

Foresters Advantage Plus, Your Term & SMART UL

Underwriting Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters Financial™ philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This manual is a guide intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.

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INTRODUCTION

You are an important part of the underwriting process and as a participant in the sale, processing, underwriting and issue of our life insurance certificates we want you to be familiar with our underwriting philosophy and practices. Attention to these guidelines will help to speed up certificate issue and to explain underwriting decisions when the policy is placed.

The most important step in the underwriting process is accurate detailed answers to all questions on the application. It is important that the application show detailed health history for all proposed insured's to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious problems at time of claim.

PRODUCT INFORMATION

Individual life insurance coverage is provided by Foresters Financial™, a trade name and trademark of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Road, Toronto, Ontario Canada, M3C 1T9) and its subsidiaries.

Underwriting guidelines, procedures and forms may vary by type of life insurance and state. Be sure to consult all materials relative to your specific product and state. By following the procedures outlined in this manual and the marketing guidelines you will maximize your percentage of issued life insurance applications.

FIELD UNDERWRITING

As an appointed producer you are authorized to solicit, write applications and otherwise transact the business of insurance in any state where you are both properly licensed by the state and authorized by Foresters to conduct business.

As an appointed producer you may not solicit applications in any manner prohibited by or inconsistent with the provisions of Foresters rules, regulations, or policies. If you have any questions regarding any type of solicitation transaction please contact your agency or refer to Foresters "ezbiz" Solicitation Rules in the Contracting Section.

The following practices are not acceptable:

1. Applications altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state of the applicant, the producer's signature, or any changes to information deemed to be material to the issuance of the certificate, unless initialed by all parties to the contract (agent, applicant and proposed insured).
2. Stamped signature rather than handwritten ink signatures.
3. Typed applications are acceptable with a handwritten signature.

Good Field Underwriting is critical to the success of Insurance Operations, and consists of more than just careful questioning of the proposed insured.

The following suggestions should help you and your clients in obtaining coverage as quickly as possible and on the most equitable basis:

1. Furnish complete information on past medical history to include date of first diagnosis, type of treatment, dates and physician information.
2. If medical history is involved, identify the disease or condition for which treatment was obtained.
3. Complete all underwriting questionnaires as appropriate.

Do not underestimate the applicant's knowledge of the diagnosed condition or the reason for the operation or treatment.

1. The writing producer is never authorized to disregard an applicant's answers, or to impose his or her judgment as to what is or is not important to record. The writing producer is never authorized to approve or alter an application for the proposed insured.
2. Only the Underwriting Team can make the final decision; therefore, never suggest or promise that coverage will be issued.

FINANCIAL UNDERWRITING GUIDELINES

Income replacement and estate protection are two important factors in determining the amount of insurance applied for and in-force.

Income Replacement

An income factor may be used to determine the total amount of insurance an applicant is eligible for.

| AGE | MULTIPLIER OF EARNED INCOME |
|-----------|-----------------------------|
| 18 - 30 | 30 |
| 31 - 40 | 25 |
| 41 - 50 | 20 |
| 51 - 60 | 15 |
| 61 - 65 | 10 |
| 66 and up | 5 |

Earned income includes income from salary, commissions and bonuses. It doesn't include investment, pending, interest, retirement or rental income.

Estate Protection

This is generally meant to preserve the applicant's net worth by covering estate taxes. This is determined on a case by case basis. Factors used to determine the amount of coverage include:

- the value of the estate and the anticipated future value of the estate
- the state of residence and the anticipated estate taxes

Non-income Earning Spouse

We evaluate the insurance needs for a non-income earning spouse on an individual basis. Some factors we consider are:

- the amount of household income
- the amount of coverage on the income earning spouse. The non-income earner should not have more coverage than the working spouse unless the working spouse is uninsurable
- The number of dependents.

Juvenile Underwriting

Most children and students do not need a significant amount of insurance since they do not have estates, pay taxes or have income to replace. When submitting applications on children or students, the following information will be required:

- Provide the amount of insurance each sibling, if any, has.
- An explanation will be required if the amount of insurance varies between siblings
- Amount of insurance in-force on the parents. Generally, a parent must have double the amount of insurance inforce than applied for on the child

In addition, when submitting applications for students or recent graduates, provide the following information:

- Area of study and expected graduation date
- Anticipated future earnings
- Family net worth

Some of the cases may not fit into the parameters above but we are willing to work with you to understand the special circumstances of each case. For complicated financial cases or when you cannot use the information above to justify the amount of insurance applied for or in-force, a Financial Needs Analysis along with a cover letter describing the financial need for your client will be beneficial.

RESIDENCE/CITIZENSHIP

The applicant's primary residence must be in a state where the product is approved for sale, state of solicitation or residence. Check the product availability maps on our agent website <https://portal.foresters.biz/> for availability details.

Below are Foresters general guidelines, which are subject to underwriting discretion.

Foreign Nationals / Non Permanent Residents:

- Must have insurable loss in the US, such as a house, property, or investments.
- Must reside in the US a minimum of 6 months annually. Applicants must have a valid SSN and a work visa or other immigration visa that validates status in the United States.
- Must be citizens from a country that is insurable.
- If residing in the US for less than one year a paramedical exam with blood and urine will be required over and above the usual Age & Amount Requirements.
- Maximum amount of insurance is \$500 000 and maximum age is 65.
- Must be employed or spouse or dependent of employed individual in the US.
- Must have valid photo identification (driver's license, passport).

FOREIGN TRAVEL/RESIDENCY

Applicants contemplating foreign travel or residence may be subject to unsatisfactory living conditions, and increased risk of infectious disease and accident hazards.

Coverage is not available for applicants planning to reside in a foreign country indefinitely.

Travel in the course of business or pleasure will be considered up to and including 12 weeks. Underwriting foreign travel/residency will vary depending on international risks and how changes in political, security and health "environments" could impact the risk in that area. It is advisable to call Underwriting for a more accurate risk assessment as travel advisories are always changing.

MILITARY

Foresters welcomes applications from active duty military personnel (as long as the solicitation, application completion or sale did not occur on a military installation) and each case will be underwritten based on individual consideration. State regulations require the use of point of sale disclosure documents when selling to active duty military personnel. Insurance will not be offered to individuals who have been deployed or have received notice of deployment.

It is also important to note that Foresters is currently not registered to sell on military installations.

Individuals on "Active Duty" or full-time duty in the active military service of the United States, including members of the National Guard and Reserves, while serving under published orders for a period for 31 days or more are not eligible for riders that have a War Exclusion Clause, including ADR, DIR, and Waiver of Premium Benefit. Please complete a Military Questionnaire or provide the following details on the application:

- Branch of service
- Present duty status
- Current rank
- Length of present assignment
- Military occupational specialty
- Indicate whether supplemental or hazardous duty pay based on duties is being collected
- Indicate whether the insured will be transferred overseas, if so, where?
- Indicate whether the insured will be transferred to a new unit
- Indicate whether the insured or their unit will be alerted for duty (if presently in Reserve of National Guard)

OCCUPATION

The occupation of a proposed insured is a major factor in their eligibility and many of those occupations may eliminate an applicant from qualifying for the basic product and possibly DIR (accident only) and DIR (accident & sickness). Applicants with occupations that are exceptionally hazardous will be declined or rated, for example:

- Any occupation that involves working above certain heights
- Any occupation that involves handling explosives
- Any occupation that involves handling hazardous materials

For Disability Income Protection Rider (accident only) please refer to Page 22 of this Guide for excluded occupations or for Disability Income Rider (Accident and Sickness) please refer to Foresters Accident & Sickness Disability Income Rider Occupational Classification Listing.

AVOCATIONS

Examples of recreational activities that may eliminate an applicant from Non-medical issue include:

- Scuba diving. The decision depends primarily on the level of certification and depths. Please have applicant complete Scuba and Skin Diving Questionnaire.
- Motorized racing (automobiles, motorcycles, boats). The decision depends on the level of competition, size and power of engine, etc.
- Hang-gliding, skydiving. Please have applicant complete Aerial Sports Questionnaire.
- Mountain/Rock Climbing. Please have applicant complete Climbing and Mountaineering Questionnaire.

BENEFICIARY DESIGNATION

The beneficiaries must meet the insurable interest requirements under state insurance law. In addition, to comply with legislation relating to fraternal benefit societies, "...benefits (must) be paid to the member or to the estate or dependents of the member (life insured) either directly or indirectly". Please refer to Foresters "ezbiz" Beneficiary 101.

TEMPORARY INSURANCE AGREEMENT (TIA)

The TIA is a temporary insurance agreement that allows the applicant to have coverage during the underwriting process. It is available to applicants who, on the date the application is being signed, are more than 15 days old but have not had their 71st birthday and for face amounts applied for up to a maximum of \$1,000,000. The applicant must truthfully answer "No" to the 3 questions asked in the TIA agreement and provide their first month premium for the TIA to take effect. The maximum payout is the lesser of the face amount applied for or \$500,000.

PREFERRED SUBMISSIONS INSTRUCTIONS

- Preferred rates are only available on fully underwritten plans (see Product Guide for face amount minimums).
- Current testing and underwriting can only determine preferred selection. Applicants cannot be expected to know if they qualify. All submissions will automatically be considered for preferred underwriting and issue based on the best insurance class available according to the preferred criteria (page 7).
- **AVOID DELAYS AND DISSATISFACTION:** Even if the applicant appears to qualify for preferred rates, they may not. Foresters underwriting strongly advises that the producer collect the standard non-smoker or smoker premium with the application or prepare the client for the possibility of a non-preferred decision.

NON-MEDICAL

Non-Medical underwriting requires answers to the Lifestyle Questions, Part 1: Medical Questions and Other Insurance Questions on the application. A Pharmacy and an MIB check will be run on every proposed insured. If the proposed insured does not qualify for non-medical rates, the application will be declined. In some situations a new application will be required for a fully underwritten product. Non-medical limits are based on the proposed insured's age nearest and total non-medically underwritten insurance in force with Foresters and are as follows:

YOUR TERM NON-MEDICAL ISSUE LIMITS

| Age | Face Amount |
|---------|-------------|
| 18 - 55 | \$400,000 |
| 56 + | \$150,000 |

SMART UL NON-MEDICAL ISSUE LIMITS

| Age | Face Amount |
|---------|-------------|
| 0 - 15 | \$150,000 |
| 16 - 55 | \$400,000 |
| 56 - 75 | \$150,000 |

ADVANTAGE PLUS NON-MEDICAL ISSUE LIMITS

| Age | Face Amount |
|---------|-------------|
| 0 - 15 | \$150,000 |
| 16 - 55 | \$400,000 |
| 56 - 75 | \$150,000 |

For Advantage Plus, if either the 10-Year or 20-Year Term Rider is added at issue, the maximum rider benefit amount is:

For issue ages 18-55: \$400,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-up Additions Rider (if applicable), plus any other non-medical coverage currently in force with Foresters.

For issue ages 56-75: \$150,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-up Additions Rider (if applicable), plus any other non-medical coverage currently in force with Foresters.

INSURANCE CLASSES – YOUR TERM, ADVANTAGE PLUS AND SMART UL

| | |
|----------------------------|--|
| Standard Tobacco | Applicants who have used any product containing nicotine within the past year. |
| Tobacco Plus | Applicants who have used any product containing nicotine within the past year and who meet all the Preferred Plus criteria listed below. |
| Standard Non-Tobacco | Applicants who have not used any product containing nicotine within the past 12 months. |
| Standard Plus Non-Tobacco | Applicants who have not used any product containing nicotine within the past 12 months and who meet all the Standard Plus criteria listed below. |
| Preferred Non-Tobacco | Applicants who have not used any product containing nicotine within the past 3 years and who meet all the Preferred criteria listed below. |
| Preferred Plus Non-Tobacco | Applicants who have not used any product containing nicotine within the past 5 years and who meet all the Preferred Plus Criteria listed below. |
| Substandard | Applicants who would require an extra premium or exclusion(s) for certain health conditions that are otherwise not insurable. |

PREFERRED CRITERIA –ADVANTAGE PLUS AND SMART UL

| | Preferred Plus Non-Tobacco | Preferred Non-Tobacco | Standard Plus Non-Tobacco | Tobacco Plus |
|--|---|---|---|---|
| Tobacco Use* | No nicotine use for 5 yrs. | No nicotine use for 3 yrs. | No nicotine use for 1 yrs. | ≤ 1 pack per day |
| Cholesterol Level | <220 (No previous history of treatment or medication) | <230 (No previous history of treatment or medication) | <260 (No previous history of treatment or medication) | <220 (No previous history of treatment or medication) |
| Cholesterol/HDL Ratio | <4.5 (No previous history of treatment or medication) | <5.0 (No previous history of treatment or medication) | <6.5 (No previous history of treatment or medication) | <4.5 (No previous history of treatment or medication) |
| Blood Pressure | <135/80 | <140/90 | <140/90 | <135/80 |
| Height Weight | See Build Charts | See Build Charts | See Build Charts | See Build Charts |
| Family History: NO Death of a parent | <AGE 65 due to CAD, CVD or Cancer | <AGE 65 due to CAD, CVD or Cancer | <AGE 60 due to CAD, CVD or Cancer | <AGE 65 due to CAD, CVD or Cancer |
| Medical History | No history of Cancer or significant health impairment | No history of Cancer or significant health impairment | No history of Cancer or significant health impairment | No history of Cancer or significant health impairment |
| Alcohol & Drug Abuse | No history | No history | No history | No history |
| MVR: DUI/DWI/ Reckless Driving Moving Violations | 0 for 5 yrs. <3 within 5 yrs. | 0 for 5 yrs. <3 within 3rs. | 0 for 5 yrs. <3 within 3yrs. | 0 for 5 yrs. <3 within 5 yrs. |
| Avocation | No hazardous sport | No hazardous sport | No hazardous sport | No hazardous sport |
| Aviation (Commercial pilots excepted) | No flying as a pilot or crew member of a private aircraft | No flying as a pilot or crew member of a private aircraft | No flying as a pilot or crew member of a private aircraft | No flying as a pilot or crew member of a private aircraft |

*For Fully Underwritten products cigar use qualifies for non-smoker standard, standard plus and preferred rates provided the use is admitted upfront, urinalysis is negative for nicotine and use is limited to 1 cigar per month up to a maximum of 12 cigars per year. Cigar use is not available for preferred plus rates.

PREFERRED CRITERIA – YOUR TERM

| | Preferred Plus Non-Tobacco | Preferred Non-Tobacco | Standard Plus Non-Tobacco | Tobacco Plus |
|--|--|---|---|--|
| Tobacco Use* | No nicotine use for 5 yrs. | No nicotine use for 3 yrs. | No nicotine use for 1 yrs. | ≤ 1 pack per day |
| Cholesterol Level | <220 (No previous history of treatment or medication) | <230 (No previous history of treatment or medication) | <260 | <220 (No previous history of treatment or medication) |
| Cholesterol/HDL Ratio | <4.5 (No previous history of treatment or medication) | <5.0 (No previous history of treatment or medication) | <6.5 | <4.5 (No previous history of treatment or medication) |
| Blood Pressure | <135/80 (No previous history of treatment or medication) | <140/90 | <140/90 | <135/80 (No previous history of treatment or medication) |
| Height Weight | See Build Charts | See Build Charts | See Build Charts | See Build Charts |
| Family History: | No Death or diagnosis of a parent of sibling <AGE 65 due to CAD, CVD or Cancer | No death of a parent <AGE 65 due to CAD, CVD or Cancer | No death of a parent <AGE 60 due to CAD, CVD or Cancer | No Death or diagnosis of a parent of sibling <AGE 65 due to CAD, CVD or Cancer |
| Medical History | No history of Cancer or significant health impairment | No history of Cancer or significant health impairment | No history of Cancer or significant health impairment | No history of Cancer or significant health impairment |
| Alcohol & Drug Abuse | No history | No history | No history | No history |
| MVR: DUI/DWI/ Reckless Driving Moving Violations | 0 for 5 yrs. <2 within 5 yrs. | 0 for 5 yrs. <3 within 3rs. | 0 for 5 yrs. <3 within 3yrs. | 0 for 5 yrs. <2 within 5 yrs. |
| Avocation | No hazardous sport | No hazardous sport | No hazardous sport | No hazardous sport |
| Aviation (Commercial pilots excepted) | No flying as a pilot or crew member of a private aircraft | No flying as a pilot or crew member of a private aircraft | No flying as a pilot or crew member of a private aircraft | No flying as a pilot or crew member of a private aircraft |

*For Fully Underwritten products cigar use qualifies for non-smoker standard, standard plus and preferred rates provided the use is admitted upfront, urinalysis is negative for nicotine and use is limited to 1 cigar per month up to a maximum of 12 cigars per year. Cigar use is not available for preferred plus rates.

BUILD

OVERWEIGHT

Of significant importance in evaluating one's insurability is the relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Obesity may also be associated with other disorders such as diabetes and other endocrine disorders.

UNDERWEIGHT

Underweight generally is of less significance than overweight concerning long-term disabilities and illnesses, however, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, or a chronic underlying disease. Frequently, thin individuals have a low resistance to acute illnesses.

WEIGHT REDUCTION

When weight reduction has been accomplished, and the weight has been stable for one year, full credit will be given for weight loss. If there has been weight loss and the weight has not been stable for a period of 12 months, half credit will be given for the weight lost. Example: Female 5'7", 231lbs; lost 36 lbs within 2 months. If current weight is 195 lbs, allow ½ credit by adding 18 lbs, for a total of 213 lbs, before referencing the appropriate build table.

ADULT BUILD CHARTS (16+) – MEDICALLY UNDERWRITTEN

| Preferred Plus/Tobacco Plus Fully Underwritten | | Preferred Fully Underwritten | | Standard Plus Fully Underwritten | | Standard Fully Underwritten | | DI Accident/ Sickness Build Chart | |
|--|------------------|------------------------------|------------------|----------------------------------|------------------|-----------------------------|------------------|-----------------------------------|------------------|
| Height (Ft) | Max Weight (Pds) | Height (Ft) | Max Weight (Pds) | Height (Ft) | Max Weight (Pds) | Height (Ft) | Max Weight (Pds) | Height (Ft) | Max Weight (Pds) |
| 4'10 | 126 | 4'10 | 135 | 4'8 | 143 | 4'8 | 162 | 4'8 | 151 |
| 4'11 | 130 | 4'11 | 137 | 4'9 | 150 | 4'9 | 168 | 4'9 | 157 |
| 5'0 | 144 | 5'0 | 152 | 4'10 | 155 | 4'10 | 174 | 4'10 | 161 |
| 5'1 | 149 | 5'1 | 158 | 4'11 | 160 | 4'11 | 180 | 4'11 | 168 |
| 5'2 | 152 | 5'2 | 162 | 5'0 | 167 | 5'0 | 186 | 5'0 | 173 |
| 5'3 | 157 | 5'3 | 166 | 5'1 | 175 | 5'1 | 193 | 5'1 | 180 |
| 5'4 | 161 | 5'4 | 172 | 5'2 | 180 | 5'2 | 199 | 5'2 | 184 |
| 5'5 | 166 | 5'5 | 178 | 5'3 | 185 | 5'3 | 206 | 5'3 | 191 |
| 5'6 | 170 | 5'6 | 182 | 5'4 | 190 | 5'4 | 211 | 5'4 | 199 |
| 5'7 | 176 | 5'7 | 190 | 5'5 | 195 | 5'5 | 219 | 5'5 | 204 |
| 5'8 | 180 | 5'8 | 195 | 5'6 | 200 | 5'6 | 226 | 5'6 | 211 |
| 5'9 | 184 | 5'9 | 200 | 5'7 | 205 | 5'7 | 233 | 5'7 | 216 |
| 5'10 | 190 | 5'10 | 205 | 5'8 | 210 | 5'8 | 240 | 5'8 | 223 |
| 5'11 | 196 | 5'11 | 210 | 5'9 | 215 | 5'9 | 247 | 5'9 | 230 |
| 6'0 | 202 | 6'0 | 220 | 5'10 | 222 | 5'10 | 254 | 5'10 | 236 |
| 6'1 | 206 | 6'1 | 225 | 5'11 | 227 | 5'11 | 261 | 5'11 | 243 |
| 6'2 | 211 | 6'2 | 230 | 6'0 | 234 | 6'0 | 269 | 6'0 | 250 |
| 6'3 | 216 | 6'3 | 240 | 6'1 | 242 | 6'1 | 276 | 6'1 | 256 |
| 6'4 | 221 | 6'4 | 244 | 6'2 | 247 | 6'2 | 284 | 6'2 | 265 |
| 6'5 | 227 | 6'5 | 251 | 6'3 | 252 | 6'3 | 292 | 6'3 | 274 |
| 6'6 | 244 | 6'6 | 260 | 6'4 | 258 | 6'4 | 299 | 6'4 | 278 |
| 6'7 | 249 | 6'7 | 265 | 6'5 | 264 | 6'5 | 307 | 6'5 | 287 |
| 6'8 | 254 | 6'8 | 270 | 6'6 | 270 | 6'6 | 315 | 6'6 | 294 |
| 6'9 | 259 | 6'9 | 273 | 6'7 | 276 | | | | |

ADULT BUILD CHARTS (16+) NON MEDICAL

| | |
|--|---|
| <p>This build chart is for single impairment of build only and reflects the maximum weight that will be accepted for Non-Medical Underwriting. If there are additional impairments, beyond the client's build, the applicant may not qualify for the classification.</p> | <p>This build chart reflects standard build. If the weight is exceeded and the client has other impairments, they may not be accepted for Non-Medical Underwriting.</p> |
|--|---|

| Single Impairment Build Chart | | Standard Build Chart Non -Medical | |
|-------------------------------|------------------|-----------------------------------|------------------|
| Height (Ft) | Max Weight (Pds) | Height (Ft) | Max Weight (Pds) |
| 4'8 | 185 | 4'8 | 140 |
| 4'9 | 193 | 4'9 | 145 |
| 4'10 | 198 | 4'10 | 150 |
| 4'11 | 207 | 4'11 | 155 |
| 5'0 | 212 | 5'0 | 161 |
| 5'1 | 221 | 5'1 | 166 |
| 5'2 | 225 | 5'2 | 172 |
| 5'3 | 234 | 5'3 | 177 |
| 5'4 | 243 | 5'4 | 183 |
| 5'5 | 250 | 5'5 | 189 |
| 5'6 | 259 | 5'6 | 195 |
| 5'7 | 265 | 5'7 | 201 |
| 5'8 | 274 | 5'8 | 207 |
| 5'9 | 281 | 5'9 | 213 |
| 5'10 | 292 | 5'10 | 219 |
| 5'11 | 298 | 5'11 | 225 |
| 6'0 | 307 | 6'0 | 232 |
| 6'1 | 314 | 6'1 | 238 |
| 6'2 | 325 | 6'2 | 245 |
| 6'3 | 336 | 6'3 | 252 |
| 6'4 | 342 | 6'4 | 258 |
| 6'5 | 353 | 6'5 | 265 |
| 6'6 | 360 | 6'6 | 272 |

**For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 7:30PM EST, Monday to Friday.

JUVENILE BUILD CHART

| Juvenile Build Chart Male & Female | | | | | | |
|---------------------------------------|----------|------|------|------------|------|------|
| Height | Ages 0-9 | | | Ages 10-15 | | |
| | Weight | | | Weight | | |
| | Min. | Avg. | Max. | Min. | Avg. | Max. |
| 18" | 5 | 8 | 19 | | | |
| 19" | 5 | 8 | 19 | | | |
| 20" | 5 | 8 | 19 | | | |
| 21" | 6 | 9 | 22 | | | |
| 22" | 7 | 11 | 24 | | | |
| 23" | 8 | 12 | 26 | | | |
| 24" | 9 | 13 | 28 | | | |
| 25" | 10 | 14 | 30 | | | |
| 26" | 11 | 16 | 32 | | | |
| 27" | 12 | 17 | 34 | | | |
| 28" | 13 | 18 | 36 | | | |
| 29" | 14 | 19 | 38 | | | |
| 30" | 16 | 21 | 41 | | | |
| 31" | 17 | 22 | 43 | | | |
| 32" | 18 | 23 | 45 | | | |
| 33" | 19 | 24 | 47 | | | |
| 34" | 21 | 26 | 49 | | | |
| 35" | 22 | 28 | 51 | | | |
| 36" | 23 | 29 | 53 | | | |
| 37" | 24 | 30 | 56 | | | |
| 38" | 26 | 32 | 59 | | | |
| 39" | 28 | 34 | 62 | | | |
| 40" | 29 | 36 | 64 | | | |
| 41" | 30 | 38 | 67 | | | |
| 42" | 32 | 40 | 70 | | | |
| 43" | 34 | 42 | 73 | | | |
| 44" | 35 | 44 | 75 | | | |
| 45" | 37 | 47 | 79 | | | |
| 46" | 39 | 50 | 83 | | | |
| 47" | 41 | 52 | 87 | | | |
| 4'0" | 42 | 53 | 89 | 42 | 58 | 123 |
| 4'1" | 44 | 56 | 93 | 43 | 62 | 127 |
| 4'2" | 46 | 58 | 97 | 47 | 66 | 131 |
| 4'3" | 49 | 61 | 101 | 49 | 69 | 136 |
| 4'4" | 51 | 64 | 105 | 50 | 72 | 141 |
| 4'5" | 54 | 67 | 109 | 57 | 76 | 142 |
| 4'6" | 56 | 70 | 113 | 63 | 79 | 143 |
| 4'7" | 59 | 73 | 118 | 66 | 82 | 147 |
| 4'8" | 61 | 76 | 122 | 68 | 85 | 151 |
| 4'9" | 64 | 80 | 127 | 71 | 88 | 154 |
| 4'10" | 66 | 83 | 131 | 73 | 92 | 157 |
| 4'11" | 69 | 87 | 136 | 73 | 96 | 161 |
| 5'0" | 71 | 90 | 140 | 74 | 100 | 165 |
| 5'1" | | | | 77 | 105 | 169 |
| 5'2" | | | | 80 | 109 | 173 |
| 5'3" | | | | 86 | 113 | 179 |
| 5'4" | | | | 91 | 117 | 184 |
| 5'5" | | | | 94 | 122 | 189 |
| 5'6" | | | | 97 | 126 | 194 |
| 5'7" | | | | 101 | 131 | 199 |
| 5'8" | | | | 104 | 135 | 204 |
| 5'9" | | | | 107 | 140 | 210 |
| 5'10" | | | | 110 | 144 | 216 |
| 5'11" | | | | 114 | 149 | 221 |
| 6'0" | | | | 117 | 154 | 226 |
| 6'1" | | | | 121 | 159 | 231 |
| 6'2" | | | | 124 | 164 | 236 |
| 6'3" | | | | 128 | 169 | 241 |
| 6'4" | | | | 131 | 174 | 246 |

AGE & AMOUNT REQUIREMENTS

(Your Term, Advantage Plus & Smart UL Medically Underwritten)

To help your underwriter with the evaluation process you are responsible for ordering requirements from a third party provider (See Approved Vendors). A representative from the selected third party provider will call your client to schedule an appointment to complete the necessary requirements (outlined in the appropriate age and amount requirement charts).

The risk appraisal is based on information obtained from the following sources:

- Application
- Attending Physician's Statements (APS), (if required)
- Blood Profile
- Department of Motor Vehicle (MVR), (if required)
- ECG or Stress Test
- Inspection Report
- Medical Examination
- MIB Inc.
- Paramedical Examination
- Pharmaceutical Records
- Special Questionnaires
- Urinalysis (included with Blood Profile unless otherwise stated)
- Vitals

Additional risk assessment factors may also be used in our evaluation.

AGE & AMOUNT REQUIREMENTS CHARTS

(Your Term, Advantage Plus & Smart UL Medically Underwritten)

It is important to note the following:

- At ages 75 and up, a completed Activities of Daily Living Questionnaire (ADLQ) is required with the application form submission.
- For additional insurance (within 12 months) age and amount requirements will be based on the total insurance in force and applied for with all companies.
- Additional requirements may be requested by the underwriter to obtain details of declared histories

AGE & AMOUNT REQUIREMENT CHARTS

YOUR TERM

| Age | 50,000-99,999 | 100,000-200,000 | 200,001-250,000 | 250,001-499,999 | 500,000-999,999 | 1,000,000-1,500,000 | 1,500,001-1,999,999 | 2,000,000-2,999,999 | 3,000,000+ |
|----------|---------------|-----------------|-----------------|-----------------|-----------------|---------------------|---------------------|---------------------|------------|
| 18 to 40 | NM | V/B | V/B | V/B | P/B | P/B | P/B | M/B/E/I* | M/B/E/I* |
| 41 to 45 | NM | V/B | V/B | P/B | P/B | P/B | P/B | M/B/E/I* | M/B/E/I* |
| 46 to 50 | NM | V/B | V/B | P/B | P/B | P/B | P/B | M/B/E/I* | M/B/E/I* |
| 51 to 55 | NM | P/B | P/B | P/B | P/B | P/B/E | P/B/E | M/B/E/I* | M/B/T/I* |
| 56 to 60 | NM | P/B | P/B | P/B | P/B | M/B/E | M/B/E | M/B/E/I* | M/B/T/I* |
| 61 to 65 | NM | P/B | P/B | P/B | P/B | M/B/E | M/B/E | M/B/E/I* | M/B/T/I* |
| 66 + | P/B | P/B | P/B | P/B | P/B | M/B/E | M/B/E | M/B/E/I* | M/B/T/I* |

ADVANTAGE PLUS & SMART UL

For Advantage Plus, in order to determine age and amount requirements, add the following together; basic Advantage Plus face amount, plus any term rider, plus the amount of PUAR using the chart below. If GIR is also applied for add on amount equal to the lesser of the original face amount or \$50,000. For examples, refer to the last page of the guide.

| Age | 25,000-49,999 | 50,000-99,999 | 100,000-150,000 | 150,001-250,000 | 250,001-499,999 | 500,000-999,999 | 1,000,000-1,999,999 | 2,000,000-2,999,999 | 3,000,000+ |
|-------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|---------------------|---------------------|------------|
| 0-4 | NM | NM | NM | NMU | NMU | APS/CL | APS/CL | APS/CL/I* | APS/CL/I* |
| 5-15 | NM | NM | NM | NMU | NMU | APS/CL | APS/CL | APS/CL/I* | APS/CL/I* |
| 16-40 | NM | NM | V/B | V/B | V/B | P/B | P/B | M/B/E/I* | M/B/E/I* |
| 41-45 | NM | NM | P/B | P/B | P/B | P/B | P/B | M/B/E/I* | M/B/E/I* |
| 46-50 | NM | NM | P/B | P/B | P/B | P/B | P/B | M/B/E/I* | M/B/E/I* |
| 51-55 | NM | NM | P/B | P/B | P/B | P/B | P/B/E | M/B/E/I* | M/B/T/I* |
| 56-60 | NM | NM | P/B | P/B | P/B | P/B | M/B/E | M/B/E/I* | M/B/T/I* |
| 61-65 | NM | NM | P/B | P/B | P/B | P/B | M/B/E | M/B/E/I* | M/B/T/I* |
| 66-70 | NM | NM | P/B | P/B | P/B | P/B | M/B/E | M/B/E/I* | M/B/T/I* |
| 71-75 | NM | P/B | P/B | P/B | P/B | P/B | M/B/E | M/B/E/I* | M/B/T/I* |
| 76-85 | P/B | P/B | P/B | P/B | P/B | P/B | M/B/E | M/B/E/I* | M/B/T/I* |

*Inspection Reports will be ordered by Foresters.

For the Single Payment or Flexible Payment Paid-up Additions Rider, applications are underwritten on an insurance amount determined by the factors shown in the table below

| Underwriting Age & Amount Tables for Paid-up Additions Rider | | |
|--|---------------------|-------------------|
| Age at Rider Effective Date | Flexible PUA Factor | Single PUA Factor |
| 18-35 | 15 | 6 |
| 36-50 | 10 | 3 |
| 51-70 | 5 | 2 |

The applicant's applied for maximum annual payment amount is multiplied by the appropriate factor to determine age and amount requirements. The expense load is not deducted from the payment when determining this amount. Any increase to this flexible payment will require underwriting on the amount in excess of any previously approved amounts.

A PUA Rider can only be added to a Medical version of an Advantage Plus certificate that is standard or rated up to and including Table F (+150%).

LEGEND FOR CODES

| Code | Requirement | Validity |
|------|--|-----------|
| APS | Attending Physicians Statement Ordered by Foresters | n/a |
| B | Blood profile (includes a urinalysis) | 12 months |
| CL | Cover Letter – Outlining purpose of coverage | 12 months |
| E | Electrocardiogram (ECG) | 12 months |
| I* | Inspection Report | 12 months |
| M | Medical | 12 months |
| NM* | Non-Medical | 12 months |
| NMU | Non-Medical Underwritten – same as NM but underwriting may or may not ask for additional requirements in this category | 12 months |
| P | Paramedical (Nurse) | 12 months |
| T | Exercise ECG (Treadmill ECG) | 12 months |
| V | Vital Signs | 12 months |

*Requirements are good for 12 months, for non-rated cases with a face amount of \$500,000 or less and for ages 60 or less; otherwise requirements are good for 6 months.

*NM (Non-Medical) applicant either qualifies or not based on the answers to the application and medical questions.

*All other age and amount requirements indicate full underwriting.

*Inspection Reports will be ordered by Foresters.

APPROVED VENDORS

| NAME | CONTACT INFORMATION |
|---|--|
| APPS | www.appslive.com , or call 1-800-727-2101 for the contact number for your state. |
| EMSI | www.emsinet.com/ for contact information for the servicing office in your area or call 1-800-872-3674. |
| ExamOne (includes Superior Mobile Medics) | www.examone.com or call 1-800-768-2058 for contact information for the servicing office in your area. |

MODIFIED COVERAGE

It may be necessary to issue coverage with an extra premium or exclude or deny coverage to an applicant due to health or other history. Final disposition regarding an application is the decision of the Underwriter. It is possible that two applicants with similar conditions could result in a significantly different final action based on multiple factors.

FILE INCOMPLETE OR POSTPONED

Incompletion occurs when the required age and amount requirements are not ordered within 28 days after the application date. However, once received, the file may be considered for reopening and a certificate issued if the applicant is insurable.

Postponements are applied in immediate high-risk situations where it is likely that a satisfactory judgment may be made at a later date. The Underwriter will provide the approximate date and/or prerequisites for reconsideration.

Some impairments will require a waiting period before being considered for life insurance. This is not a complete list:

- Cancer: one or more years
- Coronary Artery Disease (includes angina, heart attack, bypass surgery and angioplasty): minimum six months
- Uninvestigated symptoms, symptoms currently under investigation, until investigation is complete

IMPAIRMENTS

Some medical impairments cannot be considered for coverage. Please refer to the attached Impairment Guide.

Certain combinations of impairments are often uninsurable. The following are some examples:

- Chronic kidney disease with high blood pressure
- Depressive and/or anxiety problems in combination with alcohol abuse
- Diabetes in combination with Coronary Artery Disease (CAD), Cardiovascular Disease (CVD), or kidney disease.

RECONSIDERATION OF UNDERWRITING ACTION

Certain medical impairments that resulted in a substandard premium may be reconsidered when there has been an improvement in health status. A reconsideration of the rating may be reviewed upon completion of a change application and the review of any deemed underwriting requirements. A reconsideration date may be offered in some situations at the time of initial underwriting.

UNDERWRITING IMPAIRMENT GUIDE

Although clients may qualify for Non-medical products, if ratable up to 200% mortality (+100, or 4 tables or table D), the impairments listed below as "decline" should not be submitted on a Non-medical basis.

The following guide applies to single impairments. Individuals with multiple impairments may not qualify.

SUBMITTING INFORMATION:

If all the available information is submitted with the application, it is more likely that a decision can be made with a single review.

For non-medical cases, Foresters requires additional information for each "Yes" answer in the Lifestyle and Medical Questions sections. You can help speed up the Underwriting process by completing, at the time of the application, the Underwriting Questionnaire that is applicable to each "Yes" answer. The following questionnaires are the most common and should cover most of your cases:

- Alcohol Usage
- Chest Pain
- Cyst, Lump or Tumor
- Diabetes
- Drug and Substance Usage
- Mental Health

For all other "Yes" answers, you can provide the following details in the "Additional Information" section of the application:

- Diagnosis
- Date first diagnosed
- Treatment
- Prescribed medications and equipment
- Medical facilities
- Dates of hospitalization and duration of each stay
- Physicians' names, addresses and telephone numbers (if different from question 19 in the application)

The full list of Foresters questionnaires is available for those who wish to use them, but you may not need them if complete details are provided in the "Additional Information" section (*Impairments with available questionnaires are noted with a "Q" in the Medical Impairment section*).

Additional Questionnaires:

- Activities of Daily Living (required for ages 75+, Fully Underwritten)
- Aerial Sports
- Arrhythmia/Atrial Fibrillation/Irregular Heartbeat
- Arthritis
- Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder
- Aviation
- Back and Neck
- Benign Prostate
- Climbing & Mountaineering
- Digestive System Disorders
- Epilepsy and Seizure Disorder
- Foreign Travel
- Hazardous Sports
- Heart Murmur
- High Blood Pressure/Hypertension
- Kidney and Urinary Disorders
- Lupus
- Military
- Prostate Cancer
- Respiratory Disorders
- Scuba and Skin Diving
- Sleep Apnea/Sleep Disorder
- Tobacco

All questionnaires can be found in the "Forms & Brochures" section of Foresters producer website under "Underwriting & Questionnaires"

In the event of insufficient/no details provided on the application for a "Yes" answer or of a discrepancy between information from MIB/Pharmacy checks and the application, Foresters will contact the producer for further information and may request to have a questionnaire completed.

NON-MEDICAL IMPAIRMENTS

| Impairment | Guideline | Decision |
|-------------------|--|--|
| Criminal Activity | If on probation/parole, incarcerated or criminal charges pending | Decline for Non Medical and Fully-Underwritten |
| | If no jail time served, individual consideration 1 year after end of probation | |
| Driving Record | If jail time has been served, consider 5 years after parole | Decline for Non Medical and Fully-Underwritten |
| | Single DUI within 12 months/2 DUI, last within 5 years | Decline for Non Medical |
| | More than 2 DUI | Call Risk Assessment Line |

MEDICAL IMPAIRMENTS

| Impairment | Criteria | Life (NM) |
|--|---|-----------|
| ADL assistance required | | Decline |
| AIDS / HIV +ve | | Decline |
| Alcoholism Alcohol Usage Q | Within 5 years | Decline |
| | After 5 years, without relapse, no current use | Accept |
| Alzheimer's/Dementia | | Decline |
| Amputation | Caused by injury | Accept |
| | Caused by disease | Decline |
| Anemia | Iron deficiency | Accept |
| Aneurysm | | Decline |
| Angina | See Heart Disease | Decline |
| Angioplasty | See Heart Disease | Decline |
| Aortic Insufficiency | | Decline |
| Aortic Stenosis | | Decline |
| Arrhythmia | | Decline |
| Artery Blockage | | Decline |
| Arthritis Arthritis Q | Osteoarthritis | Accept |
| | Rheumatoid – Mild with no limitations | Accept |
| | Rheumatoid – Moderate or severe (Rx include Humira, Embrel, Prednisone) | Decline |
| Asthma Ages 6-75 Respiratory Disorders Q | Mild/Moderate | Accept |
| | Severe-Hospitalization | Decline |
| Blood Pressure High Blood Pressure Q | Controlled | Accept |
| Bronchitis | Acute | Accept |
| | Chronic | Decline |
| By-Pass Surgery | See Heart Disease | Decline |
| Build | Weight exceeds Single Impairment Build Chart on page 9 | Decline |
| Cancer Cyst, Lump, Tumor Q | Basal Cell Carcinoma (Skin) | Accept |
| | Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment | Accept |
| | All other cancers including Hodgkin's Lymphoma | Decline |
| Cerebral Palsy | | Decline |

| Impairment | Criteria | Life (NM) |
|--|---|-----------|
| Chronic Obstructive Lung Disease | Emphysema or Chronic Bronchitis | Decline |
| Cirrhosis of Liver | | Decline |
| Circulatory Surgery | | Decline |
| Colitis-Ulcerative Digestive Systems Disorders Q | Mild to moderate, intermittent | Accept |
| Congestive Heart Failure | | Decline |
| Crohn's Disease Digestive Systems Disorders Q | >5 years in remission | Accept |
| CVA /Stroke /TIA | | Decline |
| Cystic Fibrosis | | Decline |
| Depression/Anxiety Mental Health Q | Mild > age 25, onset more than 1 year or longer, no hospitalization or time off work | Accept |
| | Severe, major depression, bi-polar disease, schizophrenia | Decline |
| Diabetes Treated with oral medication or diet. Good control. Non-smoker or <1 pack/day. Build does not exceed standard fully underwritten build chart found on page 8. Diabetes Q | Current age 30-39, duration since <u>diagnosis < 5 yrs</u> Current age 40-49, duration since <u>diagnosis <15 yrs</u> Current age 50-59, duration since <u>diagnosis <25 yrs</u> Current age 60+, any duration since diagnosis. | Accept |
| Diabetes Treated with Insulin. Any treatment with build exceeding standard build chart. Poor control or complications such as heart disease, kidney disease, peripheral vascular disease or neuropathy. Diabetes Q | Any age or duration. | Decline |
| Diverticulitis/Diverticulosis Digestive System Disorders Q | | Accept |
| Down's Syndrome | | Decline |
| Drug Use (other than marijuana) | | Decline |
| Drug use - marijuana Drug and Substance Usage Q | Occasional social use (smoker rates apply) | Accept |
| Epilepsy / Seizure Epilepsy and Seizure Q | Controlled on meds, no seizures for 2 years, no complications | Accept |
| Fibromyalgia | No depression, working full-time | Accept |
| Gallbladder Disorders | | Accept |
| Gastric Bypass Digestive Systems Disorders Q | After 1 year, weight stabilized | Accept |
| Gastritis | | Accept |
| Gout | | Accept |
| Heart Blockage | | Decline |
| Heart Disease | Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris | Decline |
| Heart Murmur Heart Murmur Q | "Innocent", no symptoms, no treatment | Accept |

| Impairment | Criteria | Life (NM) |
|---|--|------------------|
| Other Heart Murmur | | Decline |
| Heart Surgery/Procedure | | Decline |
| Heart Valve Disease/Surgery | | Decline |
| Height and Weight | See Build | |
| Hemophilia | | Decline |
| Hepatitis | A , recovered | Accept |
| | B or C | Decline |
| Hodgkin's Disease | | Decline |
| Hypertension High Blood Pressure Q | Controlled | Accept |
| Hysterectomy | Non cancer | Accept |
| Kidney Disease | Stones, acute infection | Accept |
| Kidney &Urinary Disorders Q | Other chronic kidney disease | Decline |
| Leukemia | | Decline |
| Liver disease | | Decline |
| Lou Gehrig's Disease(ALS) | | Decline |
| Lupus Erythematosus | Discoid | Accept |
| Lupus Q | Systemic | Decline |
| Marfan's Syndrome | | Decline |
| Mitral Insufficiency | | Decline |
| Mitral Stenosis | | Decline |
| Multiple Sclerosis | | Decline |
| Muscular Dystrophy | | Decline |
| Narcolepsy Sleep Apnea/Sleep Disorders Q | Occasional Episodes | Accept |
| Nursing Home/Skilled Nursing Facility or Psychiatric Facility Resident | | Decline |
| Oxygen Use | | Decline |
| Pacemaker | | Decline |
| Pancreatitis Digestive System Disorders Q | Single attack , acute >1 year ago, non alcohol related, no complications | Accept |
| | Alcohol related, chronic | Decline |
| Paralysis | Paraplegia and Quadriplegia | Decline |
| Parkinson's Disease | | Decline |
| Peripheral Vascular or Arterial Disease (PVD, PAD) | | Decline |
| Prostate Disorder Benign Prostate Q | Infection, inflammation | Accept |
| Sarcoidosis | Localized, non-pulmonary | Accept |
| | Pulmonary | Decline |
| Sleep Apnea Sleep Apnea/Sleep Disorders Q | Treated and controlled | Accept |
| Spina Bifida | | Decline |
| Splenectomy | Due to trauma | Accept |
| Stroke/ CVA/ TIA | | Decline |
| Suicide Attempt | | Decline |
| Thyroid Disorders | Treated, no symptoms | Accept |
| Transient Ischemic Attack (TIA) | | Decline |
| Tuberculosis | Treatment completed, inactive | Accept |
| Ulcer/GERD Digestive System Disorders Q | | Accept |
| Weight | See Build Charts | See Build Charts |
| Weight Loss | Unexplained | Decline |
| Wheelchair Use | Due to chronic illness or disease (includes injury or disability resulting in the permanent and ongoing use of a wheelchair) | Decline |

**For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 7:30PM EST, Monday to Friday.

MEDICATIONS

This list is not exhaustive but includes medications that are not eligible for non-medical coverage.

| Medications | Indication |
|---------------------|------------------------------------|
| Abilify | Psychotic Disorder |
| Amantadine | Parkinson's |
| Amiodarone HCL | Arrhythmia |
| Anastrozole | Cancer |
| Antabuse | Alcohol/Drugs |
| Aricept | Dementia/Cognitive Disorder |
| Arimidex | Cancer |
| Atrovent | COPD |
| Benlysta | Systemic Lupus |
| Bidil | CHF |
| Calcitriol | Kidney Disease/Failure |
| Carbidopa | Parkinson's |
| Casodex | Cancer |
| Clopidogrel | Heart Disease, Stroke/TIA, PVD/PAD |
| Combivent | COPD |
| Daliresp | COPD |
| Digoxin | Heart Failure/Arrhythmias |
| Donepezil HCL | Dementia/Cognitive Disorder |
| Effient | Heart Disease, Stroke/TIA, PVD/PAD |
| Exelon | Dementia/Cognitive Disorder |
| Femara | Cancer |
| Geodon | Psychotic Disorder |
| Hydralazine | Severe Hypertension |
| Hydrea | Cancer |
| Ipratropium Bromide | COPD |
| Isosorbide | Angina |
| Lanoxin | Heart Failure/Arrhythmias |
| Lasix | Heart/Liver/Kidney Disorder |
| Lithium | Bi-polar Disorder |
| Lupron | Cancer |
| Methyldopa | Severe Hypertension |
| Namenda | Anti-Dementia |
| Nitrostat | Angina/Chest pain |
| Pegasys | Hepatitis |
| Plavix | Heart Disease, Stroke/TIA, PVD/PAD |
| Pletal | Heart Disease, Stroke/TIA, PVD/PAD |
| Ranexa | Angina/Chest pain |
| Ribavirin | Hepatitis |
| Risperdone | Psychotic Disorder |
| Sensipar | Kidney Disease/Failure |
| Seroquel | Psychotic Disorder |
| Serzone | Psychotic Disorder |
| Spiriva | Severe asthma or COPD |
| Tamoxifen | Cancer |
| Zemplar | Kidney Disease/Failure |
| Zyprexa | Psychotic Disorder |

DISABILITY INCOME RIDER (ACCIDENT ONLY) & DISABILITY INCOME RIDER (ACCIDENT & SICKNESS)

The general underwriting guideline is to accept the rider other than in the presence of a risk, not covered under the contract rules, that clearly predisposes the applicant to an accident and ensuing disability. Applicants rated up to +150 will be eligible (for Accident Only Rider). Health history will otherwise not be a consideration for underwriting the rider, other than in certain conditions such as severe musculoskeletal disorders that predispose an individual to accidents and disability.

The DIR will not be available to the following clients:

- retired
- unemployed
- students
- homemakers
- self-employed who work more than 50% of time from home
- who work less than 30 hours per week
- who work less than 26 weeks per year
- who have a recent driving record with serious moving violations
- who have a history of repeated periods of disability
- engage in a hazardous occupation (listed below)

The following list represents hazardous occupations, more likely to lead to accidents causing disability and consequently, the DIR coverage will be declined. The list is not exhaustive however, Foresters underwriting will review each application.

For DIR (Accident & Sickness) please also refer to our agent website <https://portal.foresters.biz>, for Foresters Accident & Sickness Disability Income Rider Occupational Classification Listing.

| Industry | Occupation |
|-------------------------|--|
| Athletes (Professional) | Hockey Player |
| | Jockey/Horse Breaker |
| | Football Player |
| Construction | Blaster/Explosive Handler |
| | Roofer |
| | Sandblaster |
| | Steeplejack |
| | Structural Steel Workers |
| | Tunnel Workers |
| Chemical | Caustic Material Handlers |
| | Still and Tank Cleaners |
| Entertainment | Circus or Carnival Acrobat/Aerialists |
| | Wild Animal Handlers |
| | Stunt Person |
| Firefighters | All |
| Fishing | Deep sea fishing |
| | Divers |
| Law Enforcement | Jailer/Prison Guard |
| | Narcotics/Vice/Undercover Police |
| Lumber | Raft or River Crew |
| | Chainsaw Operator, Chopper, Sheer Operator, Rigger |
| Metal | Furnace Room Worker |
| | Workers With or Near Hot Metal or Slag |
| Oil and Gas | Field Workers |
| Underground mining | Hard Rock, Underground Miners |
| Public Utilities | Lineman, Power Line Installer/Repairer |
| | Tree Trimmers |
| Railroad | Track Workers |
| Search and rescue | All Workers |
| Shipping | Longshoreman/Dock Workers |

CERTIFICATE CHANGE INFORMATION

OVERVIEW

These types of changes include requests from the applicant or producer to change the coverage either by increasing or decreasing benefits; adding or deleting benefits, adding or deleting family members or

reinstating coverage that has lapsed. Changes that increase Foresters liability require underwriting approval.

UNDERWRITING POLICY CHANGES

All medical history is reviewed including claims information on file. Current underwriting guidelines are followed and insurability requirements must be met.

As with New Business applications, the underwriting review process may include requests for information through Attending Physicians Statement, Exam, Blood Profile, Inspection Report, Motor Vehicle Report (MVR), or MIB Inc.

- Benefit changes - If current guidelines would require modification to coverage with a rating, it is normal underwriting procedure to deny a benefit change to avoid compromising current benefits.

90-DAY CHANGES

Changes made to certificates within 90-days of issue. Changes could include:

- Increasing or decreasing certificate face amount
- Increasing or decreasing rider coverage amount
- Adding or removing riders (e.g. Accidental Death Rider)
- Changing the plan type (e.g. changing from a 20-year term to a 15-year term)

To request changes within 90-days of certificate issue, we require the following:

- The original certificate issue package to be returned.
- A signed letter from the owner, advising of the requested changes.
- If the request is for an increase in coverage (e.g. face amount increase or addition of a rider), a check from the owner for the difference in premium.

Note: These changes are effective as of the original certificate issue date. Therefore, ensure that the check will cover the difference in premium from the original issue date to the date the request is being submitted.

After the change has been completed, a new certificate issue package will be provided to you for delivery to the owner. The New Business delivery processes should then be followed.

POST 90 DAY CHANGES

Changes made to certificates beyond the 90 day change period can include:

- Decrease in certificate face amount
- Decrease in rider coverage amount
- Addition or removal of riders Change to non-tobacco premium basis
- Reduction or removal of rating

To request changes beyond the 90 day change period, we require the following:

A properly completed and signed Application for Change.

EXAMPLES

Example 1: Flexible Payment Paid-up Additions Rider (PUAR) applied for at issue

| Application Details | | Riders | |
|---------------------|----------------|--|----------|
| Age: | 35 | Guaranteed Insurability Rider (GIR): | \$50,000 |
| Face Amount: | \$300,000 | 20-Year Term Rider: | \$25,000 |
| Plan: | Paid-up at 100 | Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount: | \$1,200 |
| | | Flexible Payment PUAR Factor: | 15 |

Total amount of insurance underwritten for:

$$\begin{aligned} &\text{Base Face} + \text{Term Rider} + \text{GIR} + (\text{PUAR maximum annual payment amount} \times \text{factor}) \\ &\$300,000 + \$25,000 + \$50,000 + (\$1,200 \times 15) = \\ &\$300,000 + \$25,000 + \$50,000 + \$18,000 = \\ &\$393,000 \end{aligned}$$

Age & Amount Requirements will be the requirements for the \$250,001-\$499,999 range.

Example 2: Single Payment Paid-up Additions Rider (PUAR) applied for at issue

| Application Details | | Riders | |
|---------------------|----------------|--|----------|
| Age: | 18 | Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount: | \$50,000 |
| Face Amount: | \$300,000 | Single Payment PUAR Factor: | 6 |
| Plan: | Paid-up at 100 | | |

Total amount of insurance underwritten for:

$$\begin{aligned} &\text{Base Face} + (\text{PUAR maximum annual payment amount} \times \text{factor}) \\ &\$300,000 + (\$50,000 \times 6) = \\ &\$300,000 + \$300,000 = \\ &\$600,000 \end{aligned}$$

Age & Amount Requirements will be the requirements for the \$500,000-\$999,999 range.

Example 3: Flexible Payment and Single Payment Paid-up Additions Rider (PUAR) applied for at issue

| Application Details | | Riders | |
|---------------------|----------------|--|-----------|
| Age: | 70 | *10-Year Term Rider: | \$150,000 |
| Face Amount: | \$100,000 | Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount: | \$3,000 |
| Plan: | Paid-up at 100 | Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount: | \$10,000 |
| | | Flexible Payment PUAR Factor: | 5 |
| | | Single Payment PUAR Factor: | 2 |

-Total amount of insurance underwritten for:

$$\begin{aligned} &\text{Base Face} + \text{10-Year Term Rider} + (\text{Flexible PUAR maximum annual payment amount} \times \text{factor}) + (\text{Single PUAR maximum annual payment amount} \times \text{factor}) \\ &\$100,000 + \$150,000 + (\$3,000 \times 5) + (\$10,000 \times 2) = \\ &\$100,000 + \$150,000 + \$15,000 + \$20,000 \\ &=\$285,000 \end{aligned}$$

Age & Amount Requirements will be the requirements for the \$250,001-\$499,999 range.