



Life

North American Company
for Life and Health Insurance
Since 1886

Underwriting Guidelines

Committed to Complete and Professional Risk Selections



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Underwriting and New Business Overview

North American Company uses a common-sense approach to underwriting to help ensure that our decisions are fair to the proposed insured, deliverable by the producer, and profitable for the company. Our staff of highly skilled underwriters are dedicated to making it as easy as possible to do business with us.

To accomplish our objectives, North American New Business and Underwriting offer the following:

- **Skilled underwriting and medical experience**
- **A holistic approach to evaluating impairments**
 - We use common sense
 - Favorable and unfavorable risk factors are balanced on a case-by-case basis to deliver the best risk class possible
- **Competitive turnaround:**
 - Highly competitive turnaround times from receipt of application to approval
 - An average of less than one day turnaround from time of last requirement to approval
- **Process**
 - To help ensure timely turnaround times and high standards of service quality, please contact your up-line for underwriting service needs
 - Paperwork (other than 1035 Exchange forms and premium remittance) will be processed using fax copies

The information in this guide is accurate at the time of print.

Regular Mail

North American Company
P.O. Box 5089
Sioux Falls, SD 57117-5089

Overnight Mail

North American Company
One Sammons Plaza
Sioux Falls, SD 57193-0001

Approved Paramed Facilities

Use an approved paramedical service for traditional applications. These approved paramedical services provide a full range of services throughout the United States.

Facility	Telephone	Website
APPS/Portamedic	800-727-2101	www.appslive.com
Superior Mobile Medics	800-898-3926	www.superiormobilemedics.com
EMSI®	800-872-3674	www.emsinet.com
ExamOne	800-768-2061	www.examone.com
<i>Approved Lab (Blood and Urine)</i>		
Clinical Reference® Laboratory	800-882-1922	www.crlcorp.com
<i>For APs and PHI's</i>		
Parameds.com	718-575-2000	www.parameds.com
CRL Plus: Hours (Central Time): Monday–Thursday: 8:00 AM to 9:00 PM, Friday: 8:00 AM to 5:00 PM Personal History Interview: 877-844-5052 Interview by Underwriter (IBU): 888-856-4589		

Connect 24/7 with Our Secure Producers Website

Access our agent Website through www.NorthAmericanCompany.com for the most up-to-date information on your cases.

- Pending Business provides hourly updates on your pending cases.
- Policy Data Center provides daily updates on your in-force business.
- Forms Factory provides you with the most current state required forms for policy application and policy changes, which can be completed online and printed from your computer.

Helpful Tips

When completing a life application with your client, the plan of insurance section should include only the insurance plan name, not the rate classification. For example, plan of insurance should be listed as Custom Guarantee® universal life insurance, not Custom Guarantee Super Preferred Non-Tobacco.

North American will automatically underwrite each case for the best possible rate classification. Inclusion of the rate classification on the policy application, which the applicant may or may not qualify for, may result in the issue of a policy amendment. To help avoid the issuance of a policy amendment, which requires the client's signature, please do not include the rate classification on the policy application.

Traditional Underwriting Requirements*

When determining the underwriting requirements, use the *total amount of life insurance applied for and in force* with North American in the past two years.

Face Amount	Ages 16-45	Ages 46-55	Ages 56-70	Ages 71-75	Ages 76+
\$0 to \$99,999	Physical Measurements Blood/HOS MVR	Physical Measurements Blood/HOS	Paramed Blood/HOS	Paramed Functional Capacity Exam Blood/HOS MVR Prescription Report	Paramed Functional Capacity Exam Blood/HOS MVR Prescription Report
\$100,000 to \$250,000	Physical Measurements Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS MVR Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG MVR Prescription Report
\$250,001 to \$500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG MVR Prescription Report
\$500,001 to \$999,999	Paramed Blood/HOS MVR	Paramed Blood/HOS EKG MVR	Paramed Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Prescription Report
\$1,000,000 to \$2,000,000	Paramed Blood/HOS PHI MVR	Paramed Blood/HOS EKG PHI MVR	Paramed Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire Prescription Report
\$2,000,001 to \$5,000,000	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire Prescription Report	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire Prescription Report	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire Prescription Report
\$5,000,001 to \$10,000,000	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report
\$10,000,001 and up	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report Prescription Report

*A prescription report may also be reviewed for any age at the Underwriter's discretion.

Medical Evidence for Ages 0-15:

0-\$250,000	Fully completed application with medical questions completed by agent
\$250,001 & up	Individual consideration. Contact Underwriting for requirements

APS guidelines based on face amount and ages

	0-250,000	250,001 to 500,000	500,001 to 1 million	1,000,001 to 2,000,000	2,000,001 and up
< 1 year	For cause	12 mos*	12 mos*	required in all cases	required in all cases
1-17 yr	For cause	For cause	12 mos*	12 mos	24 mos
18-40	For cause	For cause	For cause	For cause	24 mos
41-50	For cause	For cause	For cause	For cause	24 mos
51-60	For cause	For cause	For cause	12 mos*	24 mos
61-70	For cause	12 mos*	12 mos*	12 mos	24 mos
71 +	required in all cases	required in all cases			

*Attending Physician Statements may be requested on any risk amount and all ages at the Underwriter's discretion.

Key

12 mos	An APS will be ordered by the Administrative Office if a visit is reported in the last 12 months.
12 mos*	A Prescription Report will be ordered by the Administrative Office and if favorable, an APS is not required.
24 mos	An APS will be ordered by the Administrative Office if a visit is reported in the last 24 months.
Required in all cases	If there is no personal physician or a physician has not been seen within 12 months, we will not consider.

Definition of Requirements

Blood/HOS	Blood Profile and Home Office Specimen
EKG	A 12-lead resting electrocardiogram (without interpretation)
Financial Questionnaire	A financial statement on the proposed insured, completed by the agent
Functional Capacity Exam	Cognitive testing that is completed by the paramedical examiner. Must be scheduled with an approved paramedical service.
IBU	Interview by underwriter. A phone interview conducted by an experienced life insurance underwriter. Initiated by the Administrative Office, these questionnaires are requested in lieu of the APS for moderate impairment cases.
MVR	Motor Vehicle Report obtained through the Administrative Office
Paramed	Paramed Report
PHI	Personal History Interview
Physical Measurements	Height, weight, blood pressure, and pulse reading secured by a paramedical examiner
Prescription Report	A data search of prescribed prescription medications which is obtained by a preferred vendor. These are initiated by the Administrative Office.
SimpleSubmit® Interview	Part 2 completed by Professional Call Center interview
Third Party Financial Report	Certified Public Accountant prepared net income statement and balance sheet

Tobacco Use Definitions

Underwriting classes vary by product. Please refer to the marketing guides and plan description for rate classes available.

Super Preferred

Must not have used any tobacco or nicotine-based products (including “patches,” electronic cigarettes, and “nicotine gum”) as outlined in the Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications chart starting on pg. 8.

Preferred Non-Tobacco

Must not have used any tobacco or nicotine-based products (including “patches,” electronic cigarettes, and “nicotine gum”) as outlined in the Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications chart starting on pg. 8.

Preferred Tobacco

In addition to the Preferred Underwriting Guidelines listed, all forms of tobacco and nicotine products allowed.

Non-Tobacco

Proposed insureds have not used tobacco in any form and have not used any product containing nicotine within the past 12 months. Lab test results must be negative for nicotine byproducts.

Tobacco

Proposed insureds have smoked cigarettes or used other tobacco products, including patches, gum, inhalers or other stop-smoking products within the past 12 months or are found to have nicotine byproducts in their lab test results.

Recreational Marijuana

Users qualify for non-tobacco rates starting at age 21. Those under age 21 will be charged tobacco rates. Depending on the frequency of use, a rating may be required. Preferred and super preferred are not available.

Ages 70 and Under – All Products

Underwriting Criteria for Super Preferred, Preferred Non-Tobacco, and Preferred Tobacco

Criteria	Super Preferred	Preferred Non-Tobacco	Preferred Tobacco
Tobacco Use	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last five years. Occasional cigar (up to 12 per year) is allowed if admitted on the application and the urine contains no nicotine.	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last three years. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine.	All forms of tobacco and nicotine based products are allowed.
Alcohol/Drug	No history of alcohol or drug abuse or treatment in 10 years.	No history of alcohol or drug abuse or treatment in 7 years.	No history of alcohol or drug abuse or treatment in 7 years.
Aviation	Non-ratable pilots for major airlines only, or aviation exclusion rider.	Non-ratable commercial and private pilots are acceptable.	Non-ratable commercial and private pilots are acceptable.
Blood Pressure	135/85 treatment allowed.	140/90 treatment allowed.	140/90 treatment allowed.
Hba1c	Normal Range.	Normal Range.	Normal Range.
Cholesterol	Cholesterol 300 or less and cholesterol/HDL ratio up to 5. The minimum cholesterol must be 125 and above (disregard the minimum if on cholesterol medication).	Cholesterol 300 or less and cholesterol/HDL ratio up to 6. The minimum cholesterol must be 125 and above (disregard the minimum if on cholesterol medication).	Cholesterol 300 or less and cholesterol/HDL ratio up to 6. The minimum cholesterol must be 125 and above (disregard the minimum if on cholesterol medication).
Citizenship	Is a US citizen or has had permanent resident status for at least two years.	Is a US citizen or has had permanent resident status for at least two years.	Is a US citizen or has had permanent resident status for at least two years.
Driving Record	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.
Family History	No death of natural parent or sibling from coronary artery disease or cancer prior to age 60.	No death of natural parent from coronary artery disease or cancer prior to age 60.	No death of natural parent from coronary artery disease or cancer prior to age 60.
Foreign Travel	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).
Personal History	No history of cancer (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, coronary artery disease, or other significant health problems.	No history of cancer* (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, coronary artery disease, or other significant health problems. *Some cases of cancer may qualify for preferred.	No history of cancer* (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, coronary artery disease, or other significant health problems. *Some cases of cancer may qualify for preferred.
Physical Measurements	Weight within range shown in super preferred build chart.	Weight within range shown in preferred build chart.	Weight within range shown in preferred build chart.
Ratings	Less than 25 debits for medical impairments without the use of credits.	Less than 25 debits for medical impairments without the use of credits.	Less than 25 debits for medical impairments without the use of credits.
Recreation	No participation in hazardous sports within past 24 months with no future plans to participate in hazardous sports. Non-technical scuba (50 feet maximum) acceptable.	Non-ratable hazardous sports are acceptable.	Non-ratable hazardous sports are acceptable.

*Cancer cases that may qualify for preferred are considered on a case by case basis by the Underwriter. The specific criteria are listed on page 11 of this guide.

Ages 70 and Under – All Products

Build Chart

Height	Male and Female		Super Preferred (SPN)		Preferred (PN and PT)		Standard (NT and ST)
	Min	Max	Male	Female	Male	Female	Male and Female
4' 10"	91	137	127	146	137	172	
4' 11"	94	141	131	151	141	178	
5' 0"	97	146	136	156	146	184	
5' 1"	100	151	140	161	151	191	
5' 2"	104	156	145	167	156	197	
5' 3"	107	161	149	172	161	203	
5' 4"	110	166	154	177	166	210	
5' 5"	114	171	159	183	171	216	
5' 6"	118	176	164	189	176	223	
5' 7"	121	181	169	194	181	230	
5' 8"	125	187	174	200	187	237	
5' 9"	128	192	179	206	192	244	
5' 10"	132	198	184	212	198	251	
5' 11"	136	203	189	218	203	258	
6' 0"	140	209	194	224	209	265	
6' 1"	144	215	200	230	215	273	
6' 2"	148	221	205	236	221	280	
6' 3"	152	227	211	243	227	288	
6' 4"	156	233	216	249	233	296	
6' 5"	160	239	222	256	239	304	

Table Ratings for Build (Ages 16-70)							
Male & Female							
Height	Table 2 Weight	Table 3 Weight	Table 4 Weight	Table 5 Weight	Table 6 Weight	Table 8 Weight	Table 10 Weight
4' 10"	186	193	203	208	212	222	227
4' 11"	193	200	210	215	220	230	235
5' 0"	199	207	217	222	227	238	243
5' 1"	206	214	224	230	235	246	251
5' 2"	213	221	232	237	243	254	259
5' 3"	220	228	239	245	251	262	268
5' 4"	227	235	247	253	259	270	276
5' 5"	234	243	255	261	267	279	285
5' 6"	241	250	263	269	275	288	294
5' 7"	249	258	271	277	284	296	303
5' 8"	256	266	279	286	292	305	312
5' 9"	264	274	287	294	301	314	321
5' 10"	271	282	296	303	310	324	331
5' 11"	279	290	304	311	319	333	340
6' 0"	287	298	313	320	328	342	350
6' 1"	295	306	322	329	337	352	360
6' 2"	303	315	331	338	346	362	369
6' 3"	312	324	340	348	356	372	380
6' 4"	320	332	349	357	365	382	390
6' 5"	328	341	358	366	375	392	400

Ages 71+ -All Products

Underwriting Criteria for Super Preferred, Preferred Non-Tobacco, and Preferred Tobacco

Criteria	Super Preferred	Preferred Non-Tobacco	Preferred Tobacco
Tobacco Use	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last five years. Occasional cigar (up to 12 per year) is allowed if admitted on the application and the urine contains no nicotine.	Must not have used any tobacco or nicotine based products (including patches, electronic cigarettes, and nicotine gum) within the last three years. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine.	All forms of tobacco and nicotine based products are allowed.
Alcohol/Drug	No history of alcohol or drug abuse or treatment in 10 years.	No history of alcohol or drug abuse or treatment in 7 years.	No history of alcohol or drug abuse or treatment in 7 years.
Aviation	No participation in past 12 months or plans to participate in the future.	No participation in past 12 months or plans to participate in the future.	No participation in past 12 months or plans to participate in the future.
Blood Pressure	140/85 treatment allowed.	150/90 treatment allowed.	150/90 treatment allowed.
Hba1c	Normal Range.	Normal Range.	Normal Range.
Cholesterol	Cholesterol 300 or less and cholesterol/HDL ratio up to 5.5. The minimum cholesterol must be 125 or higher. (disregard the minimum if on cholesterol medication).	Cholesterol 300 or less and cholesterol/HDL ratio up to 6.5. The minimum cholesterol must be 125 or higher. (disregard the minimum if on cholesterol medication).	Cholesterol 300 or less and cholesterol/HDL ratio up to 6.5. The minimum cholesterol must be 125 or higher. (disregard the minimum if on cholesterol medication).
Citizenship	Is a US citizen or has had permanent resident status for at least two years.	Is a US citizen or has had permanent resident status for at least two years.	Is a US citizen or has had permanent resident status for at least two years.
Driving Record	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.	No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years.
Family History	Not applicable.	Not applicable.	Not applicable.
Foreign Travel	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).	No travel to countries or areas that are politically unstable or underdeveloped (may vary by state).
Personal History	APS demonstrating regular health care. No history of cancer (excluding non-melanoma skin cancers), heart disease or stroke.	APS demonstrating regular health care. No history of cancer* (excluding non-melanoma skin cancers), heart disease or stroke. *Some cases of cancer may qualify for preferred.	APS demonstrating regular health care. No history of cancer* (excluding non-melanoma skin cancers), heart disease or stroke. *Some cases of cancer may qualify for preferred.
Physical Measurements	Weight within range shown in super preferred build chart and stable for the past one year.	Weight within range shown in preferred build chart and stable for the past one year.	Weight within range shown in preferred build chart and stable for the past one year.

Ages 71+ -All Products

Underwriting Criteria for Super Preferred, Preferred Non-Tobacco, and Preferred Tobacco

Criteria	Super Preferred	Preferred Non-Tobacco	Preferred Tobacco
Ratings	Less than 25 debits for medical impairments without the use of credits.	Less than 25 debits for medical impairments without the use of credits.	Less than 25 debits for medical impairments without the use of credits.
Recreation	No participation in hazardous sports within past 24 months with no future plans to participate in hazardous sports. Non-technical scuba (50 feet maximum) acceptable.	Non-ratable hazardous sports are acceptable.	Non-ratable hazardous sports are acceptable.
Cognitive Function	No evidence of cognitive impairment.	No evidence of cognitive impairment.	No evidence of cognitive impairment.
Falls	No history of unexplained falls within the past two years.	No history of unexplained falls within the past two years.	No history of unexplained falls within the past two years.
Kidney Function	eGFR 60 +.	eGFR 60 +.	eGFR 60 +.
Serum Albumin	3.9 or greater.	3.8 or greater.	3.8 or greater.
Physical/ Social Activity	Physically active including but not limited to travel, exercise, and social activities. Independent in all ADL's** and IADL's***.	Physically active including but not limited to travel, exercise, and social activities. Independent in all ADL's** and IADL's***.	Physically active including but not limited to travel, exercise, and social activities. Independent in all ADL's** and IADL's***.

*Cancer cases that may qualify for preferred are considered on a case by case basis by the Underwriter. The specific criteria are listed below.

Cancer Case Criteria for All Ages

Cancer Type	Criteria
Thyroid	Diagnosed age 44 or younger. Treated more than 10 years ago. Treated by surgery only. Available only for early stage and certain pathology types with no recurrence.
Prostate	Diagnosed age 70 or over. Treated more than 5 years ago. Treated by removal of prostate only. Available only for early stage with no recurrence.
Cervix	No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage with no recurrence.
Uterus	No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage with no recurrence.
Testicle	No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage and certain pathology types with no recurrence.
Melanoma in situ	No age requirement. Treated by surgery more than 5 years ago. Current dermatology visit favorable.

Ages 71+ Definitions

**Activities of Daily Living (ADL)

1. Hygiene (bathing, grooming, shaving and oral care).
2. Continence.
3. Dressing.
4. Eating (ability to feed oneself).
5. Toileting (ability to use a restroom).
6. Transferring (actions such as going from a seated to standing position and getting in/out of bed).

ALBUMIN

Routinely performed as a part of the blood chemistry testing, serum albumin is an independent marker for mortality, especially at the older ages. Albumin may be decreased in liver disease, kidney disease, malnutrition, chronic inflammatory disease, malignant disease, and multiple myeloma among other conditions.

COGNITIVE FUNCTION

Refers to the ability to learn and remember information; organize, plan, and problem-solve; focus, maintain, and shift attention as necessary; understand and use language; accurately perceive the environment, and perform calculations.

eGFR (ESTIMATED GOMERULAR FILTRATION RATE)

Obtained through routine blood testing, the eGFR takes into consideration gender, height, weight, and age to assess kidney function.

***INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL):

1. Finding and utilizing resources (looking up phone numbers, using a telephone, making and keeping doctor appointments).
2. Driving or arranging travel (either by public transportation such as Paratransit, or private car).
3. Preparing meals (opening containers, using kitchen equipment).
4. Shopping (getting to stores and purchasing necessities like food or clothing).
5. Doing housework (doing laundry, cleaning up spills and maintaining a clean living space).
6. Managing medication (taking prescribed dosages at correct times and keeping track of medications).
7. Managing finances (basic budgeting, paying bills and writing checks).

Ages 71+

Build Chart

Height	Male and Female		Super Preferred (SPN)		Preferred (PN and PT)		Standard (NT and ST)
	Min	Max	Male	Female	Male	Female	Male and Female
4' 10"	91	143	134	153	143	177	
4' 11"	94	148	138	158	148	183	
5' 0"	97	153	143	163	153	189	
5' 1"	100	158	148	169	158	195	
5' 2"	104	164	153	175	164	202	
5' 3"	107	169	158	180	169	208	
5' 4"	110	174	163	186	174	215	
5' 5"	114	180	168	192	180	222	
5' 6"	118	186	173	198	186	229	
5' 7"	121	191	178	204	191	236	
5' 8"	125	197	184	210	197	243	
5' 9"	128	203	189	216	203	250	
5' 10"	132	209	195	222	209	257	
5' 11"	136	215	200	229	215	265	
6' 0"	140	221	206	235	221	272	
6' 1"	144	227	212	242	227	280	
6' 2"	148	233	218	249	233	287	
6' 3"	152	240	224	256	240	295	
6' 4"	156	246	230	263	246	304	
6' 5"	160	253	236	270	253	313	

Table Ratings for Build							
Male & Female							
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4' 11"	193	200	210	215	220	230	235
5' 0"	199	207	217	222	227	238	243
5' 1"	206	214	224	230	235	246	251
5' 2"	213	221	232	237	243	254	259
5' 3"	220	228	239	245	251	262	268
5' 4"	227	235	247	253	259	270	276
5' 5"	234	243	255	261	267	279	285
5' 6"	241	250	263	269	275	288	294
5' 7"	249	258	271	277	284	296	303
5' 8"	256	266	279	286	292	305	312
5' 9"	264	274	287	294	301	314	321
5' 10"	271	282	296	303	310	324	331
5' 11"	279	290	304	311	319	333	340
6' 0"	287	298	313	320	328	342	350
6' 1"	295	306	322	329	337	352	360
6' 2"	303	315	331	338	346	362	369
6' 3"	312	324	340	348	356	372	380
6' 4"	320	332	349	357	365	382	390
6' 5"	328	341	358	366	375	392	400

For ages 71 and greater, weight must be stable for the past one year.

Substandard

Table ratings are available for both medical and non-medical reasons and vary by product and issue age. Please refer to the product marketing guide for issue ages, underwriting classifications and table ratings.

- **Non-medical flat extras**
 - May be applied to the Standard Non-Tobacco and Standard Tobacco rates.
- **Medical flat extras (all products)**
 - May be applied to the Standard Non-Tobacco and Standard Tobacco rates (except for ages 86+ on Survivorship GIUL).
 - Temporary flat extras are non-commissionable.

Special Considerations

- **Foreign Nationals** – U.S. residence for at least the past two years with intent to remain in the U.S. permanently is required in order to be considered for coverage. We require that the proposed insured have either a Green Card or hold one of the following temporary visas: H1B/Specialty Worker, L1/Intracompany Transferee, or TN-1/NAFTA Visa. We also require a social security number due to the U.S. Patriot Act. In addition, we also require that coverage amounts be supported by U.S. income or assets.
- **Foreign Residence & Travel** – U.S. citizens making short trips out of the country for business, pleasure, or educational purposes to non-hazardous areas are usually acceptable risks. Contact Underwriting for those making longer trips or who may be residing outside of the U.S. If an offer can be considered, facultative reinsurance may be required. May vary by state.
- **Medical Examinations** – All medicals must be performed by approved paramedical facilities. Under special circumstances, exceptions can be made by the underwriting team. Refer to the list of approved paramedical facilities, assigned according to your underwriting office.
- **Multiple Occupations** – List all occupations on the application. The occupation involving the greatest hazard will determine the classification.
- **Non-Medical** – Non-medical insurance is only available for ages 0 through 15 with face amounts of \$250,000 or less. For amounts above \$250,000 contact Underwriting for medical requirements.

Financial Underwriting

PERSONAL INSURANCE

Personal insurance includes coverage meant to be income replacement and/or to maintain an estate. Purposes of Personal Insurance include mortgage redemption, debt repayment, funds for final expenses and burial, family maintenance, estate preservation, estate and inheritance taxes, educational funds and charitable bequests.

Income Replacement

Application intended to cover income replacement needs may be considered according to the age and amount guidelines listed below. Earned income includes salary, wages, tips, regular bonus, regular commission, deferred compensation, and other employee benefits that are the direct result of the proposed insured's effort and abilities that will cease at their death. Where income fluctuates from year to year, use a three-year average.

Ages	Income Multiples*
20-30	30 x
31-40	25 x
41-50	20 x
51-60	15 x
61-70	10 x
71+	5 x

* Factor multiplied by earned income.

Requirements:

- For risk amounts of \$2,000,001+, a Financial Questionnaire.
- For risk amounts of \$5,000,001+, a Third Party Financial Report.

Estate Preservation

Use this estate preservation formula to determine amounts that will generally be underwritten on the basis of net worth.

Formula: (Estate value appreciation at interest rate of 7.5%) x (1/2 of life expectancy) x (maximum tax rate of 50%)

Requirements:

- Cover letter explaining the purpose of the insurance, the reason for the amount applied for, and how the proposed insurance solution will meet the client's needs.
- A Financial Questionnaire.
- For risk amounts of \$5,000,001+, a Third Party Financial Report.

Juvenile Coverage

North American's death benefit guidelines are as follows:

- \$250,000 for pre-high school age and younger (minimum age 15 days)
- \$500,000 for high school through college ages

The primary underwriting principle we follow is: What is the financial loss to the beneficiary should the child pass prematurely? We understand investment, tax-free accumulation, and money-purchase concepts; however, they are secondary considerations and have limited impact on our decision.

Requirements for these death benefits:

- Both parents are insured for twice the child's death benefit. Please list this information on the agent's report or cover letter.
- List both parents' names and pending/in-force life insurance death benefit amounts for each in the Special Requests section of the application, agent report, or agent cover letter.
- All siblings are insured equally—list names and death benefits on the agent's report or cover letter.
- Applications for minors must be signed by the parent or guardian with whom the child lives on a regular basis.

Cover letters are required to explain the following cases:

- If both parents are not insured for twice the child's death benefit.
- If all the siblings are not insured equally.
- If the death benefit is over the above guidelines, explaining the additional financial loss to the beneficiary.
- For grandparent-owned insurance, list each grandchild and their death benefit as well as the parents' in-force insurance. A parent's signature is required on the application. Please consult with the underwriter as necessary.

Final decisions will be made by the underwriter based on all factors of the case.

BUSINESS INSURANCE

Key Person Coverage

Coverage amount may be up to 10 times the annual income derived from the business covered. Coverage amount is dependent upon the type of business and applicant's duties.

Requirements:

- Financial Questionnaire demonstrating income derived from the business being covered.
- List of other key persons and their coverage in favor of the business.
- For risk amounts of \$5,000,001+, a copy of business financials.

Buy/Sell or Stock Repurchase Coverage

Use this formula to determine the appropriate coverage amount.

Formula: (Ownership %) \times (Value of the Company)

Requirements:

- Cover letter explaining the purpose of the insurance and how the amount applied for was determined.
- Details of buy/sell agreement and percentage of ownership in the business.
- Market value of the business with supporting corporate financials.



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