard – Decline
Atrial Flutter .....	Standard – Decline
Infrequent PVC(s) .....	Standard
Multiple PVC(s) .....	Standard – Table 8
<b>Arteriosclerosis Obliterans</b> .....	Table 4 – Decline

These are general ranges for best case scenarios and final offers are dependent upon the merits of the case.  
For producer use only.  
Not for use with the general public.

## Impairments (continued)

<b>Arteriovenous (AV) Malformations</b>	
Cerebral unoperated .....	Decline
Surgery, stable 6 months .....	Table 4 – 8
<b>Arthritis</b>	
Osteoarthritis .....	Standard
<b>Asbestosis</b>	
Mild degree of respiratory impairment .....	Standard – Table 4
Severe impairment .....	Decline
<b>Ascites</b> .....	Decline
<b>Asthma</b>	
Mild intermittent .....	Standard
Persistent, depends on severity ...	Table 2 – Decline
<b>Atrial Fibrillation</b> .....	Standard – Decline
<b>Atrial Flutter</b> .....	Standard – Decline
<b>Atrial Septal Defect</b>	
No surgery .....	Standard – Decline
No residuals 6 months after surgery .....	Standard
<b>Atrioventricular Block</b>	
1st degree – 2nd degree .....	Standard – Table 2
3rd degree – complete .....	Table 2 – Decline
<b>B</b>	
<b>Bacterial Endocarditis</b>	
Normal heart & valves, recovered after 1 year .....	Table 2 – 4
<b>Barlow’s Syndrome</b> .....	Standard – Table 3
<b>Basal Cell Carcinoma</b>	
Maximum 4 excisions, complete resolution .....	Standard
<b>Bells Palsy</b>	
Recovered .....	Standard
<b>Benign Prostatic Hypertrophy</b>	
Normal PSA levels & urinalysis ...	Standard
<b>Berger’s Disease (IgA Nephropathy)</b> ..	Table 2 – 8
<b>Bicuspid Aortic Valve</b> .....	Standard – Table 8
<b>Bigeminy</b> .....	Standard – Table 8
<b>Bi-Polar Disorder</b>	
Stable .....	Table 2 – 8

## Impairments (continued)

### Blood Pressure

Controlled with medication . . . . . Standard

### Bright's Disease

Acute full recovery . . . . . Standard – Table 2  
Chronic good renal function . . . . . Standard – Table 8  
Chronic poor renal function . . . . . Decline

### Bronchiectasis

Mild – moderate, no surgery . . . . . Standard – Table 6  
Severe – extreme, no surgery . . . . . Table 8 – Decline

### Bronchitis

Chronic mild – moderate . . . . . Standard – Table 3  
Severe . . . . . Table 4 – Decline

### Buerger's Disease

Nonsmoker, no surgery or other  
impairments . . . . . Standard – Table 4

### Bundle Branch Blocks (EKG)

Hemiblock . . . . . Standard  
Right . . . . . Standard – Table 4  
Left, more than 1 year from onset . . . . . Table 4

## C

### Cancer

Most malignancies, postponed  
2 – 5 years . . . . . Indiv. Consideration

**Chronic Heart Failure** . . . . . Decline

**Cardiac Pacemaker (Artificial)** . . . . . Standard – Decline

**Cardiomyopathy** . . . . . Table 4 – Decline

### Carotid Bruits

Asymptomatic & no other related  
history . . . . . Standard – Table 2

### Celiac Disease

Controlled with diet . . . . . Standard – Table 4

### Cerebral Embolism/Thrombosis

Single episode, no complications,  
stable 1 year . . . . . Table 2 – Table 8  
Multiple episodes . . . . . Decline

### Cerebral Palsy

Mild – moderate . . . . . Standard – Table 3  
Severe . . . . . Decline

## Impairments (continued)

### Cerebrovascular Accident

Single episode, no complications,  
stable 1 year . . . . . Standard – Table 8  
Multiple episodes . . . . . Decline

**Charcot Marie – Tooth Disease** . . . . . Standard – Decline

### Chest Pain

Non-cardiac . . . . . Standard  
Cardiac . . . . . Indiv. Consideration

### Cholangitis, Cholecystitis, Cholelithiasis

Recovered . . . . . Standard

### Christmas Disease

(Factor IX Deficiency) . . . . . Table 2 – 8

### Chronic Obstructive Pulmonary

**Disease (COPD)** . . . . . Standard – Table 8

### Cirrhosis

Confirmed diagnosis . . . . . Decline

### Cocaine

No current use, postponed 3 years  
then . . . . . Standard to Table 8

### Colitis (Ulcerative)

Controlled with medication . . . . . Table 2 – 8

### Colon Polyps

Benign . . . . . Standard  
Malignant . . . . . Indiv. Consideration

**Congestive Heart Failure (Chronic)** . . . . . Decline

**Convulsions** . . . . . Table 2 – 8

### Cor Pulmonale

Chronic . . . . . Decline

**Costochondritis** . . . . . Standard

**Crohn's Disease** . . . . . Standard – Table 8

### Cushing's Syndrome

Controlled with medication . . . . . Standard – Table 4

**Cystic Fibrosis** . . . . . Decline

### Cystitis

Recovered . . . . . Standard

## D

**Dementia** . . . . . Decline



## Impairments (continued)

### Depression

Controlled with medication . . . . . Standard – Table 3

### Diabetes

Type I, over age 20 . . . . . Table 2 – 8

Type II, over age 20 . . . . . Standard – Table 8

### Dialysis

Renal failure . . . . . Decline

**Diverticulitis/Diverticulosis** . . . . . Standard – Table 3

**Down's Syndrome** . . . . . Decline

### Drug Addiction

Postponed 3 years then . . . . . Standard – Table 8

### Duodenal Ulcer

No Bleeding . . . . . Standard

## E

### Eclampsia

Recovered . . . . . Standard

**Emphysema** . . . . . Standard – Table 8

### Encephalitis

Recovered . . . . . Standard

Others . . . . . Decline

### Endocarditis

Normal heart & valves . . . . . Table 2

Structurally abnormal heart . . . . . Table 2 – Decline

**Epilepsy** . . . . . Table 2 – 8

### Erythema Nodosum

Recovered . . . . . Standard

## F

### Fibrocystic Breast Disease

Benign . . . . . Standard

## G

### Gastric Bypass

PP 1 year, then rated . . . . . Table 2 – 4

**Gastritis** . . . . . Standard

### Gestational Diabetes

Currently pregnant . . . . . Postpone

History of . . . . . Standard – Table 2

**Gilbert's Syndrome** . . . . . Standard

## Impairments (continued)

### Glomerulonephritis (Chronic)

Good renal function . . . . . Table 4 – 8

Poor renal function . . . . . Decline

### Goiter/Graves' Disease

Recovered no complication . . . . . Standard – Table 3

**Guillain – Barré Syndrome** . . . . . Standard – Table 3

## H

**Hashimoto's Disease** . . . . . Standard

**Heart Attack** . . . . . (See Myocardial Infarction)

**Heart Failure (Chronic)** . . . . . Decline

**Hemochromatosis** . . . . . Table 2 – Decline

**Hemophilia** . . . . . Table 2 – Decline

**Hepatitis (Chronic)** . . . . . Standard – Decline

**Hereditary Nephritis** . . . . . Decline

**Herpes Simplex** . . . . . Standard

### Hirschsprung's Disease

Unoperated . . . . . Table 2 – 3

Surgery, full recovery . . . . . Standard

### Histoplasmosis

Treated, full recovery . . . . . Standard – Table 2

**Hodgkins Disease** . . . . . Individ. Consideration

**Huntington's Chorea** . . . . . Decline

### Hydrocephalus

Over age 19 . . . . . Table 2 – 8

### Hyperlipidemia

Controlled . . . . . Standard

### Hypertension

Controlled . . . . . Standard

### Hyperthyroidism

No complications . . . . . Standard – Table 3

### Hypoglycemia

Functional . . . . . Standard

### Hypothyroidism

Controlled with medication . . . . . Standard

## Impairments (continued)

### Hysterectomy

Not due to malignancy ..... Standard

## I

### Idiopathic Hypertrophic Sub-Aortic Stenosis (IHSS)

Under age 40 ..... Decline

Over age 40 ..... Table 4 – Decline

**Ileitis** ..... Standard – Table 8

**Intermittent Claudication** ..... Table 2 – Decline

**Irritable Bowel Syndrome** ..... Standard

### Inflammatory Bowel Disease

1 year after diagnosis or major attack, over age 20 ..... Standard – Table 8

## J

**Juvenile Rheumatoid Arthritis** ..... Decline

## K

**Kaposi's Sarcoma** ..... Decline

**Kidney Dialysis** ..... Decline

**Kidney Stones** ..... Standard – Table 4

## L

### Left Bundle Branch Block (LBBB)

1 year after diagnosis ..... Table 4

### Left Anterior Hemiblock

Isolated ..... Standard

### Left Posterior Hemiblock

Isolated ..... Standard

### Legionnaire's Disease

Recovered ..... Standard

**Leukemia** ..... Indiv. Consideration

### Lupus (Discoid)

No evidence of Systemic Lupus over 6 months ..... Standard

### Lupus (Systemic) Erythematosus

No symptoms or complications after 1 year, over age 20 ..... Standard – Decline

**Lymphoma** ..... Indiv. Consideration

## Impairments (continued)

## M

### Mallory-Weiss Syndrome

Present ..... Decline

**Marfan's Syndrome** ..... Table 2 – Decline

### Marijuana

Over age 18 ..... Standard – Decline

### Megacolon

Congenital with surgical repair ... Standard

No surgery or surgery with recurrence ..... Table 2

### Melanoma

Surgery & confirmed pathology .... Standard – Decline

### Meniere's Disease

Recovered ..... Standard

### Meningitis

Recovered & no residuals ..... Standard

### Mental Retardation

Mild – no complications, over age 8 ..... Standard – Table 2

Severe ..... Decline

**Migraines/Headaches** ..... Standard

### Mitral Valve Murmurs

Functional ..... Standard

Otherwise ..... Standard – Table 8

### Mononucleosis

Recovered ..... Standard

**Multiple Sclerosis (MS)** ..... Table 2 – Decline

**Muscular Dystrophy (MD)** ..... Standard – Decline

### Myasthenia Gravis

Mild, 1 year since onset ..... Standard – Table 5

Others ..... Decline

### Myocardial Infarction

Over age 40 ..... Table 4 – Decline

### Myocarditis

Single attack, no complication, 2 years since resolution ..... Standard – Table 2

With complications ..... Decline

**Myositis** ..... Standard – Decline

## Impairments (continued)

<b>N</b>	
<b>Narcolepsy</b>	
Onset over 6 months ago . . . . .	Standard – Table 4
<b>Nephrectomy</b>	
Benign . . . . .	Standard
<b>Nephritis</b>	
Acute . . . . .	Standard – Table 3
Chronic with good renal function . .	Standard – Table 4
Chronic with poor renal function . .	Decline
<b>Neuritis</b> . . . . .	Standard – Table 2
<b>O</b>	
<b>Organic Brain Syndrome</b> . . . . .	Decline
<b>Osteomyelitis</b>	
Chronic . . . . .	Standard – Table 4
Osteoporosis . . . . .	Standard
<b>P</b>	
<b>Pacemaker (Artificial)</b>	
No other heart disease after 3 months, over age 40 . . . . .	Table 2 – 4
<b>Paget’s Disease (bone)</b>	
Mild not progressive . . . . .	Standard
Others . . . . .	Decline
<b>PTSD (Post Traumatic Stress Disorder)</b>	
Single episode, mild . . . . .	Standard
Others . . . . .	Table 2 – 6
<b>Palpitations</b> . . . . .	Standard – Table 3
<b>Pancreatitis</b>	
Acute, recovered . . . . .	Standard
Chronic . . . . .	Decline
<b>Paraplegia</b> . . . . .	Indiv. Consideration
<b>Parkinson’s Disease</b>	
Mild . . . . .	Table 2 – 4
Marked or severe . . . . .	Table 4 – Decline
<b>Patent Ductus Arteriosus</b>	
Unoperated . . . . .	Decline
6 months after surgery, full recovery . . . . .	Standard

## Impairments (continued)

<b>Pericarditis</b>	
Single episode, full recovery . . . . .	Standard
<b>Peripheral Vascular Disease</b>	
Nonsmoker . . . . .	Standard – Table 4
Smoker . . . . .	Decline
<b>Phlebitis</b>	
Single episode, full recovery . . . . .	Standard
<b>Poliomyelitis</b>	
No residuals . . . . .	Standard
With residuals . . . . .	Table 3 – 8
<b>Polycystic Kidney Disease</b>	
Normal renal function . . . . .	Table 2 – 8
Abnormal renal function . . . . .	Decline
<b>Polycythemia</b>	
1 year after diagnosis, controlled . .	Table 2 – 4
<b>Polymyositis</b> . . . . .	Standard – Decline
<b>Polyps</b>	
Excised pathology benign . . . . .	Standard
<b>Prostatitis</b>	
Treated, full recovery . . . . .	Standard
<b>Proteinuria</b> . . . . .	Standard – Decline
<b>Psoriasis</b>	
Systemic . . . . .	Standard – Table 2
<b>Psoriatic Arthritis</b> . . . . .	(see Rheumatoid Arthritis)
<b>Pulmonary Embolism, over</b>	
6 months . . . . .	Standard – Table 4
<b>Pulmonary Hypertension</b> . . . . .	Decline
<b>Pulmonary Infarction</b>	
6 months after single episode, full recovery . . . . .	Standard – Table 4
<b>Pyelonephritis</b>	
1 year after treatment, full recovery . .	Standard
<b>Q</b>	
<b>Quadriplegia</b>	
Complete . . . . .	Decline

## Impairments (continued)

<b>R</b>	
<b>Regional Enteritis</b>	
Symptom free 1 year, over age 20 . . .	Standard – Table 6
<b>Renal Artery Stenosis</b>	
No hypertension, over 6 months . .	Standard – Table 3
<b>Renal Failure</b> . . . . .	Decline
<b>Renal Transplant (single)</b>	
No complications after 1 year, over age 20 . . . . .	Table 6 – Decline
<b>Right Bundle Branch Block</b>	
Complete . . . . .	Standard – Table 2
<b>Rheumatoid Arthritis</b>	
Not disabled, over age 18 . . . . .	Standard – Table 6
<b>S</b>	
<b>Sarcoidosis</b>	
Confined to lungs or skin, in remission 6 months . . . . .	Standard
Other . . . . .	Decline
<b>Scleroderma</b>	
Localized . . . . .	Standard – Table 2
<b>Sclerosing Cholangitis</b> . . . . .	Decline
<b>Seminoma</b>	
Over 8 years since treatment . . . . .	Standard
<b>Senile Dementia</b> . . . . .	Decline
<b>Sickle Cell Anemia</b> . . . . .	Decline
<b>Sickle Cell Trait</b> . . . . .	Standard
<b>Sjogren’s Syndrome</b>	
No other connective tissue disorders . . . . .	Standard
<b>Sleep Apnea</b>	
Successfully treated . . . . .	Standard – Table 3
<b>Spina Bifida</b>	
Minimal deformity . . . . .	Standard – Table 4
<b>Stroke</b>	
1 year since event . . . . .	Table 4 plus flat – Decline

## Impairments (continued)

<b>Suicide Attempt</b>	
Single attempt, over 1 year . . . . .	\$5 extra per thousand
Single attempt, over 5 years . . . . .	Standard
Multiple attempts . . . . .	Decline
<b>Systemic Lupus Erythematosus (SLE)</b>	
1 year since diagnosis, no complications, over age 20 . . . . .	Table 2 – 8
<b>T</b>	
<b>Tachycardia</b>	
No other heart disease . . . . .	Standard – Table 2
<b>Transient Ischemic Attack</b>	
Single event, over 6 months . . . . .	Table 2 – 4
Multiple events, over 1 year . . . . .	Table 4 – 8
<b>U</b>	
<b>Ulcerative Colitis</b>	
1 year since diagnosis or major attack, over age 20 . . . . .	Table 2 – 8
<b>V</b>	
<b>Varices, Esophagus</b> . . . . .	Decline
<b>Ventricular Septal Defect (VSD)</b>	
Trivial or slight, without surgery . . .	Standard to Table 4
3 months since surgery . . . . .	Standard
With complications . . . . .	Decline
<b>W</b>	
<b>Wolff-Parkinson-White (WPW)</b>	
No complications . . . . .	Standard
<b>X</b>	
<b>Xeroderma Pigmentosum</b> . . . . .	Usually Decline

**Fit program may apply.**

**These are general ranges for best case scenarios and  
final offers are dependent upon the merits of the case.  
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## Occupations

As you are completing the application, please make sure to list all the occupations on the application. The most hazardous occupation your client has will determine the rate classification. If your client does have a hazardous occupation such as scuba diving or aviation, please make sure you complete and sign the avocation questions and submit it with your application.

**Note: This is a guide. Actual rates may change subject to specifics of an individual case.**

	Life	ADB	WP
<b>Aviation – Paid</b> Passenger or freight flying US or Canadian Airlines ■ Scheduled and non scheduled airlines ■ Others  Company owned aircraft flying within the US or Canada ■ Commercial pilot cert. and IFR	Std 3.50 per M  Std – 2.50 per M	D D  D	D D  D
<b>Building and Construction</b> ■ Bridge, structural iron workers, tower workers, roofers	2.50 per M	2x	Std
<b>Electric Power Industry</b> ■ Line construction	Std	2x	Std
<b>Fire Department</b> ■ Municipal and volunteer ■ Fire and smoke jumpers	Std 3.50 per M	2x 3x	Std 2x
<b>Fishing Industry – Officers and crew not coming ashore daily</b> ■ Inshore, harbors, lakes, rivers ■ Gulfs, Oceans, seas ■ Grand Banks, sealers, whalers, Alaskan crab fisherman	Std Std – 2.50 per M 2.50 per M	Std 2x – 3x 2x	Std Std Std
<b>Law Enforcement</b> ■ Armed car guards, bank guards, municipal police, penal guards, border patrol ■ Federal Agencies: FBI, DEA, CIA, SWAT, Secret Service, Federal Air Marshal	Std IC	2x IC	Std IC
<b>Liquor Industry</b> ■ Bartenders	Std – 2.50 per M	Std – 2x	Std
<b>Lumber Industry</b> ■ Explosive handlers, boommen, climbers, raftsmen, riggers, rivermen, topmen	2.50 per M	2x	Std
<b>Minining and Quarrying</b> ■ Assayers, chemists, detectives, guards, mining engineers, surveyors ■ Underground mines – Surface workers ■ Underground mines – Underground workers ■ Open Pit and Surface mine workers	Std Std – 2.50 per M 2.50 – 5.00 per M Std – 2.50 per M	2x 2x 3x Std – 2x	Std Std – 2x Std – 2x Std – 2x
<b>Oil and Natural Gas Industry</b> ■ On shore drilling and production ○ Site crew, derrick, rig and tank crew ○ Firefighters ■ Off shore drilling and production ○ All workers ○ Firefighters	Std – 2.50 per M 5.00 per M  2.50 – 5.00 per M 7.50 per M	2x 3x  3x D	Std 2x  2x D

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## Avocations

**Note: This is a guide. Actual rates may change subject to specifics of an individual case.**

<b>Aviation – Private</b>	<b>Life</b>				<b>ADB</b>	<b>WP</b>
Student pilots	3.50 per M				D	D
Qualified pilots	Expected Annual Flying Hours					
Total solo hours	0-200	201-300	301-600	>600		
Age >26						
■ <100	3.50 x5	3.50 per M	5 per M	5 per M	D	D
■ 100-399	Std	2.5 x 2	5 per M	5 per M	D	D*
■ ≥ 400	Std	Std	2.50 per M	5 per M	D	D*
Age ≤ 26						
■ < 100	3.50 x 5	5 per M	5 per M	5 per M	D	D
■ 100-399	2.50 x 5	3.50 per M	5 per M	5 per M	D	D
■ ≥ 400	2.50 x 5	2.50 per M	5 per M	5 per M	D	D
*WP is unavailable if aviation is rated, otherwise STD						
<b>Balloon (hot air)</b>						
■ Tethered	Std				D	D
■ Free Flight	Std – 2.50 per M				D	D
<b>Gliding Sail Planes</b>	Rated as Aviation Private					
Hang-gliding / Paragliding	2.50 – 7.50 per M				D	D
Parachuting	5 to 10 per M dependent on number of jumps / year					
Ultralights (commercially built)						
■ Licensed pilot	Std – 5 per M				D	D
■ Unlicensed	3.50 – 7.50 per M				D	D
<b>Diving</b>	<b>Life</b>				<b>ADB</b>	<b>WP</b>
Snorkel	Std				Std	Std
Scuba (with formal training)						
■ <100 ft	Std				Std	Std
■ >101 ft – 130 ft						
○ < 10 dives annually	3.50 per M				D	D
○ > 10 dives annually	5 per M up				D	D
■ > 130 ft – contact underwriting						
■ Cave diving	2.50 – 5.00 per M				D	D
<b>Climbing/Mountaineering</b>	<b>Life</b>				<b>ADB</b>	<b>WP</b>
Trail climbing, hiking	Std				Std	Std
Rock, Snow / Ice Climbing						
■ Altitude <13,000 ft	2.50 – 3.50 per M				D	D
■ Altitude >13,000 – 23,000	5.00 – 7.50 per M to D				D	D

For producer use only. Not for use with the general public.

## Fit Guidelines

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- Term Life Answers
- Term Life Complete
- AccumUL Plus
- GUL Complete
- GUL Survivor (Not available in NY)

### Here's where the program fits:

- Ages: 18-75
- Minimum face amount: \$250,000
- Maximum face amount: \$1,500,000\* (total coverage in force and applied for with United of Omaha and Companion Life Insurance Company)  
\*(Maximum face amount \$3,000,000 GULS)
- Nontobacco users
- Base rating *after* normal credits of table 4 or less
- Does not apply to “flat extra” ratings or those with current rateable substance abuse histories

### Here's where the credit ratings fit in

If your clients have several of the following characteristics, they may qualify for *an additional two table credits* from the base rating.\*\*

#### Medical

- Great family history – no deaths from any disease prior to age 70
- Cholesterol/HDL ratio <5.0
- Negative cardiac testing: GXT, non-imaged or imaged (stress echo, perfusion study), echocardiogram, EBCT or angiography)
- GXT exercise performance >10 METS
- Optimal blood pressure control-treated or untreated of 130/80 or better
- Preferred or better build, ages 18-60, Standard Plus or better build, age 61-75

#### Lifestyle

- Regular preventative medical care and compliant follow-up
- Minimal alcohol use. No more than 2 drinks per day (no history of substance abuse)
- Lifetime nonsmoker
- Income >\$100,000, or net worth >\$1,000,000, or a college degree
- Preferred or better driving record

Any **three** of the above characteristics equals 1 table credit.

Any **five** of the above characteristics equals 2 table credits.

\*\*Best case final assessment available is Standard. (Table 3 (C) can only be reduced to Table 1 (A) rather than Standard.)

## Non-Smoker/Non-Nicotine Qualifications

In order to qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigar, etc.) within one year prior to the application. We allow up to 12 cigars per year to qualify for nontobacco rates. The best class for tobacco usage is Standard + Tobacco.

### Statement of Policyowner Intent

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Required for all applications where the proposed insured for life insurance is age 65 and above and the proposed face amount is \$1,000,000 and above.

United of Omaha Life Insurance Company does not issue insurance policies unsupported by an insurable interest, including any policies involved or contemplated to be involved in stranger originated life insurance (STOLI) transactions. **STOLI is the practice or plan to initiate a life insurance policy for the benefit of a third party, who at the time of the policy origination, has no insurable interest in the insured.**

We require that the Statement of Policyowner Intent form be completed on all cases that meet these requirements. If any of the questions on this form are answered “Yes,” provide an explanation in the space provided on the form.

### Premium Funding and Acknowledgement

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We will screen for and reject any stranger originated life insurance (STOLI) policies, or policies using non-recourse premium financing. We will consider policies funded by traditional premium financing programs:

- The loan must be 100% collateralized by personal or business assets of the borrower
- If the life insurance policy is part of the collateral, only the cash surrender value of the policy may be considered
- We must be provided with full details regarding all aspects of the premium financing program
- We reserve the right to refuse to issue the policy, based on our assessment of the premium financing structure.

### Reinsurance

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Mutual of Omaha has very good relationships with the reinsurers and will work very hard to place your bigger cases. Send us your large cases and we will work with the reinsurer to get your cases placed. However, we do require a signed application and it must be received in our home office before we can assess the case.

## Trials/Inquiries

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### Trial Applications

- Face Amounts: \$500,000 and above for Universal Life, \$1,000,000 and above for Term Life, or a minimum premium of \$10,000
- Other qualifying criteria:
  - No previous decline within the last 12 months
  - Maximum age is 85 for UL and GULS\*.
- For ages over 80 only standard offers will be considered
- SPIA and Life requests on the same client will not be considered.
- Information that **must** be included:
  - Applicant name, date of birth, product type and face amount applied for.
  - Brief description of any health issues.
  - Premium tolerance.
  - Rating you are looking for.
- Additional financial information **to expedite processing:**
  - Provide details on other in-force coverage that will be replaced.
  - Identify if this is a 1035 exchange
  - Include competitor offers.

\*GULS is not available in New York

## Quick Quote Parameters

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### Cases outside the following parameters should be submitted as a trial app:

- Face amounts: **through \$5,000,000**
- Age limitations: **through age 75**
- To expedite quick quote processing:
  - Attach **no more than 5 pages** of information (e.g., EKG tracing, catheterization or pathology report)
  - **Do not include identifying information** (i.e., name, Social Security number, etc.)
  - Use **Preferred Criteria Chart** for potential coverage and rate
  - Include pathology and/or stage of disease reports on all cancer cases
  - Include catheterization information with all heart impairment cases
  - Quick quote is not recommended for clients who experience onset of coronary artery disease in their 30s

## Workflow

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All applications and required forms should be submitted to Mutual of Omaha home office in Blair, NE. All applications received and in process of underwriting will be reported on your pending status report found on Sales Professional Access.

## How to Contact Us

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Mutual of Omaha's underwriting team is a great resource for you to help you get your cases placed. You can contact us at 1-800-775-7896 with any questions you may have.





Mutual of Omaha

**UNITED OF OMAHA LIFE INSURANCE COMPANY**

Home Office:

Mutual of Omaha Plaza

Omaha, NE 68175

**COMPANION LIFE INSURANCE COMPANY**

Home Office: Hauppauge, NY 11788-2934

*mutualofomaha.com*