

Underwriting requirements and preferred guidelines

For BGA use only

Requirements for all Symetra Life Insurance Products

Face Amount	Ages 0-17	Ages 18-40	Ages 41-50	Ages 51-69	Ages 70+
less than \$100,000	MHI	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood Rx Check Senior Supplement
\$100,000–\$250,000	MHI	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood EKG Rx Check Senior Supplement
\$250,001–\$1,000,000	MHI	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood EKG	Paramed Exam Urinalysis Full Blood EKG Rx Check Senior Supplement
\$1,000,001–\$5,000,000	Contact underwriter	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood EKG	Paramed Exam Urinalysis Full Blood EKG Rx Check Senior Supplement Financial Supplement/ Electronic IR
\$5,000,001–\$10,000,000	Contact underwriter	Paramed Exam Urinalysis Full Blood Financial Supplement	Paramed Exam Urinalysis Full Blood EKG Rx Check Financial Supplement	Paramed Exam Urinalysis Full Blood EKG Rx Check Financial Supplement	Paramed Exam Urinalysis Full Blood EKG Rx Check Senior Supplement Financial Supplement/ Electronic IR
\$10,000,001 and above	Contact underwriter	Paramed Exam Urinalysis Full Blood EKG Rx Check Financial Supplement/IR	Paramed Exam Urinalysis Full Blood EKG Rx Check Financial Supplement/IR	Paramed Exam Urinalysis Full Blood EKG Rx Check Financial Supplement/IR	Paramed Exam Urinalysis Full Blood EKG Rx Check Senior Supplement Financial Supplement/IR

See next page for full requirement definitions.

For all second-to-die product underwriting requirements, divide the face amount in half.

Additional tests may be required for some applicants.

Motor Vehicle Records (MVR) required on all applicants through age 25 and over age 60.

For ages 69 and under, the Paramed Exam, Full Blood, Urinalysis and EKG are all valid for up to 12 months after being performed; for ages 70 and above, they are valid for up to 6 months.

All applicants ages 70 and over are required to have a paramed administered Senior Supplement.

For death benefit option C, order requirements for 1.5 times the face amount.

Applicants in CA, ME and VT must complete an MHI, exam, PM, UA and full blood with every application.

To complete the Financial Supplement, please use Symetra form LUC-32.

[continued >](#)

Requirement Definitions

MHI (Medical History Interview)

A part 2 interview about health history and nicotine use.

Paramed Exam

This exam is completed by a paramedical company and includes a Medical History Interview and Physical Measurements.

Full Blood

A blood sample drawn by a paramedical company from a vein in the arm and tested for a variety of body system functions—kidney, liver, lipids, sugars, as well as HIV.

Urinalysis

A urine sample taken by a paramedical company and used to test for protein, sugar, nicotine, and drugs of abuse, and may include HIV.

EKG (Electrocardiogram)

Recorded by a paramedical company and is used to study and record the electrical activity of the heart.

Rx Check

A prescription database check.

Senior Supplement

An exam completed by a paramedical company where cognitive questions are asked and mobility tests are performed. Cognitive questions may involve word recall, clock drawings and questions around activities of daily living.

Financial Supplement

Required for \$5 million face amounts and above. This may include tax returns covering the past two years, brokerage statements, bank accounts, or real estate assessments. Financial statements may be required on business cases at lower face amounts or other applications with complex financial arrangements. To complete the financial supplement, please submit Symetra form LUC-32 or any supporting financial documentation by a third party.

IR (Inspection Report)

A telephone interview with the applicant that includes the verification of their medical, employment and financial history.

Electronic IR (Inspection Report)

An internal automated search completed by one of our vendors, whereby no contact is made to the proposed insured.

continued >

Exceptions to Above Underwriting Requirements

In some instances, the face amount used to determine underwriting requirements will be larger than the amount on the application. These instances include:

- 1 In-force life coverage with Symetra that was applied for within the last 12 months:**
Take the total of all face amounts.
- 2 Guaranteed Insurability Option (GIO):**
Add the applied-for GIO amount to the face amount.
- 3 Death Benefit Option C:**
Multiply 1.5 times the face amount.

Ordering Medical Requirements

Symetra Express Online Application Process

If you're using the Symetra Express online process, you do *not* need to contact a paramedical company. Symetra orders all necessary requirements once the application is received. An interviewer will call your client to complete the medical history questions. The interviewer will set up an appointment for the exam and lab tests.

All Other Application Submission Processes

If you're using a traditional application process, here are some things to keep in mind when scheduling the exam:

1. Call a Symetra-appointed paramedical service company.

Preferred Paramed Provider	
ExamOne	1-877-933-9261

Other Approved Paramed Providers	
APPS	1-800-635-1677
EMSI	1-800-872-3674

These companies will help you locate an office for the city where you want to schedule the exam.

2. Confirm the specific exam and tests required with the examiner.
3. Follow up on your appointments with the examiner. Mention that you would like to be notified when scheduling is confirmed, or when the exam is completed.

For the customer-facing piece titled "Important information about your life insurance exam" (form number LU-521), please contact the Symetra Life Sales Desk at 1-877-737-3611 or lifesales@symetra.com between the hours of 8 a.m. and 6 p.m., Eastern Time.

Lab results are available to the applicant upon request.

continued >

Preferred Underwriting Guidelines

	Super Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Plus Non-Nicotine/Preferred Nicotine
Medical History	Standard insurance risk and no history of type I diabetes, cancer or cardiovascular disease		
Family History (Disregard family history if the insured is age 70 and over)	No death of parent or sibling prior to age 65 from heart disease, coronary artery disease or cancer	No death of parent or sibling prior to age 60 from heart disease or coronary artery disease	
Nicotine Use	No use of nicotine products within 60 months	No use of nicotine products within 36 months	No use of nicotine products within 12 months Preferred Nicotine: Nicotine use OK
Current Exam Results			
Blood Profile	Normal Cholesterol/HDL ratio 4.5 or less TC < 300	Normal Cholesterol/HDL ratio 5.5 or less TC < 300	Normal Cholesterol/HDL ratio 6.5 or less TC < 300
Blood Pressure	135/85 max for ages 20-50 and 140/90 max for ages 51+	135/85 max for ages 20-50 and 140/90 max for ages 51+	140/90 max for all ages
Weight	See Height/Weight Chart		
Aviation	No private aviation	Available if over 100 solo hours, 750 hours of total flight time, IFR, averages 25-250 hours per year, flies in US and Canada only, ages 70 and under, clean MVR	
Alcohol and/or Drug Use	No counseling or treatment ever	No counseling or treatment in past 10 years	No ratable history
Driving	No more than two moving violations in past three years No DWI in ten years		No more than three moving violations No DWI in five years
Other	No motor vehicle racing		N/A

Refer to the product fact sheet for issue ages and minimum face amounts.

continued >

Height/Weight Charts

Symetra's UL-G, CAUL and SUL-G Life Insurance

	Super Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Plus Non-Nicotine/Preferred Nicotine
Height	Unisex Weight	Unisex Weight	Unisex Weight
4.8	124	135	143
4.9	129	139	148
4.10	133	142	153
4.11	138	147	159
5 feet	144	153	164
5.1	151	159	170
5.2	157	165	176
5.3	162	171	183
5.4	167	177	188
5.5	172	182	193
5.6	176	187	198
5.7	182	193	205
5.8	187	198	211
5.9	193	205	217
5.10	198	210	221
5.11	203	216	228
6 feet	209	222	236
6.1	214	227	241
6.2	219	233	248
6.3	223	240	254
6.4	229	246	261
6.5	234	252	267
6.6	240	259	275
6.7	245	266	282

All Other Symetra Life Insurance Products

	Super Preferred Non-Nicotine		Preferred Non-Nicotine		Standard Plus Non-Nicotine/Preferred Nicotine	
Height	Male Weight	Female Weight	Male Weight	Female Weight	Male Weight	Female Weight
4.8	117	116	125	118	133	132
4.9	123	120	129	126	139	136
4.10	127	125	133	131	143	141
4.11	130	130	137	137	148	146
5 feet	136	134	142	141	153	151
5.1	143	138	149	145	159	154
5.2	149	143	156	151	166	158
5.3	154	146	162	155	172	161
5.4	159	151	167	159	177	165
5.5	164	155	172	163	183	170
5.6	168	159	177	167	187	173
5.7	174	162	183	170	194	178
5.8	179	166	188	175	199	183
5.9	185	170	193	179	206	188
5.10	190	175	198	184	210	192
5.11	194	180	203	189	216	198
6 feet	199	184	209	193	223	203
6.1	203	188	214	198	228	207
6.2	208	193	219	202	235	213
6.3	213	198	224	207	241	219
6.4	219	202	230	211	248	224
6.5	223	207	234	216	253	229
6.6	229	211	241	221	261	235
6.7	235	215	245	226	268	240



Symetra Life Insurance Company
 777 108th Avenue NE, Suite 1200
 Bellevue, WA 98004-5135
www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

Life insurance is issued by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004 and is not available in all U.S. states or any U.S. territory.

Symetra UL-G and CAUL are flexible premium universal life insurance policies. Policy form number is ICC14_LC2 in most states.

Symetra SUL-G is a flexible premium adjustable survivorship life insurance policy. Policy form number is ICC14_LC1 in most states.

Field Underwriting Guide

Individual Life



FOR AGENT AND ADVISOR USE ONLY

The *Individual Life Field Underwriting Guide* is designed to be a reference for you, our field underwriters. This publication is intended to serve as a tool to make the underwriting process as smooth and fast as possible.

The underwriting process—deciding who will be insured, and at what rate—involves teamwork between agents, the Symetra marketing staff and your underwriting team. The underwriting team can be reached at our toll-free number 1-800-SYMETRA (1-800-796-3872), from 7:00 a.m. to 4:30 p.m. Pacific Standard Time.

Feel free to discuss your questions and unusual cases with the underwriters. We look forward to hearing from you whenever we may be of service.

Table of Contents

Ordering Medical Requirements.....	1	Initial Payment by Bank Draft (EFT)	4
Financial Underwriting Guidelines	1-2	Agent Instructions for Initial Payment by Bank Draft (EFT).....	4
Beneficiary.....	2	Policy Delivery	5
APS in Lieu of Exam	2	Time Limit on Evidence of Insurability	5
Additional Symetra Coverage.....	2	Change from Nicotine to Non-Nicotine	5
Trial Application.....	3	Rate Reconsiderations	5
Medical Information Bureau.....	3	Reinsurance.....	5
Protecting Your Client's Privacy	3	Common Ratable Impairments	5
Tips to Speed the Underwriting Process.....	3	Substandard Classifications	5
Attending Physician Statement	3	Aviation Rate Schedule	6
Customer Review	3	Scuba Diving Rate Schedule	6
Which Form to Use.....	3	Military	6
1035 Exchanges.....	4	Occupations.....	6
Replacement.....	4	Foreign Residence	6
Submitting Money with the Application	4	Common Ratable Impairments Guide	7-16

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004

www.symetra.com

Symetra® is a registered service mark
of Symetra Life Insurance Company.

Ordering Medical Requirements

If you are using the Easy Application process, you do not need to contact a paramedical company. We order everything that is required. An interviewer will call your client to complete the medical history questions. If there are medical requirements, the interviewer will set up an appointment for the exam and lab tests.

If you are using the Traditional Application process, here are some things to keep in mind when scheduling the exam:

1. Call a Symetra-appointed Paramedical Service Company.

Preferred Paramed Provider

ExamOne 1-877-933-9261

Other Approved Paramed Providers

APPS 1-800-635-1677
 EMSI 1-800-872-3674
 Portamedic 1-800-765-1010
 Superior Mobile Medics 1-800-898-3926

These companies will help you locate an office for the city where you want to schedule the exam.

2. Confirm the specific exam and tests required with the examiner.
3. Follow up on your appointments with the examiner and mention that you would like a call when scheduling is confirmed, or when the exam is completed.
4. If using the Quick Check exam, be sure to complete the medical history questions on the Part II application.

To help prepare your client for the insurance exam, we have developed a handout, titled "Important Information About Your Insurance Exam," that describes the exam and other studies (Form LU-521, available through your regular supply channels).

Check the status of your applications in the online pending report:

- 1) Log on to <http://www.symetra.com>
- 2) Click on **Log in to My Account** (top right on page)
- 3) Click on **Pending Business Report** (under Top Tools heading)
- 4) Click on **Life Pending Report**

If you have any questions, please call us at 1-800-796-3872.

Financial Underwriting Guidelines

Life insurance replaces a beneficiary's financial loss resulting from the insured's death. The amount of this loss is estimated by the underwriter at issue time, using formulas as guidelines.

In most cases, the financial need is obvious. However, for cases involving large amounts, and for unusual situations, financial justification needs to be established.

Please send a cover letter along with the application, when the purpose of the insurance is primarily cash accumulation, when the face amount is above \$1,000,000, or when the financial loss to the beneficiary is unclear.

In this letter tell us what the financial loss to the beneficiary will be, how the amount was determined, and the details of any other large amount policies in force or recently applied for. Please include the purpose, amount, beneficiary and status.

Financial statements are required on applications over \$2,000,000. Please make copies and send them with the application. If financial statements are to follow, please indicate this in your cover letter. When financial documentation is not readily available, complete the Financial Information Supplement (Form LUC-32, available through your regular supply channels). We will attempt to obtain any additional financial documentation necessary through an inspection company.

If the policy owner is an incorporated business—LLC, S-Corp or C-Corp—please include with the application a copy of the corporate resolution, listing the corporation's approved signers.

Financial Guidelines

Personal Insurance

PURPOSE/FORMULA		DATA REQUIRED
AGE	FACTOR TIMES EARNED INCOME	Cover letter explaining your knowledge of the proposed insured if amount is over \$1,000,000.
20-25	20	
26-30	30	
31-40	25	
41-50	20	
51-55	15	
56-65	10	
66 and up	5	

Estate Conservation

To provide for future growth in estate value, use the following guidelines:

The face amount should equal the Federal estate tax on the amount resulting from multiplying the current net estate value by these growth factors:

Through age 60	6% for 10 years = Multiply by 1.8
Ages 61 thru 65	6% for 8 years = Multiply by 1.6
Ages 66 thru 70	6% for 6 years = Multiply by 1.4
Ages 71 thru 80	6% for 3 years = Multiply by 1.2

Creditor—Personal: Term of Loan at Least 5 Years

PURPOSE/FORMULA	DATA REQUIRED
100% of current loan balance. Any future excess insurance payable to personal beneficiary or estate. The total line of insurance to be within Personal Insurance limit (see above).	Cover letter explaining length of loan, loan purpose and current loan balance, when coverage amount exceeds \$1,000,000.

Key Employee

PURPOSE/FORMULA	DATA REQUIRED
5-10 times annual income (salary + bonus). Up to 15 times annual income when evidence demonstrates greater loss to the company.	Cover letter explaining proposed insured's key value to the business when amount exceeds \$1,000,000 or if amount is more than 10 times income.

Buy-Sell/Buyout

PURPOSE/FORMULA	DATA REQUIRED
Percentage of ownership times value of the business.	<p>For amounts over \$1,000,000, submit:</p> <ul style="list-style-type: none"> • buy-sell agreement • current balance sheet and income statement of partnership or corporation • cover letter explaining basis for business evaluation.

Creditor—Business: Term of Loan at Least 5 Years

PURPOSE/FORMULA	DATA REQUIRED
75% of current loan balance. Sole proprietorship creditor coverage considered as personal insurance.	<p>Cover letter explaining length of loan, loan purpose and current loan balance, when coverage amount exceeds \$1,000,000.</p> <p>Business Financial Statement if amount exceeds \$1,000,000.</p>

Charitable Contributions

PURPOSE/FORMULA	DATA REQUIRED
Average contribution for past 3-5 years times life expectancy based on current age.	Contribution record and cover letter.

Juvenile

PURPOSE/FORMULA	DATA REQUIRED
Up to 50% of amount of insurance on parent. Equal amounts for all juvenile children in family.	For amounts over \$100,000, explain family background, including amounts of parents' coverage, parents' incomes, family net worth.

Overall Limits—Combination of Purposes

PURPOSE/FORMULA	DATA REQUIRED
Sum of personal insurance plus key employee insurance to the extent the key employee coverage is not essentially personal coverage.	As indicated above plus any pertinent data available for consideration.

Exceptions

PURPOSE/FORMULA	DATA REQUIRED
Exceptions to all limits will be considered with well-documented information and explanatory letter.	

Beneficiary

If the beneficiary is a trust, provide the name and date of the trust agreement.

If there are multiple primary beneficiaries, indicate each beneficiary's share of the proceeds in percentages, rather than in dollar amounts.

As a service to your clients, we will prepare endorsements for complex beneficiary designations. Please explain the arrangement desired in a cover letter when submitting the application.

Attending Physician Statement in Lieu of Exam

We will accept an Attending Physician Statement (APS) report of a complete routine checkup within 6 months if the results are equivalent to an insurance examination, the applicant has no significant impairments, and the medical questions on the application are complete, within these limits: age 0-50, \$500,000.

Other medical information obtained from tests, such as blood profile, fingerstick and EKG, must still be provided. Paramedical examiners can administer the needed tests without performing a complete paramedical exam.

We may request a regular insurance exam if the information in the APS is not equivalent to what we ordinarily obtain in an insurance exam.

Additional Coverage

To request additional coverage on applications underwritten within 6 months, submit a new application with all questions answered. Beyond 6 months follow regular underwriting requirements for a new policy.

When other Symetra Life coverage is in force determine requirements for the total of the current face amount plus the amount issued in the past 5 years. Add to the current examination and studies any requirements for the total which have not been previously completed. For assistance in determining underwriting requirements, please contact Individual Life Underwriting.

Trial Application

A trial application allows us to make a tentative offer without requiring a medical exam. Use a regular application with "Trial Application" marked on the front if the applicant has previously been rated, postponed, or declined, or where the current health is questionable. Do not collect premium with the application. Your underwriter will contact you with a tentative offer, subject to current underwriting requirements.

We are required to check and report to MIB on trial applications.

Medical Information Bureau (MIB)

The applicant's copy of the application contains a brief written notice which describes the MIB and its functions and also indicates how applicants can access and correct their MIB records when needed. It may come as a surprise that the MIB does not have a report on most people who apply for individual insurance. Of 10 applicants, the MIB will have a record on only one or two. If an applicant has a condition significant to health or longevity, then member companies are required to send a brief coded report to the MIB. This is required for any application including "Trial Applications." Some of the conditions most commonly reported include height, weight, blood pressure, and EKG findings.

MIB reports are perhaps most significant for what they do not contain:

- MIB reports do not identify any reporting company.
- MIB reports do not identify such underwriting actions as an extra rating or decline.
- Companies do not rate or decline applications based on MIB codes.

We provide additional information about the MIB in the Consumer's MIB Fact Sheet, LU-574, a brochure designed for use by agents and their clients. (Please order through your regular supply channels.)

Protecting Your Client's Privacy

Information regarding your client is treated as confidential. The Notice of Insurance Information Practices, printed on the back of the applicant's copy of the application, describes how applicants may request additional information regarding their underwriting file.

Tips to Speed the Underwriting Process

The easiest way to expedite your business is to provide your underwriting team with full and complete details to each question on the application. Your underwriting team may request additional information for some situations. Providing complete information up front will enable us to issue your life cases more quickly.

Attending Physician Statement (APS)

Occasionally we request an APS from the proposed insured's doctor to clarify or confirm medical history or to clarify the degree of a stated medical impairment and to ensure the proper risk classification. You can help reduce the number of APS requests and expedite underwriting by providing the following: name, address and phone number of each doctor; reasons and dates consulted; diagnosis; dates of treatment; medication and dosage; and degree of recovery. Let us know if one doctor has all the medical records since we may be able to obtain that report only. We frequently use outside services to obtain the APS more quickly. These companies also provide follow-up service and are dedicated to obtaining medical records as quickly as possible. We may ask for your assistance to expedite handling.

Customer Review (Inspection Report)

A customer review may be completed on applicants for large amounts of insurance, or when we need to clarify information. It may take the form of an inspection report or telephone interview. To ensure quick handling, please complete the applicant's phone numbers and the best time to call section of the application. To help prepare your client for the interview, you may wish to provide a copy of "What Is a Customer Review?" (Form LU-594), a brochure designed to familiarize clients with the interview process.

Which Form to Use

Unless the agent notifies us, or file information indicates otherwise, we will assume:

1. The policy was solicited and will be delivered in the state where the application was signed, and
2. Medical requirements will be performed in the insured's state of residence.

The state where the policy was solicited determines:

- All application forms
- Exam forms
- Questionnaire forms
- Products/Benefits
- Replacement forms
- Agent state appointments

The state where the medical requirements will be performed determines:

- The HIV consent form

The state where the Owner/Applicant resides determines:

- Agent state appointments

1035 Exchanges

To accomplish a 1035 Exchange, the insured applies for a new policy with Symetra and assigns the old policy to us. We initiate a 1035 Exchange of the old policy when the new Symetra policy is approved as applied for. We apply the cash values to the new policy. There are several points to note carefully when making a 1035 exchange:

1. The policy being exchanged must be a life insurance policy/certificate, not an endowment or an annuity.
2. The insured must still be insurable at the time of application.
3. Complete the LU-674 Absolute Assignment form and send it with the application.
4. The old policy must be in force and kept in force until the transaction is complete (new policy issued, and surrender value received and applied from the old policy.) For a No Cash Exchange we will keep a file open for as long as 6 months, to complete the 1035 Exchange of the old policy.
5. While awaiting the 1035 Exchange value from the old policy, which can take several months, the policyowner must pay premiums on the new policy to keep it in force. (NOTE: Our special No Cash 1035 Exchange program eliminates this step for our universal life policies.)

After the transaction is completed, the policyowner must maintain sufficient cash value to keep the policy in force and service the loan, if applicable.

The no-cash exchange option is available using Symetra's universal life products.

6. When the surrender value is received on a No Cash Exchange, we will deduct the cost of insurance and other charges due, to date, when we receive the surrender value from the other company.

(Please see Replacement, below, for further information.)

Replacement

Replacement includes, but is not limited to, any transaction in which new life insurance is to be purchased and it is known (or should be known to the proposing agent) that, because of the transaction, existing life insurance has been or will be:

- lapsed, forfeited, surrendered, or otherwise terminated;
- converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value; or
- pledged as collateral or subjected to borrowing, whether in a single loan or under a schedule of borrowing over a period of time, for an amount in the aggregate exceeding 25 percent of the loan value set forth in the policy.

Most states have enacted legislation regarding the replacement of existing life insurance coverage with a new policy. They require that specific forms be completed, signed by the applicant, and sent to Symetra Life Insurance Company with the application. Most states require that we send copies of the forms to the other company when we receive the application.

We believe that any replacement must be in the best interests of the client. For plans which are replaced within the surrender period, the surrender charge, if applicable, will begin anew. In addition, it is important that your applicant understands the incontestable and suicide clause will begin anew in a new policy. This could result in a claim under the new policy being denied that would otherwise have been paid.

Submitting Money with the Application

We encourage you to collect the first premium with the application, *except* when:

1. Proposed insured has been rated or declined in the past.
2. Proposed insured has significant medical problems (see Common Ratable Impairments section or call the underwriter with any questions).
3. Either of the temporary life insurance questions on the Part I application is "Yes."
4. The total amount applied for on *all current applications* to Symetra or American States Life exceeds \$1,000,000.
5. It is a **No Cash 1035 Exchange**.

Please send owner/applicant checks only, made payable to Symetra Life Insurance Company. All refunds are mailed directly to the applicant.

Initial Payment by Bank Draft (EFT)

If your client would prefer to pay premiums by Bank Draft (EFT), please complete the "Initial Payment by Bank Draft (EFT)" form (LA-4030) and submit with the application.

The form can be found on symetra.com under *Products/Life Insurance/Related Links/Applications & Sales Forms/Non-Worksite Life Insurance*. You may also order the form through your normal supply channel.

Agent Instructions for Initial Payment by Bank Draft (EFT)

1. Remind your client to deduct the initial payment from their checking or savings account register immediately. The initial payment will be drafted as soon as the policy is put in force. Subsequent premiums will be deducted each month on the selected draft date.
2. Attach a voided check or deposit slip from the account to be drafted or complete the account information section on the EFT authorization form (LA-4030).
3. Indicate the draft date on the EFT form.
4. Have the applicant sign and date the form.
5. Send the completed EFT form with the application. If you are submitting the EFT form separately, fax it to 1-866-532-1363.

Please be sure the information on the form is accurate and that the client understands that their account will be drafted for the initial premium as soon as we issue the policy.

Policy Delivery

The policy should be delivered promptly to the applicant. The policy should not be given to the applicant until all delivery requirements have been met. We provide instructions on all delivery requirements in the delivery letter sent with the policy.

Do not deliver the policy under the following circumstances:

- if there has been a change in the health of the proposed insured since the application date. In this case, contact an underwriter for instructions.
- if full payment of the first premium has not been made.
- if all papers required to put the policy in force have not been fully completed and signed by the applicant.
- If the delivery deadline has passed.

Generally, if an application was submitted with the initial premium and the proposed insured has had a change in health, the policy will be returned to the agent for delivery after we confirm that there have been no misstatements on the application or examination. For applications submitted on a COD basis, we will attempt to make an offer after considering the new information.

Time Limit on Evidence of Insurability

Cases approved within 90 days of application or paramedical exam will not require any further evidence. After 90 days, a Supplemental Health Statement will be required on delivery of the policy. After 6 months, a new application is needed and all medical requirements must be met.

Change from Nicotine to Non-Nicotine

Insureds who have not used tobacco or nicotine in any form for the past 12 months may qualify for the non-nicotine rate class, and are subject to an underwriting review. The insured should complete **all** questions on a new Part I Life Application and send it to the Home Office. In the "Remarks" section of the application, explain that the purpose of the application is to request a change to non-nicotine rates. Your underwriter will review the application and determine if additional information is needed or certain medical requirements must be met. If the insured has acquired a health impairment related to nicotine use, non-nicotine rates cannot be approved.

Rate Reconsiderations

An extra rating on a policy can be reconsidered if the condition causing the rating improves or the rated activity is discontinued. Generally, an extra rating can be reconsidered after the second policy anniversary.

When a policy has been issued with an increased premium because of occupation or avocation, we can consider removing or reducing the rating after the hazardous exposure ceases for at least one year and is not likely to resume.

With all rate reconsiderations, the removal or reduction of the extra rating will be subject to satisfactory evidence of insurability.

Reinsurance

Symetra maintains arrangements with competitive reinsurance companies to enhance our ability to support your unusual or impaired risks. When we submit a case to a reinsurance company, your client benefits from a survey of the offers available without extra handling for you. The underwriter is familiar with each of our reinsurance companies and will seek reinsurance if there is a possibility of a lower offer.

Common Ratable Impairments

The following summary is intended to serve as a guide which can assist you when meeting with your clients. These guidelines serve as a preliminary estimate only. Since it is difficult to accurately assess a case without all of the medical information available, final offers received from underwriting may differ, depending on the whole case review. As always, if you would like additional information, please call the underwriter.

Substandard Classifications

Each impairment in this guide has a "probable underwriting action," with some impairments having a table rating listed. Standard mortality is defined as 100%. Each table rating represents a 25% increase in mortality costs as follows:

Table	Mortality
Standard	100%
2	150%
3	175%
4	200%
5	225%
6	250%
8	300%
10	350%
12	400%
14	450%
16	500%

Table ratings are usually used for impairments that increase in severity with increasing age. Flat extra premiums are usually used for accident hazards which are the same at any age, such as occupation or driving, and can be either temporary or permanent. A few medical impairments, such as cancer, can be assessed a flat extra premium because the extra death claims are the same at all ages. A combination table rating and flat extra rating is assessed when a risk presents an immediate extra hazard temporarily and increases in severity with age. For example, a history of heart attack frequently requires a temporary flat extra premium because of the extra mortality following the event and a table rating for the underlying disease which progresses with age.

Aviation Rate Schedule

Student aviation and aviation for pay usually require an extra premium. For all aviation risks, please submit an Avocation and Aviation Questionnaire (19-1848).

Private aviation is normally standard after a pilot completes 100 hours of flying time. Those with less experience, or high exposure, will be rated. Indicate the following on the application for clients who have engaged in private aviation activities in the past two years: total hours of experience, including the annual flight hours in the past year, one to two years ago, and the amount anticipated for the next year.

Rate Schedule for Private Pilots and Crew Members (Not Flying for Pay)

Student pilots or pilots with less than 100 hours of solo flying experience: \$3.00 per thousand extra premium (\$3.00/1000).

Private pilots—over 100 solo hours flying for pleasure and/or business:

Flying up to 300 hours annually: Standard

Flying 301 to 500 hours annually: \$3.50/1000

Flying over 500 hours annually: \$5.00/1000

An extra rating may be charged if flying less than 10 hours per year.

Scuba Diving Rate Schedule

		WP	ADB
to 75 feet	Standard	Standard	Standard
76 to 100 feet	\$2.50/1000	2x Standard	2x Standard
101 to 130 feet	\$5.00/1000	Not Available	Not Available
Over 130 feet	\$10.00/1000 Up to decline	Not Available	Not Available

These guidelines apply to the recreational diver only. Commercial divers usually require an extra premium rating. Please submit an Avocation and Aviation Questionnaire (19-1848) with the application.

Military

We are able to insure most members of the military beginning with pay grade E-5 and up. For maximum issue limits, please consult your Home Office underwriter.

Occupations

Very few occupations are ratable. We strive to provide full coverage at standard rates whenever possible.

Some of the occupations we still rate, due to the excess mortality associated with the duties performed, are:

- Coal miners
- Bartenders
- Bomb disposal crews (other police and law enforcement officers are standard)
- Some fishers
- Several occupations in the lumber industry are ratable—blasters, shooters and others handling explosives, workers climbing and felling trees, and workers in woods, on roads and on waterways

Foreign Residence

Residency in many foreign countries presents an extra risk due to local hazards. We may charge a higher premium or be unable to insure applicants who intend to reside abroad. Since conditions change frequently, please consult your Home Office underwriter before submitting an application on anyone who expects to reside outside the U.S.

Applications will not be accepted on, or policies delivered to, individuals who are not physically within the U.S., both at the time of application and policy delivery.

Applicants must be permanent residents (Green Card/I-551 or citizenship) of the United States, and have been continuously living here for at least 12 months. Please note residency status and length of time in the U.S. on the application.

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Absence Seizures <i>Petit Mal</i> <i>Minor Epilepsy</i></p> <p>These are names for generalized seizures that are manifest by brief attacks of altered consciousness, confusion, a dazed look or staring.</p>	<p>Date of last seizure</p> <p>How many attacks per month</p> <p>Name of medication and dosage</p> <p>Who is prescribing medication</p> <p>Date of last visit to physician</p> <p>Results</p>	<p>APS</p>	<p>0 to 1 year since last attack, Table 2 to Table 3 and up.</p> <p>1 to 2 years since last attack, possible Standard.</p>
<p>Grand Mal Seizure</p> <p>The principal feature of this seizure disorder is a momentary loss of consciousness followed by convulsive movements of the body.</p>	<p>Date of last seizure</p> <p>How many attacks per month</p> <p>Name of medication and dosage</p> <p>Who is prescribing medication</p> <p>Date of last visit to physician</p> <p>Results</p>	<p>APS</p>	<p>Last episode within 1 year—Table 6 and up.</p> <p>Last episode 2 years ago—Table 2 to Table 4.</p> <p>Last episode 3 to 5 years ago—Table 2 to Standard.</p>
<p>Acquired Immune Deficiency Syndrome; AIDS-Related Complex; HIV Infection</p>	<p>Cannot consider</p>	<p>Cannot consider</p>	<p>Cannot consider</p>
<p>Alcohol Abuse</p>	<p>Date of last drink</p> <p>Member of AA?* If so, how long?</p> <p>Treatment program?</p> <p>If yes, dates and names of facilities</p> <p>List all medical complications</p> <p>* or other support group</p>	<p>APS</p> <p>Inspection report</p> <p>MVR</p> <p>Blood profile</p> <p>Urinalysis</p>	<p>History of 2 or more DWI/DUI's within 2 years, Postpone. Current alcohol use, Decline.</p> <p>Treatment within 1 year: Postpone.</p> <p>Treatment within 2 years: Minimum Table 4 and up.</p> <p>May be Standard after 5 years.</p>
<p>Alzheimer's Disease</p> <p>A progressive dementia of unknown cause, which can affect both young and older adults.</p>	<p>Cannot consider</p>	<p>Cannot consider</p>	<p>Cannot consider</p>
<p>Anemia</p> <p>Develops as a result of blood loss from bleeding, reduced or faulty production of red blood cells by the bone marrow, or premature destruction of red blood cells.</p>	<p>Exact type, if known</p> <p>Name, date and results of last visit to physician</p> <p>Treatment</p> <p>Name and dosage of medication</p>	<p>APS</p> <p>Possible blood studies</p>	<p>Rate will be based on type of anemia and can range from Standard to Decline.</p> <p>Iron Deficiency: Usually Standard unless chronic.</p> <p>Pernicious Anemia: Usually Standard if recovered.</p> <p>Sickle Cell Disease: Under age 40, Decline. 40 and up, will depend on date and severity of last crisis. Possibly Table 4 and up.</p> <p>Sickle Cell Trait: Usually Standard.</p>

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Aneurysm</p> <p>A localized dilatation of the wall of a blood vessel, usually an artery.</p>	<p>Type or location</p> <p>Treatment and dates</p> <p>Symptoms</p> <p>Names, addresses and dates of all physicians consulted</p>	<p>APS</p>	<p>Present, Decline.</p> <p>Rating will depend on the type of aneurysm, location, treatment and symptoms. Call your Home Office underwriter with above information for possible offer.</p>
<p>Angina Pectoris</p> <p>Chest pain which occurs due to the inability of narrowed coronary arteries to deliver an adequate supply of blood to meet the oxygen demand of the heart muscle.</p>	<p>Description of symptoms</p> <p>How frequent</p> <p>Dates of E.R. visits</p> <p>Date of initial diagnosis</p> <p>Name and dosage of medication</p> <p>Name, date and results of last visit to physician</p> <p>What treatment has been advised</p>	<p>APS</p> <p>EKG</p>	<p>Consider after 6 months from date of diagnosis.</p> <p>Under age 40, usually Decline.</p> <p>Otherwise, Table 4 to Decline.</p>
<p>Angioplasty</p> <p>See under Bypass Surgery.</p>			
<p>Anorexia Nervosa</p> <p>Persistent refusal to eat a balanced diet due to a morbid fear of being or becoming overweight.</p>	<p>Date of diagnosis</p> <p>Current weight and weight loss past year</p> <p>List all complications</p> <p>Name and address of attending physician</p>	<p>APS</p>	<p>Under treatment, Postpone.</p> <p>Thereafter, will depend on current weight, residuals, psychiatric status. May be Standard to Moderate Substandard after 2 years of full recovery.</p>
<p>Apnea / Sleep Apnea</p> <p>Apnea is a cessation of breathing for a period of at least 10 seconds during sleep.</p>	<p>Type: Obstructive, Central or Mixed</p> <p>Treatment</p> <p>Have sleep studies been advised and/ or completed? (If yes, where, when and results)</p>	<p>APS</p>	<p>Rating dependent on age, apnea index, and treatment.</p> <p>This impairment can be Standard, but is usually rated Table 2 to Table 4.</p>
<p>Arteriosclerosis</p> <p>Lipids are deposited on the walls of the arteries, which causes the formation of plaque. The result is thickening and loss of elasticity of the arterial walls.</p>	<p>Date of diagnosis</p> <p>Symptoms</p> <p>Treatment</p> <p>Names, addresses and dates of all physicians consulted</p>	<p>APS</p>	<p>Rating will depend on location, age, symptoms and degree of arterial narrowing.</p> <p>See specific discussion under Bypass Surgery.</p>

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Arthritis</p> <p>Several different diseases with one symptom in common— inflammation of one or more joints.</p>	<p>Type of arthritis</p> <p>Limitations</p> <p>Treatment</p> <p>Medication (name and dosage)</p> <p>Joints involved</p>		<p>Gouty or Osteoarthritis</p> <p>Usually Standard; severe cases may require rating in Table 2 to 4 range.</p>
<p>Rheumatoid Arthritis</p>	<p>Degree of deformity</p> <p>Date of onset</p> <p>How frequent are attacks</p> <p>Name, address and date last consulted with physician</p>	<p>APS</p>	<p>Rheumatoid</p> <p>Rating will depend on age of onset, extent of deformity, residuals, treatment and frequency of attacks.</p> <p>Usually Table 4 to Table 6 if moderate disease.</p> <p>Some very mild cases can be Standard.</p>
<p>Asthma</p> <p>Characterized by recurrent attacks of shortness of breath with wheezes due to spasms of the bronchioles.</p>	<p>Frequency of symptoms</p> <p>Date of last attack</p> <p>Medication and how frequently used</p> <p>Dates of E.R. visit or hospitalizations</p> <p>Name, date and results of last visit to physician</p> <p>Date of diagnosis</p>	<p>APS</p> <p>Possible Timed Vital Capacity (a pulmonary function test)</p>	<p>Mild: Standard</p> <p>Moderate: Standard to Table 4</p> <p>Severe: Table 4 and up</p>
<p>Atherosclerosis</p> <p>See Arteriosclerosis</p>			
<p>Atrial Fibrillation—Atrial Flutter</p> <p>A variation of the normal rhythm of the heart's upper chambers.</p>	<p>Date of onset</p> <p>Frequency of episodes</p> <p>Name and dosage of medication</p> <p>List all doctors consulted and the dates of consultations</p>	<p>APS</p> <p>EKG</p>	<p>Well-controlled on medication, with no underlying heart disease: Postpone 1 year from onset; Thereafter—2 years from last episode Table 3 and up depending on age, with reductions possible for each further year without an attack.</p>
<p>Benign Prostatic Hypertrophy Prostatitis</p> <p>Enlargement of the prostate gland—common in men past age 60.</p>	<p>Onset</p> <p>Last PSA level</p> <p>Date</p> <p>Treatment</p>	<p>APS</p> <p>Possible PSA blood test</p>	<p>Most can be taken Standard if diagnosis based on urological workup and PSA levels stable.</p>

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
Blood Pressure—Hypertension	Date of onset Date and level of last BP reading Treatment Name of medication and dosage Date last consulted physician	Possible APS and/or exam	If controlled, usually Standard. Any rating will depend on level of control maintained.
Bronchitis Inflammation and/or infection of the bronchi	Acute or chronic Date of diagnosis Treatment Associated with any other impairments	Possible APS and Timed Vital Capacity	Acute, fully recovered, Standard. Chronic, not associated with other impairments—rating can be Standard if mild. If moderate, Table 2 to Table 4. Severe, Table 6 to Decline. If currently smoking, rating may be higher.
Bulemia Binge eating is characteristic, usually followed by self-induced vomiting and use of laxatives.	Date of diagnosis Treatment	APS	If fully recovered, possibly Standard. Consider after 1 year, possibly earlier for more favorable cases.
Bypass Surgery—Coronary Involves grafting a vein, or artery to a coronary artery, past the site of obstruction to restore circulation to the heart muscle. Several arteries may be bypassed.	Date of surgery Chest pain history before and since surgery Number of vessels bypassed History of heart attack Working full-time	APS Possible EKG Submit Trial Application	No offer first 6 months following recovery. Thereafter, rating will be dependent on age, EKG findings, number of arteries bypassed (or blocked), follow-up care and compliance, and coronary risk factors. Usually minimum Table 2 to Table 4 and up. A flat extra ranging from \$5.00 per thousand and up is likely for 5 years following recovery.
Cancer	Type and location of cancer Stage of cancer's invasion or Clark's level Any chemotherapy or radiation treatment If yes, the date of last treatment Any metastasis (has cancer spread from primary organ or site)	APS which must include pathology report from surgery and follow-up notes.	The extent of rating will depend on the type of malignancy and length of time since treatment. Please call your Home Office underwriter with all details for a tentative offer.

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Cardiac Pacemaker</p> <p>Pacemakers are battery-powered devices that can be implanted into the heart muscle for the purpose of electrically stimulating the heart muscle to contract.</p>	<p>Date of implant</p> <p>Name and address of all doctors consulted to include date and reason last seen</p> <p>Complications</p>	<p>APS</p> <p>EKG</p>	<p>Due to congenital heart blocks, with no other significant cardiovascular impairments:</p> <p>1st year—Postpone.</p> <p>Thereafter, individual consideration based on age and time since implant—</p> <p>2 to 3 years: Table 6 and up.</p> <p>4 to 5 years: Table 4 and up.</p> <p>6 years: Table 2 and up.</p>
<p>Cerebral Palsy</p> <p>A congenital disorder manifested by lack of coordination of muscular movement and speech defects of varying severity.</p>	<p>Degree of developmental delay</p> <p>Any mental impairment</p> <p>Bowel and bladder impairment</p> <p>Physical handicap</p>	<p>APS</p>	<p>Mild physical handicap: To age 10, likely flat extra rating. Age 10 and up, Standard to Table 4 and up.</p> <p>Moderate physical handicap: To age 10, Postpone. Age 10 and up, Table 4 and up.</p> <p>Others, usually Decline.</p>
<p>Chest Pain</p>	<p>Date of symptoms</p> <p>Diagnosis</p> <p>Specify if muscular, cardiac, or unknown origin</p> <p>Date of hospital stays</p> <p>Disability</p> <p>Treatment</p>	<p>APS</p> <p>Possible EKG</p>	<p>Depends on cause, EKG findings and frequency. If diagnosed as muscular, or chest wall pain, usually Standard.</p>
<p>Chronic Obstructive Pulmonary Disease (COPD) /Emphysema</p> <p>Irreversible, generalized airway obstruction.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Name and dosage of medication</p>	<p>APS</p> <p>Possible Timed Vital Capacity (a pulmonary function test)</p>	<p>For best cases (mild, nonsmoker), could be Standard, depending on pulmonary function studies and degree of impairment.</p>
<p>Colitis</p> <p>An inflammatory disorder of unknown cause, affecting the intestinal tract.</p>	<p>Indicate type—such as spastic or ulcerative</p> <p>Date of diagnosis</p> <p>Frequency of symptoms</p> <p>Treatment</p>	<p>APS</p>	<p>Irritable bowel, mucous colitis, or spastic, usually Standard.</p> <p>Ulcerative—depends on duration and response to treatment. Offer can range from Standard to Decline (see under Ulcerative Colitis).</p>

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Collagen Diseases—Connective Tissue Diseases</p> <p>The term refers to a general category of different diseases, characterized by inflammation of the collagen-containing structures, such as blood vessels, muscles and skin. Systemic lupus erythematosus is an example.</p>	<p>Type</p> <p>Duration</p> <p>Medication</p> <p>Complications</p> <p>Extent of involvement</p> <p>Stabilized</p> <p>In remission</p>	<p>APS</p>	<p>Depends on type.</p> <p>Mild, localized, well-controlled forms of SLE can be rated after one year. 2nd through 5th year, Table 6 and up.</p> <p>Standard rates may be offered 5 years after treatment has ceased.</p>
<p>Congestive Heart Failure</p> <p>Failure of heart muscle to supply oxygenated blood to meet the oxygen demands of the peripheral tissues.</p>	<p>Acute or Chronic</p>	<p>APS if diagnosed as acute</p>	<p>If chronic, Decline.</p> <p>If acute, will rate for cause (can be associated with heart attack or arrhythmias).</p>
<p>Coronary—Angioplasty (PTCA)</p> <p>Reduces the obstruction of a blocked artery by using a balloon-tipped catheter.</p>	<p>See Bypass Surgery for handling</p>		
<p>Coronary—Infarction (heart attack)</p> <p>Myocardial infarction occurs when one or more blocked coronary arteries cause a severe enough reduction in blood/oxygen supply to the heart muscle, resulting in tissue destruction. Muscle damage is permanent.</p>	<p>Date of heart attack</p> <p>Treatment</p> <p>Working full-time</p> <p>Medicine and dosage</p> <p>Has surgery been suggested, or scheduled</p> <p>Names and addresses of all physicians consulted</p> <p>Any symptoms following attack</p> <p>If yes, frequency and date of last symptoms</p>	<p>APS</p> <p>EKG</p>	<p>Rating will depend on age, EKG findings and current risk factors (smoking, blood and lipids). Offer minimum 6 months after recovery date. Minimum Table 2 and up, with some offers having a table rating and temporary flat extra of \$5.00/1000 and up.</p>
<p>Crohn's Disease</p> <p>A subacute and chronic inflammation of the entire gastrointestinal tract.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Date of last attack</p> <p>Complications</p> <p>Surgery (If yes, date)</p> <p>Any problems since surgery</p>	<p>APS</p>	<p>Under age 45—Table 2 to 6 and up.</p> <p>Age 45 & up—Table 2 to 4 and up.</p> <p>With surgery and no recurrence: Within 6 months of surgery—Postpone.</p> <p>6 months to 1 year: Table 4 and up.</p> <p>1 to 2 years: Table 3 and up.</p>

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action												
<p>Diabetes Mellitus</p> <p>A disorder of carbohydrate metabolism.</p>	<p>Treatment</p> <p>Date of onset</p> <p>Control</p> <p>Complications</p>	<p>APS</p> <p>Full blood profile with glycohemoglobin</p> <p>(instruct paramed to request on lab I.D. slip)</p> <p>Home Office specimen</p>	<p>If any history of heart disease, kidney disease, severe retinopathy or neuropathy, likely Decline.</p> <p>If well-controlled, could be Standard, depending on age at onset. Oral medication: Standard to Table 4.</p> <p>Insulin dependent:</p> <p>Age:</p> <table border="0"> <tr> <td>0 to 14</td> <td>Postpone</td> </tr> <tr> <td>15 to 25</td> <td>Table 8 and up</td> </tr> <tr> <td>26 to 35</td> <td>Table 6 and up</td> </tr> <tr> <td>36 to 40</td> <td>Table 4 and up</td> </tr> <tr> <td>41 to 50</td> <td>Table 3 and up</td> </tr> <tr> <td>51 up</td> <td>Table 2 and up</td> </tr> </table>	0 to 14	Postpone	15 to 25	Table 8 and up	26 to 35	Table 6 and up	36 to 40	Table 4 and up	41 to 50	Table 3 and up	51 up	Table 2 and up
0 to 14	Postpone														
15 to 25	Table 8 and up														
26 to 35	Table 6 and up														
36 to 40	Table 4 and up														
41 to 50	Table 3 and up														
51 up	Table 2 and up														
<p>Depression, Major Unipolar/Bipolar</p> <p>Marked by a loss of interest or pleasure in most activities, changes in sleep patterns, thoughts of death and suicide.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Dates of hospitalizations</p> <p>Dates of episodes</p> <p>List all doctors consulted and dates</p>	<p>APS</p> <p>Inspection report</p>	<p>Mild: Standard to Table 2 and up.</p> <p>Major: Table 2 to Table 4 and up, depending on severity and age at onset.</p> <p>Likely Decline if any signs of drug, alcohol abuse, or suicidal ideations.</p>												
<p>Dialysis</p> <p>Artificial urinary filtering required due to kidney failure.</p>	<p>Acute or chronic</p>	<p>APS</p> <p>Blood profile</p> <p>Urinalysis</p> <p>Home Office specimen</p>	<p>Acute, full recovery, rate depends on cause.</p> <p>Postpone first 6 months.</p> <p>Chronic = Decline.</p>												

Emphysema

See Chronic Obstructive Pulmonary Disease (COPD).

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Hepatitis</p> <p>An inflammatory reaction of the liver to the presence of infectious or toxic agents.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Type</p> <p>Names and addresses of all doctors consulted</p>	<p>APS</p> <p>Results of any liver biopsy</p>	<p>For all types—Postpone if within 6 months from recovery.</p> <p>Hepatitis A & B—full recovery, no residuals, probably Standard.</p> <p>Hepatitis C—usually Decline.</p> <p>Chronic Active Hepatitis—Decline.</p> <p>Chronic Persistent Hepatitis—Recovery with no residuals:</p> <p>Within 1 year—Postpone.</p> <p>2nd year—Table 6 to Table 8.</p> <p>3rd to 4th year—Table 2 to Table 4.</p>
<p>Heart Attack</p> <p>See under Coronary—Infarction.</p>			
<p>Heart Murmur</p> <p>Normally, blood passes through the heart valves and chambers almost without a sound. If the smooth blood flow is interfered with by either obstruction or leakage of a valve, or other heart structure defect, turbulent side currents are created which produce abnormal effects and sounds (called heart murmurs)</p>	<p>Specific Diagnosis</p> <p>Symptoms</p> <p>Treatment</p> <p>Date found</p>	<p>APS</p> <p>Possible MD exam</p>	<p>Mitral Valve Prolapse: Usually Standard, unless complicated.</p> <p>Many types of heart murmurs do not affect heart function and are benign. These are usually accepted at Standard rates. Some murmurs affect heart function and these are usually rated and occasionally declined, depending on their severity.</p>
<p>Hernia</p> <p>The protrusion of an organ or part of an organ or other structure through the wall of the cavity normally containing it.</p>	<p>Type</p> <p>Symptoms</p> <p>Treatment</p> <p>Complications</p> <p>Medication (name & dosage)</p>	<p>Complete details on application will usually suffice.</p>	<p>Small, with minimal symptoms—usually Standard.</p>
<p>High Blood Pressure—Hypertension</p> <p>See under Blood Pressure.</p>			
<p>Mitral Valve Prolapse</p> <p>See under Heart Murmur.</p>			

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Multiple Sclerosis (MS)</p> <p>A chronic disease which can eventually cause disturbances of vision, muscle weakness and incoordination.</p>	<p>Date of diagnosis</p> <p>How many episodes</p> <p>Date of last episode</p> <p>Residuals</p> <p>Names and addresses of all physicians consulted</p>	<p>APS</p>	<p>One or 2 episodes, with no or minimal residuals, last episode:</p> <p>Within 1 year–Postpone.</p> <p>2nd & 3rd years–Table 6 to 10 and up.</p> <p>4th year–Table 2 to Table 4 and up.</p> <p>There will be higher ratings for more residuals, and frequent episodes.</p>
<p>Muscular Dystrophy</p> <p>Disease of the muscles.</p>	<p>Usually Decline</p>	<p>Usually Decline</p>	<p>Usually Decline</p>
<p>Pacemaker</p> <p>See under Cardiac.</p>			
<p>Paraplegia</p> <p>Complete paralysis of both legs.</p>	<p>Date of onset</p> <p>Bowel and bladder function under own control</p>	<p>APS</p>	<p>Within 6 months–Postpone.</p> <p>Thereafter–minimum Table 4 and up, depending on severity.</p> <p>With bowel and bladder function impairment, Table 8 and up.</p>
<p>Quadriplegia</p> <p>Complete paralysis of arms and legs.</p>	<p>Date of onset</p> <p>Bowel and bladder function under own control</p>	<p>APS</p>	<p>Within 1 year–Postpone.</p> <p>2nd to 3rd year–Table 10 and up.</p> <p>4th year on–Table 8 and up.</p> <p>With bowel and bladder function impairment, usually Decline.</p>
<p>Seizures</p> <p>See Absence Seizure.</p>			
<p>Stroke/TIA</p> <p>A TIA is a temporary interruption of the blood supply.</p>	<p>Date of stroke</p> <p>Residuals</p> <p>More than 1 episode</p> <p>Medication and/or treatment</p> <p>Names and addresses of physicians consulted</p>	<p>APS</p>	<p>Stroke: pp for 1 year. Thereafter, Table 4 and up.</p> <p>TIA: pp for 6 months. Thereafter, Table 2 and up.</p> <p>More than 1 attack, usually Decline.</p>

Impairment and Description	Field Underwriting Questions to Ask Proposed Insured	Probable Home Office Underwriting Requirements	Probable Underwriting Action
<p>Tachycardia</p> <p>Very rapid heart beat. This does not mean heart disease per se; it can occur with many other impairments and situations.</p>	<p>Date of first symptoms</p> <p>List all E.R. visits and dates</p> <p>Medication prescribed</p> <p>Date of last symptoms and how frequently symptoms occur</p>	<p>APS</p> <p>EKG</p>	<p>If attacks are short, infrequent, and occur in an otherwise healthy applicant with no known heart disease, may be Standard.</p> <p>Prolonged, or symptomatic attacks, which require drug treatment, may be rated.</p>
<p>Transient Ischemic Attack</p>			
<p>See under Stroke.</p>			
<p>Valley Fever</p> <p>An infection endemic in the Southwestern part of the U.S. It most often involves the skin and lungs, but may spread into the bones, joints and brain.</p>	<p>Date of diagnosis</p> <p>Symptoms</p> <p>Treatment</p> <p>Location of involvement</p> <p>Name and address of physician and date last consulted for this impairment</p> <p>Results</p>	<p>APS if recent and involves more than skin</p>	<p>Within 6 months of diagnosis—Postpone.</p> <p>Treated and reported cured—probably Standard.</p> <p>Internal involvement— individual consideration. Many in this category will be rated and possibly declined.</p>
<p>Ulcerative Colitis</p> <p>Recurrent disease of the colonic and rectal mucosa with inflammation and ulceration. There is an increased risk of carcinoma of the colon and rectum.</p>	<p>Date of diagnosis</p> <p>Treatment</p> <p>Date of last attack</p> <p>How many attacks per month</p> <p>Any complications</p> <p>Any surgery advised or contemplated</p>	<p>APS</p>	<p>Low to High Substandard, depending on number of episodes, treatment, complications and duration.</p>
<p>Ulcer; gastric, peptic</p> <p>Ulceration of the stomach results when an area of mucous membrane in the stomach is damaged by the hydrochloric acid and pepsin present in gastric secretion.</p>	<p>Date of diagnosis</p> <p>How many attacks</p> <p>Date of last symptoms</p> <p>Any bleeding or perforation</p> <p>Treatment</p>	<p>APS</p>	<p>Usually Standard, unless complicated.</p>