

A close-up photograph of a person's hands writing in a spiral-bound notebook. The person is wearing a light blue long-sleeved shirt. A silver pen is held in their right hand, and their left hand is resting on the notebook. The notebook is open to a page with some handwritten notes. In the foreground, there is a white coffee cup on a saucer. In the background, another white coffee cup is visible on a saucer. The scene is set on a desk with various papers and a calculator. A red banner is overlaid on the right side of the image, containing the title text.

TRANSAMERICA

UNDERWRITING GUIDE

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Underwriting Tips

NON-MEDICAL DOES NOT MEAN GUARANTEED ISSUE.

Applications are subject to MIB, prescription check and medical history. Additional underwriting requirements such as a telephone interview (PHI) or an attending physician's statement (APS), paramed, blood, urine specimen and/or others may be requested.

AN APPLICATION WILL REMAIN OPEN FOR 90 DAYS.

While we will generally require a statement of good health to be assigned on delivery, if the application is between 90 and 180 days old, a new application may be requested at the discretion of the company.

IF THE PROPOSED INSURED IS A JUVENILE, A PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED.

If the grandparent is the owner of the policy, the parents will still be required to sign the application. If the legal guardian is not a parent, proof of guardianship will be requested.

AN AGENT MAY BE CHARGED FOR ORDERING UNNECESSARY PARAMED EXAMS.

Please refer to the initial underwriting requirements for standard age/face amount medical requirements.

A LEGIBLE POLICY NUMBER MUST BE PRINTED ON ALL CORRESPONDENCE FOR PROPER PROCESSING.

APPLICATIONS SHOULD BE DOUBLE CHECKED TO ENSURE COMPLETENESS.

Commonly missed information:

- > Doctor Information (full name, dates seen, reason, city and phone number).
- > Tobacco use.
- > HIV question.
- > Insurance in force (Life/DI).
- > Beneficiary relationship.
- > Child/additional insured information including height, weight and medical history.

ALWAYS PROVIDE THE BEST TIMES, TELEPHONE NUMBERS, AND ANY SPECIAL LANGUAGE NEEDS FOR YOUR CLIENT.

Providing accurate contact information will assist in timely ordering and collection of underwriting information.



INCLUDE THE FOLLOWING INFORMATION FOR ALL MEDICAL CONDITIONS:

- > Date of diagnosis.
- > Past and current treatment, including medication.
- > Follow-up information.
- > All doctors seen.
- > Last time seen.
- > Current status.

NON-US CITIZENS REQUIRE ADDITIONAL UNDERWRITING CONSIDERATIONS.

- > For all non-U.S. citizens and permanent residents (Green Card holders), a copy of a valid visa is required with all applications.
- > Employment Authorization Card holders with the following category codes are not eligible for coverage: A10, A11, A12, A19, A20, C8, C10, C14, C18, and C33.

BE SURE TO ORDER THE CORRECT PARAMED EXAM.

To do so, please be sure to provide the full name of the underlying insurance company and product to the paramed company.



Determining Coverage Amounts For Individuals

| Purpose | Formula | | Requirements |
|----------------------------|---|---|---|
| Income Continuation | Ages | Income Factor | <ul style="list-style-type: none"> - Income stated must be reasonable for the profession or occupation stated. - Income source considered will be that of the proposed insured, not the household income or that of the owner. - Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments. - The unemployed spouse may be considered for a percentage of the employed spouse's income. |
| | 18-35 36-45 46-50 51-55 56-65 66-70 71+ | Up to 30 25 20 15 10 5 Individual Consideration | |



Determining Coverage Amounts For Individuals

| Purpose | Formula | | Requirements |
|---|--------------------------|---|---|
| Juvenile | Ages | Face Amount | |
| Total juvenile insurance coverage with all carriers cannot exceed \$1 million. Amounts over \$1 million will not be considered. | 15 days through 17 years | \$25,000 – \$500,000 | <ul style="list-style-type: none"> – Coverage amount on parents or legal guardian (copy of guardianship papers required) must be a minimum of 2 times the face amount requested on the juvenile. – Coverage on all siblings must be equal. – Parents or guardians must witness the applications and complete the non-medical declarations. – The owner of the policy must be the parent, legal guardian or grandparent. – The parent/legal guardian, juvenile <i>and</i> owner must be residing in the U.S. permanently either as a U.S. citizen or a visa type that is not considered temporary or uninsurable based on our international underwriting guidelines. |
| | | \$500,001 – \$1,000,000 | <p>All requirements for the \$25,000 – \$500,000 Face Amount, plus:</p> <ul style="list-style-type: none"> – Proof of the parent's or legal guardian's (copy of guardianship papers required) existing insurance coverage, including any group employer coverage.* – Minimum household income must be \$100K or greater. Evidence of income must include one of the following: <ul style="list-style-type: none"> • A copy of the pay stub. • Schedule C (if self employed). • Or a copy of the previous year's Tax Forms. – Underwriting will obtain the child's medical records. – Submission of an illustration reflecting overfunding of the policy is strongly encouraged. |
| Washington State | 15 days through 17 years | Total Insurance Amount, including in force coverage, cannot exceed the current U.S. household income. | <p>All requirements as indicated above for the appropriate face amount, plus</p> <ul style="list-style-type: none"> – Juveniles 15 years or older must sign the application |
| New York State | Under 4 ½ years | Maximum Face Amount is greater of \$50,000 or 25% of the amount of insurance in force on the Parent/ Owner. | <p>All requirements as indicated above for the appropriate face amount, plus:</p> <ul style="list-style-type: none"> – The parent designated as the owner must have adequate coverage as described. – Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets. – Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested. |
| | 4 ½ years to 17 years | Maximum face amount is the greater of \$50,000 or 50% of the amount in force on the parent/ owner. | |

State specific laws, including NY and WA, take precedence over Company guidelines.



Determining Coverage Amounts For Individuals

| Purpose | Formula | Requirements |
|------------------------|--|--|
| Estate Planning | Projected future estate value x 50% Note: A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. | A cover letter must be provided that includes: <ul style="list-style-type: none"><li data-bbox="870 310 1235 338">– The purpose of the insurance.<li data-bbox="870 365 1451 447">– A current value of the applicant's estate, which includes a personal balance sheet listing all assets and liabilities and an estate analysis. |



Determining Coverage Amounts For Business Planning

| Key Person | Ages | Factor x Income | A cover letter must be provided explaining: |
|--|-------------------------------|-----------------|---|
| | To age 65 Age 66+ | 10 5 | <ul style="list-style-type: none"> - The key person's value to the company. - How the coverage amount was determined. - Whether the key person has ownership in the company and the percentage of ownership. - A list of all other key persons, the amount of key person coverage and percentage ownership for each key person. |
| Buy-Sell/ Business Continuation | % Ownership x Corporate Value | | <p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> - How the amount of insurance and the market value of the business were determined. - A copy of the buy-sell agreement or the details of the buy-sell agreement. - The applicant's ownership percentage, the number of other partners and their ownership percentage. - The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage. <p>All partners must apply for or have in force buy-sell coverage. The underwriter will need the last two years' corporate balance sheets and income statements, including notes.</p> |
| Business Loan | 80% of loan amount | | <ul style="list-style-type: none"> - The business must be the owner of the policy. - Cover letter must include the purpose, duration of the loan, collateral pledged, its value and the loan interest rate. - A copy of the loan agreement needed for loans over \$3,000,000. - The term of the loan must be five years or more. |



Field Underwriting

WHAT IS FIELD UNDERWRITING?

In order to provide the most accurate picture of the applicant to the insurer, it is important for an agent to get to know his or her clients in the process of soliciting business. This process, known as field underwriting, is the initial medical and financial screening of prospective buyers of life insurance and is a key responsibility of our agents.

For an agent, good field underwriting builds credibility with your client and boosts your reputation in the community as a knowledgeable life insurance advisor. More importantly, it can lead to a better customer experience and ratings, which will be beneficial to everyone involved. When meeting with your client, please be sure to keep in mind the following questions:

- > Who are the clients?
- > What do they do for a living?
- > What is their annual income and net worth?
- > Have they ever applied for life insurance in the past?
- > Do they already own a life insurance policy?
- > If so, what is the face amount? Is it being replaced?
- > What is the purpose of the life insurance being applied for?
- > Do they have any medical issues?
- > Are they a foreign nationals?

WHY SHOULD I PERFORM FIELD UNDERWRITING?

- > Expedite the underwriting process.
- > Meet client expectations.
- > Reduce personal history interviews.
- > Get policies issued faster, so you can get paid sooner.
- > Ensure conditional receipt is binding.



How Do I Approach Delicate Subjects?

To help clients obtain the coverage they need, you need to be sure to ask all the necessary questions—even the uncomfortable ones. Remember, incomplete responses will delay the review process, the client's coverage, and your commission payment. Below are some suggestions to help you address these sensitive subjects.

EXPLAIN THAT CORRECT WEIGHT AND OTHER SENSITIVE DETAILS ARE REQUIRED.

Before you submit a client as preferred, be sure he or she meets the criteria. Refer to the underwriting criteria and medical impairments information in the following pages of this guide to determine if the applicant is eligible for coverage and at what underwriting class. It may help the client understand how important it is to provide correct details.

ASSURE THE CLIENT THAT THE PUBLIC RECORD SECTION OF THE APPLICATION IS CONFIDENTIAL.

If the applicant has ever been arrested, he or she may not want to disclose it. Assure all clients in advance that the application is confidential and none of their personal information is at risk.

Document the Details:

Bad example: One speeding ticket.

Good example: Speeding ticket, 2009; reckless driving, 2011; cell phone use, 2012.

ASK FIVE IMPORTANT QUESTIONS ABOUT MEDICAL CONDITIONS.

To gain a complete picture of an applicant's medical history, ask the following questions:

1. What was the condition?
2. When was the condition diagnosed?
3. When was the last episode?
4. How and when was it treated?
5. What is the physician's name, address, and phone number?

Document the details:

Bad example: Heart surgery.

Good example: Bypass surgery, 2011, Dr. Brian Jones, New Orleans, Louisiana.

OBTAIN THE CORRECT SPELLING OF THE APPLICANT'S MEDICATION(S).

The best thing you can do is ask to see their prescription bottles. This way, you can ensure the correct spelling of all medications and physician names, in addition to dosages. Also, be sure to include on the application the medical condition for which each medication is prescribed.



What If the Client Is Not A U.S. Citizen?

An insured who is not a U.S. citizen may still qualify for life insurance coverage if they meet certain special requirements and provide the needed documentation as defined below:

- > The client must be legally in the United States (possess a valid visa, work permit, etc.)
- > A Social Security Number (SSN) or Tax Identification Number (TIN) is required.
- > The company requires copies of the visa and I-94 card. (Requested while client completes the application; if sent in separately, indicate in the Agent Comments section of the application.)
- > Generally, if a visa will expire within 60 days of the application, we will need copies of the paperwork from USCIS. This documents the process for extension of the visa.
- > The insured must have significant business and financial ties in the United States.
- > The Matricula Consular Document is not recognized to be valid as a visa by the U.S. government.
- > Cover Letter: For Foreign National/resident cases, summarize what the ties are to the U.S., and the reason for any missing required forms not submitted with the application.

DOCUMENTATION NEEDED.

Indicate specific visa type on the application (e.g. H1, F1, etc.) or exact immigration status such as refugee, asylum, etc. Only list “permanent resident” on the application if the client is a lawful permanent resident (also known as a green card holder.) Please note: The long term care rider is only available with a green card.



What If The Client Is Not A US Citizen?

All Others: Copy of visa and I-94 cards required. Additional supporting documents may be required. Employment Authorization Card Holders - Please look at the Category Code located in the center of the Employment Authorization Card. The following codes are not qualified candidates for insurance:

| Category | Category Code Definition | Coverage |
|------------------|--|----------|
| A10 | Withholding of Removal (For someone who has been ordered removed but allowed to stay temporarily.) | No |
| A11 | Deferred Enforced Departure (Extended Voluntary Departure) | No |
| A12 | Temporary Protective Status (Individual Consideration for El Salvador, Honduras, and Nicaragua. All other countries Decline) | No |
| A16 | Victims of a Severe Form of Trafficking and Family Members/T Visa Holder | No |
| A19 / A20 | Victims of a Crime / U Visa Holder | No |
| C8 | Asylum pending but not approved. If asylum has been approved, guidelines will be utilized. If asylum has been granted, see asylum guidelines.* | No |
| C10 | Suspension of Deportation Applicants (filed before April 1, 1997) | No |
| C14 | Deferred Action (The person has overstayed their visa and have appealed to stay in the United States) | No |
| C18 | Order of Supervision | No |
| C21 | Witness or Informant of Criminal or Terrorism Information/ S Visa Holder | No |
| C33 | Deferred Action for Childhood Arrival (DACA) | No |

The purpose of this chart is outline the risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

*Asylees can be considered for coverage upon receipt of a clear, readable copy of the letter granting asylum, copy of the USCIS documentation Form I-730 for family members applying for coverage.



Height and Weight Charts

Male

Through Age 70

Ages 71+

| TransNavigator Transamerica Journey Transamerica Journey NY | Select | Preferred (S/NS) | N/A | Standard (S/NS) | TransNavigator Transamerica Journey Transamerica Journey NY | N/A | N/A | N/A | Standard (S/NS) |
|---|--------------------|--|------------------|---------------------------------|---|-------------------|----------------------|------------------|---------------------------------|
| Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4) | Preferred Plus | Preferred (S/NS) | Standard Plus | Standard (S/NS) | Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4) | Preferred Plus | Preferred (S/NS) | Standard Plus | Standard (S/NS) |
| Freedom Index Universal Life II & Freedom Global IUL II* | Preferred Elite | Preferred Plus/ Preferred Tobacco | Preferred | Non- Tobacco & Tobacco | Freedom Index Universal Life II & Freedom Global IUL II* | N/A | Preferred Tobacco | Preferred | Non- Tobacco & Tobacco |
| Height | Weight | | | | Height | Weight | | | |
| 4'6" | 119 | 132 | 139 | 155 | 4'6" | 123 | 133 | 143 | 158 |
| 4'7" | 123 | 136 | 144 | 160 | 4'7" | 127 | 138 | 148 | 164 |
| 4'8" | 127 | 140 | 149 | 166 | 4'8" | 131 | 143 | 153 | 170 |
| 4'9" | 131 | 145 | 154 | 172 | 4'9" | 135 | 148 | 158 | 176 |
| 4'10" | 135 | 150 | 159 | 178 | 4'10" | 140 | 153 | 163 | 182 |
| 4'11" | 140 | 155 | 164 | 184 | 4'11" | 145 | 158 | 168 | 188 |
| 5'0" | 144 | 160 | 169 | 190 | 5'0" | 149 | 163 | 173 | 194 |
| 5'1" | 149 | 164 | 175 | 196 | 5'1" | 154 | 168 | 179 | 200 |
| 5'2" | 154 | 169 | 180 | 202 | 5'2" | 159 | 173 | 185 | 206 |
| 5'3" | 159 | 174 | 186 | 208 | 5'3" | 164 | 178 | 191 | 212 |
| 5'4" | 164 | 179 | 192 | 214 | 5'4" | 169 | 184 | 197 | 218 |
| 5'5" | 169 | 184 | 198 | 220 | 5'5" | 174 | 189 | 203 | 225 |
| 5'6" | 174 | 189 | 204 | 227 | 5'6" | 179 | 194 | 209 | 232 |
| 5'7" | 179 | 195 | 210 | 233 | 5'7" | 185 | 200 | 215 | 238 |
| 5'8" | 184 | 200 | 215 | 239 | 5'8" | 190 | 205 | 221 | 244 |
| 5'9" | 189 | 206 | 221 | 244 | 5'9" | 195 | 211 | 227 | 249 |
| 5'10" | 195 | 211 | 227 | 250 | 5'10" | 200 | 216 | 232 | 255 |
| 5'11" | 200 | 217 | 233 | 256 | 5'11" | 206 | 222 | 238 | 261 |
| 6'0" | 205 | 223 | 239 | 263 | 6'0" | 212 | 228 | 244 | 268 |
| 6'1" | 211 | 229 | 245 | 269 | 6'1" | 217 | 234 | 250 | 274 |
| 6'2" | 217 | 235 | 251 | 276 | 6'2" | 222 | 240 | 256 | 281 |
| 6'3" | 223 | 241 | 257 | 283 | 6'3" | 228 | 246 | 262 | 288 |
| 6'4" | 228 | 247 | 263 | 289 | 6'4" | 234 | 252 | 268 | 295 |
| 6'5" | 233 | 253 | 269 | 296 | 6'5" | 239 | 258 | 274 | 302 |
| 6'6" | 238 | 259 | 276 | 303 | 6'6" | 244 | 264 | 281 | 309 |
| 6'7" | 244 | 265 | 283 | 310 | 6'7" | 250 | 270 | 287 | 316 |
| 6'8" | 249 | 271 | 289 | 317 | 6'8" | 255 | 276 | 293 | 323 |
| 6'9" | 254 | 277 | 295 | 324 | 6'9" | 261 | 282 | 300 | 331 |
| 6'10" | 260 | 283 | 302 | 331 | 6'10" | 266 | 288 | 306 | 338 |
| 6'11" | 265 | 289 | 308 | 338 | 6'11" | 272 | 294 | 313 | 345 |
| 7'0" | 270 | 295 | 314 | 346 | 7'0" | 277 | 300 | 319 | 353 |

*Only available in New York



Height and Weight Charts

Female

Through Age 70

Ages 71+

| TransNavigator Transamerica Journey Transamerica Journey NY | Select | Preferred (S/NS) | N/A | Standard (S/NS) | TransNavigator Transamerica Journey Transamerica Journey NY | N/A | N/A | N/A | Standard (S/NS) |
|---|--------------------|--|------------------|---------------------------------|---|-------------------|----------------------|------------------|---------------------------------|
| Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4) | Preferred Plus | Preferred (S/NS) | Standard Plus | Standard (S/NS) | Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 & 4) | Preferred Plus | Preferred (S/NS) | Standard Plus | Standard (S/NS) |
| Freedom Index Universal Life II & Freedom Global IUL II* | Preferred Elite | Preferred Plus/ Preferred Tobacco | Preferred | Non- Tobacco & Tobacco | Freedom Index Universal Life II & Freedom Global IUL II* | N/A | Preferred Tobacco | Preferred | Non- Tobacco & Tobacco |
| Height | Weight | | | | Height | Weight | | | |
| 4'6" | 117 | 128 | 136 | 149 | 4'6" | 120 | 132 | 140 | 152 |
| 4'7" | 121 | 132 | 141 | 154 | 4'7" | 124 | 136 | 145 | 157 |
| 4'8" | 125 | 136 | 146 | 159 | 4'8" | 128 | 140 | 150 | 162 |
| 4'9" | 129 | 140 | 151 | 164 | 4'9" | 133 | 145 | 155 | 168 |
| 4'10" | 133 | 144 | 156 | 169 | 4'10" | 137 | 150 | 160 | 174 |
| 4'11" | 138 | 149 | 161 | 175 | 4'11" | 142 | 155 | 165 | 180 |
| 5'0" | 142 | 154 | 166 | 181 | 5'0" | 146 | 160 | 170 | 186 |
| 5'1" | 147 | 159 | 171 | 187 | 5'1" | 151 | 164 | 176 | 192 |
| 5'2" | 151 | 164 | 176 | 193 | 5'2" | 156 | 169 | 181 | 198 |
| 5'3" | 156 | 169 | 181 | 197 | 5'3" | 160 | 174 | 186 | 203 |
| 5'4" | 161 | 174 | 185 | 202 | 5'4" | 165 | 179 | 190 | 207 |
| 5'5" | 165 | 179 | 189 | 206 | 5'5" | 170 | 184 | 195 | 211 |
| 5'6" | 170 | 184 | 194 | 210 | 5'6" | 175 | 189 | 199 | 215 |
| 5'7" | 174 | 189 | 199 | 215 | 5'7" | 179 | 195 | 204 | 220 |
| 5'8" | 178 | 195 | 204 | 220 | 5'8" | 183 | 200 | 210 | 225 |
| 5'9" | 182 | 200 | 210 | 225 | 5'9" | 187 | 205 | 215 | 230 |
| 5'10" | 186 | 205 | 215 | 230 | 5'10" | 191 | 210 | 220 | 235 |
| 5'11" | 190 | 210 | 221 | 236 | 5'11" | 196 | 216 | 226 | 241 |
| 6'0" | 195 | 216 | 227 | 242 | 6'0" | 201 | 222 | 232 | 247 |
| 6'1" | 200 | 222 | 233 | 248 | 6'1" | 206 | 228 | 238 | 254 |
| 6'2" | 205 | 228 | 239 | 254 | 6'2" | 211 | 233 | 244 | 260 |
| 6'3" | 210 | 233 | 244 | 260 | 6'3" | 216 | 239 | 251 | 267 |
| 6'4" | 215 | 239 | 250 | 267 | 6'4" | 221 | 244 | 257 | 273 |
| 6'5" | 220 | 245 | 256 | 274 | 6'5" | 226 | 250 | 263 | 279 |
| 6'6" | 225 | 250 | 262 | 281 | 6'6" | 231 | 256 | 270 | 286 |
| 6'7" | 230 | 256 | 268 | 287 | 6'7" | 237 | 261 | 277 | 292 |
| 6'8" | 235 | 262 | 274 | 293 | 6'8" | 243 | 267 | 284 | 299 |
| 6'9" | 240 | 267 | 280 | 300 | 6'9" | 249 | 273 | 291 | 305 |
| 6'10" | 245 | 273 | 286 | 306 | 6'10" | 254 | 279 | 298 | 312 |
| 6'11" | 250 | 279 | 292 | 313 | 6'11" | 259 | 285 | 305 | 319 |
| 7'0" | 255 | 284 | 298 | 319 | 7'0" | 264 | 290 | 312 | 325 |

*Only available in New York



Height and Weight Charts

Trendsetter LB Bands 1 & 2

Male

| Height | Weight | | | | |
|--------|----------------------|----------|------------------|-------------------------|------------------|
| | Preferred Nonsmoker* | Standard | Standard Express | Disability Income Rider | Maximum Weight** |
| 4'6" | 132 | 155 | 169 | 150 | 189 |
| 4'7" | 136 | 160 | 176 | 156 | 196 |
| 4'8" | 140 | 166 | 182 | 164 | 203 |
| 4'9" | 145 | 172 | 189 | 169 | 211 |
| 4'10" | 150 | 178 | 196 | 174 | 219 |
| 4'11" | 155 | 184 | 203 | 178 | 227 |
| 5'0" | 160 | 190 | 210 | 182 | 235 |
| 5'1" | 164 | 196 | 217 | 187 | 243 |
| 5'2" | 169 | 202 | 224 | 191 | 250 |
| 5'3" | 174 | 208 | 231 | 196 | 258 |
| 5'4" | 179 | 214 | 239 | 201 | 267 |
| 5'5" | 184 | 220 | 246 | 207 | 275 |
| 5'6" | 189 | 227 | 254 | 212 | 284 |
| 5'7" | 195 | 233 | 261 | 218 | 292 |
| 5'8" | 200 | 239 | 270 | 225 | 302 |
| 5'9" | 206 | 244 | 278 | 231 | 311 |
| 5'10" | 211 | 250 | 286 | 238 | 320 |
| 5'11" | 217 | 256 | 294 | 243 | 329 |
| 6'0" | 223 | 263 | 302 | 251 | 338 |
| 6'1" | 229 | 269 | 310 | 257 | 347 |
| 6'2" | 235 | 276 | 319 | 263 | 357 |
| 6'3" | 241 | 283 | 327 | 270 | 366 |
| 6'4" | 247 | 289 | 336 | 278 | 376 |
| 6'5" | 253 | 296 | 345 | 286 | 386 |
| 6'6" | 259 | 303 | 354 | 296 | 396 |
| 6'7" | 265 | 310 | 363 | 305 | 406 |
| 6'8" | 271 | 317 | 372 | 314 | 416 |
| 6'9" | 277 | 324 | 381 | 323 | 426 |
| 6'10" | 283 | 331 | 390 | 331 | 437 |
| 6'11" | 289 | 338 | 399 | 342 | 448 |
| 7'0" | 295 | 346 | 409 | 353 | 458 |

Female

| Height | Weight | | | | |
|--------|----------------------|----------|------------------|-------------------------|------------------|
| | Preferred Nonsmoker* | Standard | Standard Express | Disability Income Rider | Maximum Weight** |
| 4'6" | 128 | 149 | 157 | 145 | 174 |
| 4'7" | 132 | 154 | 163 | 150 | 180 |
| 4'8" | 136 | 159 | 167 | 156 | 187 |
| 4'9" | 140 | 164 | 173 | 161 | 193 |
| 4'10" | 144 | 169 | 179 | 166 | 200 |
| 4'11" | 149 | 175 | 185 | 170 | 207 |
| 5'0" | 154 | 181 | 192 | 173 | 215 |
| 5'1" | 159 | 187 | 198 | 178 | 221 |
| 5'2" | 164 | 193 | 205 | 182 | 229 |
| 5'3" | 169 | 197 | 212 | 187 | 237 |
| 5'4" | 174 | 202 | 219 | 191 | 245 |
| 5'5" | 179 | 206 | 226 | 196 | 253 |
| 5'6" | 184 | 210 | 234 | 201 | 262 |
| 5'7" | 189 | 215 | 241 | 207 | 269 |
| 5'8" | 195 | 220 | 249 | 214 | 278 |
| 5'9" | 200 | 225 | 257 | 219 | 287 |
| 5'10" | 205 | 230 | 265 | 226 | 296 |
| 5'11" | 210 | 236 | 273 | 231 | 305 |
| 6'0" | 216 | 242 | 280 | 238 | 313 |
| 6'1" | 222 | 248 | 288 | 243 | 322 |
| 6'2" | 228 | 254 | 296 | 249 | 331 |
| 6'3" | 233 | 260 | 304 | 256 | 340 |
| 6'4" | 239 | 267 | 312 | 264 | 349 |
| 6'5" | 245 | 274 | 320 | 271 | 358 |
| 6'6" | 250 | 281 | 329 | 280 | 368 |
| 6'7" | 256 | 287 | 337 | 289 | 377 |
| 6'8" | 262 | 293 | 346 | 297 | 387 |
| 6'9" | 267 | 300 | 354 | 306 | 396 |
| 6'10" | 273 | 306 | 362 | 314 | 406 |
| 6'11" | 279 | 313 | 371 | 321 | 415 |
| 7'0" | 284 | 319 | 380 | 330 | 425 |

**Maximum weights to qualify for a rated policy; anything above these weights will be declined.



Underwriting Requirements

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Personal History Interviews, Inspection Reports, Prescription Checks, Motor Vehicle Reports, and Attending Physician Statements will be ordered by the company at its discretion.



Underwriting Exams and Reports Defined

PERSONAL HISTORY INTERVIEWS (PHI)

A Personal History Interview may be ordered at the discretion of the underwriter for any amount of coverage.

PARAMED

A Basic Paramedical Exam includes medical history questions, measured height and weight, pulse, and blood pressure.

MEDICAL EXAM (MED)

Medical Doctor Exam may also be ordered. These must be arranged through approved paramed companies.

HOME OFFICE SPECIMEN (HOS)

A urine test is required with all medical and paramedical exams.

BLOOD CHEMISTRY PROFILE (BCP)

The BCP is a venous blood draw. Appointed paramedical services can obtain the Blood Chemistry Profile.

RESTING ELECTROCARDIOGRAM (ECG)

If Resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated. Please provide a copy.

MINNESOTA COGNITIVE ACUITY SCREEN (CS)

The MCAS is a simple, short telephone interview, conducted by registered nurses (RNs) trained to administer the test. Proposed insureds age 71 and older will complete the Minnesota Cognitive Acuity Screen which screens for cognitive deficits.

INSPECTION REPORTS (IR)

Provides a holistic view of the proposed insured's public records footprint, providing information such as criminal records history, properties owned, and bankruptcies.

PERSONAL FINANCIAL STATEMENTS (PFS)

A Personal Financial Statement (also known as a Confidential Financial Questionnaire) will be requested if the income and net worth of PI is not provided on application, the company finds the financial information is unclear, inconsistent or additional details are needed, and/or the insurance is being used for business coverage, including Buy-Sell, Loan and Key Person applications.



MOTOR VEHICLE REPORTS (MVR)

A Motor Vehicle Report may be ordered at the discretion of the underwriter for any amount of coverage.

PRESCRIPTION CHECK (RX CHECK)

A prescription history may be ordered at the discretion of the underwriter for any reason.

ATTENDING PHYSICIAN STATEMENTS (APS)

Providing complete information, including telephone number, will expedite the APS process. APSs will be ordered by the company at its discretion.

APS Guidelines are as follows:

| Face Amounts | | | |
|--------------|--|--|--|
| Age | Up to and including \$1 million | \$1,000,001 to \$3 million | Over \$3 million |
| 0-50 | NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)* | NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)* | YES Will be required on <i>all</i> applications** |
| 51-60 | NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)* | NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)* | YES Will be required on <i>all</i> applications |
| 61-69 | NOT ROUTINELY (for cause or for exam within the past 12 months not marked within normal limits)* | Yes Within the last 5 years for preferred classes and has an established Primary Care Physician | Yes Within the last 5 years for preferred classes and has an established Primary Care Physician |
| 70 and older | Yes*** | Yes*** | Yes*** |

*APSs are not needed on regular annual exams that are marked within normal limits or on annual female exams unless exam was noted as abnormal.

**Individual consideration up to and including \$5 Million (and under age 50) if applicant has not seen an MD for more than 3 years.

***Ages 70 to 79, normal underwriting guidelines if seen in the last 24 months by Primary Care Physician. Age 80 should have seen an MD in the last 12 months for any consideration.

Business Coverage

Business coverage may require a Business Beneficiary Inspection Report (BBIR) at face amounts over \$2,000,000.



Authorized Paramed Companies

The companies listed below are authorized to perform paramedical and medical exams on behalf of Transamerica.

| | | |
|---|--------------|------------------|
| APPS - Portamedic | 800-727-2101 | appslive.com |
| Examination Management Services, Inc. (EMSI) | 800-872-3674 | emsinet.com |
| Insurance Medical Services, Inc | 877-808-5533 | imsparamed.com |
| ExamOne, Inc. | 800-768-2056 | examone.com |
| ExamOne Superior Solutions | 800-898-3926 | smminsurance.com |

Authorized Inspection Companies

The companies listed below are authorized to perform Inspection Reports (IRs) on behalf of Transamerica. These will be ordered by the home office.

Examination Management Services, Inc. (EMSI)

Phone: 800-281-8991 | Web site: <https://eol5.emsinet.com> | Email: it.support.desk@emsinet.com

ExamOne Inc.

Phone: 800-768-2056 | Web site: www.examone.com | Email: CSG.1@ExamOne.com

How long are Underwriting Requirements valid for?

Underwriting requirements will expire as listed in the chart.

| Requirements | Up to Age 70 | Age 71 and Older |
|---|-------------------|-------------------|
| Paramed or Medical* | Good for 1 year | Good for 6 months |
| Part 2 (Non-med) | Good for 3 months | Good for 3 months |
| Resting Electrocardiogram (ECG)** | Good for 1 year | Good for 1 year |
| Inspection Report (IR) | Good for 1 year | Good for 1 year |
| Personal Financial Supplement (PFS) | Good for 1 year | Good for 1 year |
| Home Office Urine Specimen (HOS) | Good for 1 year | Good for 6 months |
| Blood Chemistry Profile (BCP) | Good for 1 year | Good for 6 months |
| Minnesota Cognitive Acuity Screen (CS) | N/A | Good for 6 months |
| Motor Vehicle Report (MVR) | Good for 6 months | Good for 6 months |

*Underwriting may request additional requirements in addition to the paramed exam, such as a newly completed non-medical Part 2, or statement of good health, depending on product, age of exam and medical history.

**ECG: If normal resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated.



Initial Underwriting Requirements

TRENDSETTER SUPER TRENDSETTER SUPER NY

| Face Amount | Issue Age | | | | | |
|----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|---|
| | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 75 | 76 – 80 |
| \$25,000 – \$50,000 ¹ | Non-med | Non-med | Non-med | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS MVR |
| \$50,001 – \$99,999 ¹ | Non-med | Non-med | Non-med | Paramed BCP HOS | Paramed BCP HOS MVR | Paramed BCP HOS MVR |
| \$100,000 – \$250,000 | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR |
| \$250,001 – \$500,000 | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR |
| \$500,001 – \$1,000,000 | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS ECG CS PFS MVR | Paramed BCP HOS ECG CS PFS MVR |
| \$1,000,001 – \$2,000,000 | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$2,000,001 – \$3,500,000 | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$3,500,001 – \$5,000,000 | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$5,000,001 – \$10,000,000 | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$10,000,001 and higher | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR |

Transamerica reserves the right to order Rx checks and to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business. Business coverage may require BBIR at face amounts of \$2 million and greater.



Initial Underwriting Requirements

TRENDSETTER LB

| Available Risk Classes: Standard (S/NS) and Standard Express (S/NS) | | | | | | |
|---|------------------------------|--------------|--------------|--------------|--------------------|---------------------------|
| | | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 80 |
| Band 1 | \$25,000 – \$99,999 | Non-med* MVR | Non-med* MVR | Non-med* MVR | N/A | N/A |
| Band 2 | \$100,000 – \$249,999 | Non-med* MVR | Non-med* MVR | Non-med* MVR | Paramed BCP HOS | Paramed BCP HOS CS MVR |

Policies underwritten as Tables 1 – 4 (A – D) will be issued as Standard Express Class (S/NS) without an explicit table rating.

Policies underwritten as Tables 5 – 8 (E – H) will be issued as Standard Class (S/NS) plus the appropriate table extra rating (25% of base rate per table).

*Standard nonsmoker is the best rate class available for non-medical underwritten Bands 1 and 2.

Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

| Available Risk Classes: Preferred Nonsmoker | | | | | | |
|---|------------------------------|------------------------|--------------------|--------------------|--------------------|---------------------------|
| | | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 80 |
| Band 2 | \$100,000 – \$249,999 | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR |

| Available Risk Classes: Preferred Plus, Preferred (S/NS), Standard Plus and Standard (S/NS) | | | | | | |
|---|--------------------------------|------------------------|------------------------|------------------------------------|------------------------------------|--|
| | | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 80 |
| Band 3 | \$250,000 – \$499,999 | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR |
| Band 4 | \$500,000 – \$2,000,000 | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS MVR Rx Check | Paramed BCP HOS MVR Rx Check | Paramed BCP HOS ECG CS PFS MVR Rx Check |

Transamerica reserves the right to order Rx checks and to request other evidence of insurability as it deems necessary.

Business coverage may require BBIR at face amounts of \$2million and greater.



Initial Underwriting Requirements

TRANSNAVIGATOR

| Face Amount | Issue Age | | | | | | | |
|--|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | 0 – 17 | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 75 | 76 – 80 | 81+ |
| \$25,000 – \$99,999 | Non-med | Non-med | Non-med | Non-med | Paramed BCP HOS | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Medical BCP HOS ECG MVR |
| \$100,000 – \$249,999 | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR | Medical BCP HOS ECG CS MVR |
| \$250,000 – \$499,999 (for 0-17 \$250,000 – \$500,000) | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR | Medical BCP HOS ECG CS MVR |
| \$500,000 – \$1,000,000 (for 0-17 \$500,001 – \$1,000,000) | † | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS ECG CS PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$1,000,001 – \$2,000,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$2,000,001 – \$3,500,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$3,500,001 – \$5,000,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$5,000,001 – \$10,000,000 | N/A | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$10,000,001 and higher | N/A | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR |

Transamerica reserves the right to order Rx checks and to request other evidence of insurability as it deems necessary.

Note: Business coverage may require BBIR at face amounts of \$2 million and greater. Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.

Policies do not have to be split to accommodate face amounts over \$10 million.

Please refer to Product Guides to verify available face amounts for specific product.



Initial Underwriting Requirements

TRANSAMERICA JOURNEY VUL

TRANSAMERICA JOURNEY NY VUL

| Face Amount | Issue Age | | | | | | | |
|----------------------------|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | 0 – 17 | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 75 | 76 – 80 | 81+ |
| \$100,000 – \$249,999 | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR | Medical BCP HOS ECG CS MVR |
| \$250,000 – \$499,999 | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR | Medical BCP HOS ECG CS MVR |
| \$500,000 – \$1,000,000 | † | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS ECG CS PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$1,000,001 – \$2,000,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$2,000,001 – \$3,500,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$3,500,001 – \$5,000,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$5,000,001 – \$10,000,000 | N/A | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$10,000,001 and higher | N/A | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR |

Transamerica reserves the right to order Rx checks and to request other evidence of insurability as it deems necessary.

Note: Business coverage may require BBIR at face amounts of \$2 million and greater. VUL policies are only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

The Long Term Care (LTC) Rider is only available on Journey/Journey NY to U.S. Citizens living in the U.S. and to Green Card holders. For full underwriting specifications, please refer to the appropriate LTC Underwriting Guide.

†For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.

Policies do not have to be split to accommodate face amounts over \$10 million.

Please refer to Product Guides to verify available face amounts for specific product.



Initial Underwriting Requirements

FREEDOM GLOBAL IUL II*

FREEDOM INDEX UNIVERSAL LIFE II*

| Face Amount | Issue Age | | | | | | | |
|----------------------------|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | 0 – 17 | 18 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | 71 – 75 | 76 – 80 | 81+ |
| \$25,000 – \$50,000 | Non-med | Non-med | Non-med | Non-med | Paramed BCP HOS | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Medical BCP HOS ECG MVR |
| \$50,001 – \$75,000 | Non-med | Non-med | Non-med | Non-med | Paramed BCP HOS | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Medical BCP HOS ECG MVR |
| \$75,001 – \$100,000 | Non-med | Non-med | Non-med | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Medical BCP HOS ECG MVR |
| \$100,001 – \$250,000 | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS CS MVR | Paramed BCP HOS CS MVR | Medical BCP HOS ECG CS MVR |
| \$250,001 – \$500,000 | Non-med | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS | Paramed BCP HOS ECG | Paramed BCP HOS ECG CS MVR | Paramed BCP HOS ECG CS MVR | Medical BCP HOS ECG CS MVR |
| \$500,001 – \$1,000,000 | † | Paramed BCP HOS MVR | Paramed BCP HOS | Paramed BCP HOS ECG | Paramed BCP HOS ECG | Paramed BCP HOS ECG CS PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$1,000,001 – \$2,000,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$2,000,001 – \$3,500,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$3,500,001 – \$5,000,000 | N/A | Paramed BCP HOS MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$5,000,001 – \$10,000,000 | N/A | Paramed BCP HOS PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Paramed BCP HOS ECG PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR | Medical BCP HOS ECG CS PFS MVR |
| \$10,000,001 and higher | N/A | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR | Medical BCP HOS ECG CS PFS MVR IR |

Transamerica reserves the right to order Rx checks and to request other evidence of insurability as it deems necessary.

Note: Business coverage may require BBIR at face amounts of \$2 million and greater. Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

*Only available in New York

†For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.



Lifestyle and Health History

IMPACT ON RISK CLASS

| | | | | | | | | |
|---|--|---|--|--|--|--|---|--|
| TransNavigator Transamerica Journey Transamerica Journey NY | Select | Preferred Non smoker | N/A | N/A | Standard Non smoker | Preferred Smoker | N/A | Standard Smoker |
| Trendsetter Super Trendsetter Super NY Trendsetter LB | Preferred Plus | Preferred Non smoker | Standard Plus | NONMED Standard & Standard Express Non smoker (band 1 & 2 LB) | Standard Non smoker | Preferred Smoker | NONMED Standard & Standard Express Smoker (band 1 & 2 LB) | Standard Smoker |
| Freedom Global IUL II* Freedom Index Universal Life II | Preferred Elite | Preferred Plus | Preferred | N/A | Non-Tobacco | Preferred Tobacco | N/A | Tobacco |
| Tobacco Usage | None in the past 5 years | None in the past 2 years | None in the past 2 years | None in the past year | None in the past 2 years | Tobacco permitted | Tobacco permitted | Tobacco permitted |
| Incidental Cigar Usage | Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month | Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month | Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month | Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month | Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month | Permitted | Permitted | Permitted |
| Cholesterol With or without treatment | 230 | 260 | 300 | * | * | 260 | * | * |
| Chol / HDL | 5.0 for ages ≤70 5.5 for ages 71+ | 5.5 for ages ≤70 6.0 for ages 71+ | 6.2 for ages ≤70 6.7 for ages 71+ | * | 7.0 for ages ≤70 7.5 for ages 71+ | 5.5 for ages ≤70 6.0 for ages 71+ | * | 7.0 for ages ≤70 7.5 for ages 71+ |
| Blood Pressure | 135/85 for ages ≤70 145/85 for ages 71+ | 145/85 for ages ≤70 150/90 for ages 71+ | 148/88 for ages ≤70 152/88 for ages 71+ | * | * | 145/85 for ages ≤70 150/90 for ages 71+ | * | * |
| Treatment | <u>Through age 49:</u> Without treatment <u>Ages 50-80:</u> With treatment, as long as readings fit criteria above <u>Ages 81+:</u> Without treatment | With or without treatment | With or without treatment | * | * | With or without treatment | * | * |
| Family History Includes coronary artery disease and the following cancers:** Breast, Ovarian, Prostate, Colon, Lung, Melanoma | No family deaths before age 65 of either parent or sibling. Disregard if PI is age 65 or older. | No family deaths before age 60 of either parent. Disregard if PI is age 60 or older. | No family deaths before age 60 of either parent. Disregard if PI is age 60 or older. | N/A | * | No family deaths before age 60 of either parent. Disregard if PI is age 60 or older. | N/A | * |
| Personal History | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | *** | No ratable impairments | No heart or vascular disease, diabetes, or cancer (except some skin cancers) | *** | No ratable impairments |

*Individual consideration on a case-by-case basis; may or may not be eligible.

**Some gender-specific cancers may qualify for preferred rates.

***See Underwriting Guidelines for Medical Impairments on pages 17 - 32



Lifestyle and Health History—Impact on Risk Class

| | | | | | | | | |
|---|--|--|--|---|--|--|---|--|
| TransNavigator Transamerica Journey Transamerica Journey NY | Select | Preferred Non smoker | N/A | N/A | Standard Non smoker | Preferred Smoker | N/A | Standard Smoker |
| Trendsetter Super Trendsetter Super NY Trendsetter LB | Preferred Plus | Preferred Non smoker | Standard Plus | NONMED Standard & Standard Express Non smoker (band 1 & 2 LB) | Standard Non smoker | Preferred Smoker | NONMED Standard & Standard Express Smoker (band 1 & 2 LB) | Standard Smoker |
| Freedom Global IUL II* Freedom Index Universal Life II | Preferred Elite | Preferred Plus | Preferred | N/A | Non-Tobacco | Preferred Tobacco | N/A | Tobacco |
| Driving History DUI/Reckless | None in the past 5 years | | | *** | * | None in past 5 years | *** | * |
| MVR-Major Violations | No more than 1 major violation in the past 3 yrs and NONE in the past 12 months | No more than 1 major violation in past 3 yrs | | *** | * | No more than 1 major violation in past 3 yrs | *** | * |
| MVR-Minor Violations | No more than 3 minor moving violations within the past 3 yrs | | | *** | * | No more than 3 minor moving violations within the past 3 yrs | *** | * |
| Private Aviation ¹ | Only available with Aviation Exclusion Rider; not available to those age 71 and older | Term, TransACE CV, and VUL – Preferred can be offered with or without ratable aviation. | Can be offered with or without ratable aviation | *** | Available as qualifies | Term, Trans-ACE CV, and VUL –Preferred can be offered with or without ratable aviation. | *** | Available as qualifies |
| Avocation (Hazardous) | No participation in activities listed below ² | No participation in activities listed below ² Flat extra available | No participation in activities listed below ² Flat extra available | *** | No participation in activities listed below, if ratable ² | No participation in activities listed below ² Flat extra available | *** | No participation in activities listed below, if ratable ² |
| Alcohol/Substance Abuse | No history or treatment at any time | No history or treatment at any time | No history or treatment in the past 10 years | *** | No history or treatment in the past 7 years | No history or treatment at any time | *** | No history or treatment in the past 7 years |
| Citizenship/Residence | U.S. citizen or legal permanent resident/green card residing in the U.S. – all others, contact Underwriting for individual consideration. | | | | | | | |
| Foreign Travel (Unsafe) | No traveling to dangerous areas of the world where the State Department has issued travel advisories. ³ | | | | | | | |
| Military | Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area. ⁴ | | | | | | | |

*Individual consideration on a case-by-case basis – may or may not be eligible.

***See Underwriting Guidelines for Medical Impairments on pages 17 - 32

¹Private Aviation: An Aviation Exclusion Rider (AER) is not available on joint life applications.

²Avocation: Prohibited activities involving aeronautics (e.g., hang-gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing, competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet.

³Foreign Travel: Unless otherwise prohibited by statute.

⁴Military: Unless otherwise prohibited by statute.



Medical Impairments

IMPACT ON RISK CLASS

T=Table

| Impairment | All products except Trendsetter® LB Series Band 1 & 2 | Preferred Possible | Trendsetter® LB Series | | Monthly Disability Income Rider |
|-----------------------------------|--|---|-------------------------------------|---|---------------------------------|
| | | | Band 1 | Band 2 | |
| AIDS/HIV | Decline | N | Decline | Decline | Decline |
| Alcohol abuse | T2 – Decline | N | Decline | Mild – Std Express Other – Decline | Decline |
| Alcoholism* | <2 yrs since complete abstinence – Decline | Yes, with greater than 10 years of sobriety | Decline | < 5 years of complete abstinence – Decline 5 years plus of complete abstinence – Std to Std Express | Decline |
| | 3-5 yrs since complete abstinence – T3 to T10 | N | | | |
| | >5 yrs since complete abstinence – Standard to T3 | N | | | |
| Allergies, Hay fever | Standard | Y | Std | Std | Std |
| ALS (Lou Gehrig's Disease) | Decline | N | Decline | Decline | Decline |
| Alzheimer's Disease | Decline | N | Decline | Decline | Decline |
| Amputations | Limited, traumatic injury – Standard Otherwise, see specific cause/disease | Possible in those cases of limited, traumatic injury resulting in amputation. | Due to injury – Standard | Due to injury – Standard | Exclusion Rider or Decline |
| Anemia | Fully investigated with no underlying cause identified. Mild – Standard | N | Mild cases - Std Other - Decline | Mild cases – Std Moderate – Std Express Severe – Decline | Decline |
| | Moderate – T2 to T5 | N | | | |
| | Severe – Decline | N | | | |
| Aneurysm, abdominal** | No surgery but with periodic surveillance – T2 to T6 | N | Decline | No surgical correction - Decline Greater than 6 months since surgical correction – Std Express | Decline |
| | No surgery or surveillance – Decline | N | | | |
| | No surgery, size > 5 cm – Decline | N | | | |
| | Treated with surgery: | N | | | |
| | <6 mo since surgery – Postpone | | | | |
| | >6 mo since surgery – T2 to T6, depending on length of time since surgery | | | | |
| Aneurysm, cerebral** | No surgery – \$7.50 flat extra to Decline | N | Decline | No surgical correction or <2 yrs since surgery – Decline 2 years plus since surgical correction – Std to Std Express | Decline |
| | <6 mo since surgery – Postpone | N | | | |
| | 6 mo to 2 yrs since surgery – \$5 flat extra | N | | | |
| | >2 yrs since surgery – Standard | N | | | |
| | (if multiple cerebral aneurysms or significant residuals, possible Decline) | | | | |
| Angina* | See Coronary Artery Disease | | | | |
| Anxiety | Mild – (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) – Standard | Y | Mild cases – Std Other – Decline | Mild cases – Std Moderate – Std Express Other – Decline | Decline |
| | Moderate – (satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work) – Standard to T4 | N | | | |
| | Severe – (recurring episodes requiring in-patient care, unable to work) – T4 to Decline | N | | | |

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Medical Impairments—Impact on Risk Class

T=Table

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|--|--|---|---|---|---|
| | | | Band 1 | Band 2 | |
| Arthritis, osteo | Mild or Moderate – Standard | Y – mild only | Standard | Standard | Exclusion Rider or Decline |
| | Severe – possible T2 | N | | | |
| Arthritis, rheumatoid* ** | Mild – (minimal pain, no deformity, no continuous treatment required) – Standard | N | Mild cases – Std to Std Express | Mild cases – Std to Std Express | Decline |
| | Moderate – (moderate activity, frequent drug therapy, slight deformity) – T2 to T3 | N | | Moderate – Std Express | |
| | Severe – (chronic active disease, serious restrictions of movement, continuing treatment including steroids) – T4 to Decline | N | | Other – Decline | |
| Asthma** | Mild – Standard to T2 | Y – mild only | Mild cases- Std to Std Express | Mild Cases – Std to Std Express | Exclusion Rider or Decline |
| | Moderate – T3 to T8 | N | | Moderate – Std Express | |
| | Severe – Decline | N | | Severe – Decline | |
| | Children: < Age 7 can be considered for coverage at a Standard rate if their asthma is mild and well controlled. Age 2 or younger, cannot be considered for coverage | N | | | |
| Atrial fibrillation* ** | No underlying heart disease, short duration <4 episodes per year – Standard to T3 | N | Decline | No underlying heart disease, short duration, <4 episodes per year – Std to Std Express | Decline |
| | Chronic or prolonged episodes – T2 to T6 | N | | With underlying heart disease or frequent episodes – Decline | |
| Aviation, paid | Commercial pilot, passenger or freight flying within the U.S. or Canada – Standard | Y | Corporate or commercial pilot (passenger or freight) flying within U.S. or Canada – Std Other- \$2.50 flat extra and up | Corporate or commercial pilot (passenger or freight) flying within U.S. or Canada- Std Other – \$2.50 flat extra and up | Standard if qualified pilot |
| | Corporate Pilot – Standard | Y | | | |
| | Other, \$2.50 to \$10 flat extra (Rating determined by occupation) | N | | | |
| Aviation, private | Student pilot – \$3.50 flat extra | See Preferred Guidelines | Student- \$3.50 flat extra Qualified Pilot – Std to \$3.50 flat extra | Student- \$3.50 flat extra Qualified Pilot – Std to \$3.50 flat extra | Qualified private pilots may be acceptable |
| | Qualified pilot – Standard to \$3.50 flat extra (Rating determined by client age, number of hours flown each year and total flying experience) | N | | | |
| Back pain (See also Chronic Pain) | Mild to Moderate – Standard | Y | Mild to moderate cases – Std to Std | Mild to moderate cases – Std to Std Express | Exclusion Rider or Decline |
| | Severe-possible T2 to T4 | N | Express Severe or disabling – Decline | Severe or disabling – Std Express to Decline | |
| Barrett’s Esophagus* | Standard to Decline | N | Decline | Std to Decline | Decline |
| Bell’s Palsy | Standard | Y – If > 3 months since diagnosis, fully recovered with no complications. | Fully recovered – Std | Fully recovered- Std | Present – Decline Fully recovered, no residuals – Standard |

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|---|--|--|--|--|--|
| | | | Band 1 | Band 2 | |
| Bipolar disorder* | Mild – (no loss of work, stable symptoms, low-dose single antidepressant) – T2 to T4 | N | Decline | Mild to moderate (very infrequent time lost from work, stable symptoms, 1 or 2 antidepressants, no suicide attempts) – Std | Decline |
| | Moderate – (1 or more episodes, satisfactory response to treatment, infrequent disabling attacks) – T4 to T6 | N | | | |
| | Severe – (recurring episodes, inpatient care, disabled from work) – T8 to Decline | N | | | |
| Blindness | Total blindness – Standard to T3 | Possible, if otherwise considered Standard and no impairment of functional capacity. | Standard | Standard | Exclusion Rider |
| | Partial – Standard | Y | | | |
| BPH (Benign Prostatic Hypertrophy) | Normal PSA, urinalysis, no impairments – Standard | Y | Normal PSA, urinalysis, no renal impairment – Standard | Normal PSA, urinalysis, no renal impairment – Standard | History of >6 mos – Standard |
| Breast disorders (not Cancer) | Benign mass without atypia per biopsy – Standard | Y | Benign mass without atypia per biopsy – Std | Benign mass without atypia per biopsy – Std | Present – Decline |
| | Benign mass with atypia per biopsy – Standard to T4 (determined by client's age and if family history is positive for breast cancer) | N | Otherwise – Decline | Benign mass with atypia per biopsy – Std Express | History of/ recovered – Standard |
| Broken bone | Standard | Y | Standard | Standard | Standard or Exclusion Rider |
| Bronchiectasis* | Minimal or Mild – Standard to T3 | N | Decline | Mild- Std Express | Decline |
| | Moderate or Severe- Decline | N | | | |
| | Moderate – T4 to T6 | N | | | |
| | Severe – T8 to Decline | N | | | |
| Bronchitis, acute | Standard | Y | Standard | Standard | Present with history of asthma – Decline, otherwise – Standard |
| Bronchitis, chronic (COPD)* | Mild – Standard to T3 | N | Decline | Minimal or Mild – Std | Decline |
| | Moderate – T4 to T8 | N | | Express Moderate to Severe – Decline | |
| | Severe – Decline (if currently using oxygen – Decline) | N | | | |
| Bundle branch block, right | Incomplete – Standard | Y | Std to Std Express | Std to Std Express | Decline |
| | Complete: No CAD risk factors – Standard | N | | | |
| | With CAD risk factors – T2 to T3 | N | | | |
| Bundle branch block, left* | T4 to Decline | N | Decline | Stable for at least 1 year & no underlying heart disease – Std Express Otherwise – Decline | Decline |

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|--|---|--------------------|--|---|--|
| | | | Band 1 | Band 2 | |
| Bursitis | Standard | Y | Standard | Standard | Exclusion Rider or Decline |
| Cancer (internal organ)* | Call Home Office | N | Decline | Call Home Office | Decline |
| Cancer, skin (not Melanoma) | Standard | Y | Standard | Standard | Standard |
| Cardiomyopathy | <3 yrs since diagnosis - postpone | N | Decline | 3 years since diagnosis – Decline | Decline |
| | >3 yrs since diagnosis - T4 to T8 | | | >3 years since diagnosis – Std Express to Decline | |
| Carpal Tunnel Syndrome | Standard | Y | Standard | Standard | Exclusion Rider or Decline |
| Cataracts | Standard | Y | Standard | Standard | Standard or Exclusion Rider |
| Cerebral Palsy* | Age 8 or less – Decline | N | Decline | Age 8 or less – Decline | Decline |
| | Age 9 or greater- very mild and no mental retardation – Std | N | | Age 9 or greater- very mild and no mental retardation – Std mild mental retardation – Std Express | |
| | Otherwise, T4 to Decline | N | | Otherwise – Decline | |
| Cerebral Vascular Accident, Stroke (CVA)* ** | <1 yr since occurrence – Postpone | N | Decline | Mild and >1 year since occurrence – Std Express to Decline | Decline |
| | >1 yr since occurrence – T4 to Decline | N | | | |
| | Multiple CVA's – Decline | N | | | |
| Chronic Obstructive Pulmonary Disorder (COPD)** | Minimal to Mild - Standard to T4 | N | Decline | Minimal or Mild – Std Express | Decline |
| | Moderate - T6 to T8 | | | Moderate to Severe – Decline | |
| | Severe – Usually Decline (Rating will be higher if currently using tobacco, Supplemental oxygen is decline) | | | | |
| Chronic Fatigue Syndrome | <1 year since last symptoms – Postpone | N | Fully recovered – Standard | Fully recovered – Standard | Present, within 2 yrs of recovery – Decline |
| | >1 year since last symptoms – Standard | Y | | | >2 yrs since recovery, no residuals – Standard |
| Chronic pain | Mild – Standard to T3 | N | Mild to moderate cases – Std to Std Express Severe or disabling – Decline | Mild to moderate cases – Std to Std Express Severe or disabling – Std Express to Decline | Decline |
| | Moderate – T4 to T8 | N | | | |
| | Severe – Decline | N | | | |
| Cirrhosis (liver) | Complete abstinence from alcohol for > 5 years, no complications, normal liver enzymes – T6 to Decline | N | Decline | Decline | Decline |
| | Otherwise, Decline | N | | | |

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|---|---|---------------------|---|---|---------------------------------|
| | | | Band 1 | Band 2 | |
| Colitis, ulcerative* ** | <1 yr since diagnosis – T3 to T4 | N | Decline | <1 year since diagnosis or major attack – Decline 1-5 years since diagnosis or major attack – Std Express >5 years since diagnosis or major attack – Std | Decline |
| | 1-5 yrs since diagnosis – T2 to T6 | N | | | |
| | >5 yrs since diagnosis – Standard | N | | | |
| | Severe colitis or with complications – Decline | N | | | |
| Colitis, other than ulcerative | Standard – Decline, depending on cause | Y | Standard | Standard | Standard to Decline |
| Concussion (head injury) | Mild – Postpone 6 mo, then Standard (if no residuals) | Y – if no residuals | Mild->6 mos with no residuals – Standard | Mild->6 mos with no residuals – Standard | Standard to Decline |
| | Moderate – Postpone 1 yr, then Standard (if no residuals) | N | | | |
| | Severe – Postpone 2 yrs, then Standard (if no residuals) | N | | | |
| Congestive Heart Failure (CHF)* ** | <1 yr since complete recovery – Postpone | N | Decline | >1 year since full recovery and no treatment – Std Express to Decline | Decline |
| | Otherwise, T4 to Decline | N | | | |
| Convulsions* | See Epilepsy | | | | |
| Coronary Artery Disease* ** | <3 months after bypass – Postpone | N | Decline | Age 45 or less – Decline Ages 46 & up – Std Express to Decline | Decline |
| | <6 months after angioplasty – Postpone | N | | | |
| | Ages: <40 – Decline | N | | | |
| | 40-45 – T6 to Decline | N | | | |
| | 46-59 – T4 to Decline | N | | | |
| | >60 – T2 to Decline May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing. | N | | | |
| Criminal activity | Criminal charges pending, or currently on probation or parole – Postpone | N | Criminal charges pending, or currently on probation or parole – Decline Otherwise, call Home Office | Criminal charges pending, or currently on probation or parole – Decline Otherwise, call Home Office | Decline |
| | Otherwise, call Home Office | N | | | |
| Crohn's Disease* ** | <1 yr from diagnosis or major attack – Postpone | N | Decline | <1 year since diagnosis or major attack – Decline 1-5 years since diagnosis or major attack – Std Express >5 years since diagnosis or major attack – Std | Standard |
| | >1 yrs from diagnosis or major attack – T2 to T6 | N | | | |
| Cyst, benign | Standard | Y | Standard | Standard | Standard |
| Cystic Fibrosis | Decline | N | Decline | Decline | Decline |
| Depression | Mild – (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) – Standard | Possible | Mild cases (stable symptoms, no disability, 1 antidepressant)- Std to Std Express Otherwise- Decline | Mild cases (stable symptoms, no disability, 1 antidepressant) – Std to Std Express Moderate (stable symptoms, very infrequent time lost from work, 1 or 2 antidepressants) – Std Express Severe – Decline | Decline |
| | Moderate – (satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work) – Standard to T4 | N | | | |
| | Severe – (recurring episodes requiring in-patient care, unable to work) – T6 to Decline | N | | | |

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|---|---|----------------------------------|---|--|---------------------------------|
| | | | Band 1 | Band 2 | |
| Dermatitis | Standard | N | Standard | Standard | Standard |
| Diabetes* ** | Standard to Decline (rating determined by current age, how long since diagnosis, and control) | N | Diagnosed after age 40, controlled with diet or 1-2 oral medications only – Std Express | Diagnosed after age 40, controlled with diet, oral medication, or insulin – Std Express to Decline | Decline |
| | Well controlled diabetes, older than age 20, no tobacco with no complication, stable – T2 to Decline | N | Otherwise – Decline | | |
| Diverticulitis** | Mild attacks, fully recovered – Standard to T2 | Y | Mild attacks, fully recovered – Std to Std Express Otherwise – Decline | Mild attacks, fully recovered – Std to Std Express Otherwise – Decline | Exclusion Rider or Decline |
| Down Syndrome* ** | Mild – T8 to T10 Not insurable prior to age 8. Individuals with associated heart disease usually a Decline | N | Decline | Decline | Decline |
| | Moderate or Severe – Decline | N | | | |
| Driving Under the Influence (DUI)* | <1 yr since violation: < age 26 – Decline | N | >1 yr since occurrence - single episode no other driving violations – Standard | >1 yr since occurrence - single episode no other driving violations – Standard | Decline |
| | Ages 26-35 – \$5 Flat Extra | N | | | |
| | Ages 36 & older – \$3.50 Flat Extra | N | | | |
| | 1-5 yrs since violation – Standard to \$5.00 Flat Extra depending on age | | | | |
| | >5 yrs since violation – Standard | N | | | |
| | Multiple DUIs – Probable Decline | Y | | | |
| | Under age 21 at time of offense – Individual Consideration | N | | | |
| Drug Abuse, marijuana | Current use, < 9 times a month – Tobacco Rates | N | Experimental or intermittent only – Standard | Experimental or intermittent only – Standard | Decline |
| | Current use, more frequent – T2 to Decline | N | | | |
| Drug Abuse, other than marijuana* ** | Current use or use within last 3 yrs – Decline History of Relapse - Probable Decline | N | Decline | Decline | Decline |
| | 3-6 yrs since complete abstinence – \$7.50 temporary flat extra | N | | | |
| Eczema | Standard | Y | Standard | Standard | Standard |
| Emphysema* ** | Minimal to Mild – Standard to T4 | N | Decline | Minimal or Mild – Std Express Moderate to Severe – Decline | Decline |
| | Moderate – T6 to T8 | N | | | |
| | Severe – Usually Decline Ratings will be higher if currently using tobacco Supplemental Oxygen use is a Decline | N | | | |
| Endocarditis | Postpone 1 yr, then Standard (if no residuals) | Y | >1 yr Standard (if no residuals) | >1 yr Standard (if no residuals) | Standard to Decline |
| Epilepsy, petit mal* ** | <6 mos since diagnosis – Postpone | N | Controlled with minimal meds and no seizures within past 2 yrs – Std to Std Express | Controlled with minimal meds and no seizures within past 2 years – Std to Std Express | Decline |
| | <7 seizures/yr – Standard | N | | | |
| | 7-12 seizures/yr – Standard to T2 | N | | | |
| | >12 seizures/yr – T2 to T3 | Y (if last seizure >5 years ago) | | | |
| | >2 yrs since last seizure – Standard | | | | |

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|---|--|-----------------------------------|---|---|--|
| | | | Band 1 | Band 2 | |
| Epilepsy, grand mal* ** | Diagnosis <1 year ages <36 – Postpone | N | Controlled with minimal meds and no seizures within past 2 years – Std to Std Express | Controlled with minimal meds and no seizures within past 2 years – Std to Std Express | Decline |
| | Diagnosis <6 months ages 36 & up – Postpone | N | | | |
| | <7 seizures per year: Age <36 – T6 | N | | | |
| | Ages 36 & up – T4 7-12 seizures per year: Age <36 – T8 | N | | | |
| | Age 36 & up – T6 | N | | | |
| | >12 seizures per year: Age <36 – T12 to Decline | N | | | |
| | Ages 36 & up – T8 to Decline | | | | |
| | Seizures Ceased > 1 yr: T3 to Standard | Y (if last seizure > 5 years ago) | | | |
| Esophageal stricture | Mild to Moderate – Standard to T4 | N | Mild cases – Std to Std Express | Mild cases – Std to Std Express | Standard or Exclusion Rider |
| | Severe – T4 to T8 | N | | | |
| | (consider Standard if successful surgery >1 ago) | N | | | |
| Fibromyalgia, fibrositis | Standard to Decline | Y | Mild cases – Std Moderate, not disabling – Std Express | Mild cases – Std Moderate, not disabling-Std Express Severe – Decline | Decline |
| Fistula & fissure, anal | Standard | Y | Standard | Standard | Standard |
| Fracture, bone or skull (no residuals) | Standard | Y | Standard | Standard | Full recovery, no residuals – Standard |
| Gall bladder disorders | Standard | Y | Standard | Standard | Present – Decline Recovered/ Corrected – Standard |
| Gastric bypass surgery* | Banding, LAGB, VBG Surgeries: 3 months or less since surgery – Postpone | N | At least 2 years out from surgery, current weight within build guidelines, no complications – Std | At least 2 years out from surgery, current weight within build guidelines, no complications – Std | Decline |
| | 3 months to 2 years – T2 | N | | | |
| | >2 years – Standard | N | | | |
| | Malabsorptive Surgeries: < 6 months since surgery – Postpone | N | | | |
| | >6 months to < 2 years – T3 | N | | | |
| | 2-5 years – T2 | N | | | |
| | >5 yrs – Standard | N | | | |
| Gastroenteritis, recovered | Standard | Y | Standard | Standard | Standard |
| Gastroesophageal Reflux Disease (GERD) | Standard | Y | Standard | Standard | Standard |
| Glaucoma | Standard | Y | Standard | Standard | Exclusion Rider or |
| Glomerulonephritis, chronic* | Standard to Decline (depends on cause & severity) | N | Decline | Decline | Decline |
| Gout | Standard (chronic, severe cases may require rating) | Y | Std | Std | Standard or Exclusion Rider |

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| | | | Band 1 | Band 2 | |
| Headache, migraine or tension | Standard to Decline. Recent onset or increasing frequency - Postpone | Y | Standard | Standard | Mild – occasional, no absences from work – Standard, Otherwise – Decline |
| Hearing impairment | Standard | Y | Standard | Standard | Exclusion Rider |
| Heart attack* ** | See Coronary Artery Disease | | | | |
| Heart bypass surgery* ** | See Coronary Artery Disease | | | | |
| Heart valve replacement* | <6 mo since surgery – Postpone | N | Decline | Std Express to Decline | Decline |
| | >6 mo since surgery – T2 to Decline (Rate dependent on age & valve replaced) | N | | | |
| Heart valve surgery* ** | <6 mo since surgery – Postpone | N | Decline | Standard to Decline | Decline |
| | >6 mo since surgery – Standard to Decline | N | | | |
| Heartburn | Standard | Y | Standard | Standard | Standard |
| Hemorrhoids | Standard | Y | Standard | Standard | Standard |
| Hepatitis A | Standard (fully recovered) | Y | Standard (fully recovered) | Standard (fully recovered) | Standard |
| Hepatitis B | One episode, fully recovered – Standard | N | Decline | Acute, fully recovered-Std Chronic – Standard to Decline | Decline |
| | Chronic – Standard to Decline | N | | | |
| Hepatitis C | Standard to Decline | N | Decline | Standard to Decline | Decline |
| Hernia | Standard | Y | Standard | Standard | Asymptomatic or surgically corrected – Standard, otherwise – Decline |
| Herniated disc | Standard | Y | Standard | Standard | Exclusion Rider or Decline |
| High blood pressure (Hypertension) | Usually Standard (if under control) | Y | Controlled with one or two medications – Standard | Controlled with one or two medications – Standard | Controlled – Standard |
| Histoplasmosis | Present – Postpone | N | Recovered with no residuals – Standard | Recovered with no residuals – Standard | Decline |
| | Recovered w/o residuals > 6 months – Standard | N | | | |
| | w/residual lung impairment – T2 to Decline | N | | | |
| Hodgkin's Disease* ** | T2 to Decline | N | Decline | call Home Office | Decline |

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| | | | Band 1 | Band 2 | |
| Huntington's Disease** | Present – Decline | N | Decline | Decline | Decline |
| | Family history, with negative genetic testing – Standard | N | | | |
| | Family history, without genetic testing – \$2.50 to \$10 flat extra | N | | | |
| Hydronephrosis** | Resolved or cause corrected – Standard | N | Resolved or cause corrected – Standard to T3 | Resolved or cause corrected – Standard to T3 | Decline |
| | Cause still present – T2 to Decline | | | | |
| Hysterectomy | Standard if no cancer history | Y | Standard if no cancer history | Standard if no cancer history | Standard if no cancer history |
| Ileitis* ** | See Crohn's Disease | | | | |
| Indigestion | Standard | Y | Standard | Standard | Standard |
| Kidney failure, dialysis | Decline | N | Decline | Decline | Decline |
| Kidney infection, recovered | Standard | Y | Standard | Standard | Standard to Decline |
| Kidney removal | Standard to Decline (depending on cause & current renal function) | Y (depending on reason) | Decline | Std to Decline (depending on cause & current kidney function) | Decline |
| Kidney stones | Standard (frequent attacks may require rating) | Y | Standard (minimal attacks) | Standard (minimal attacks) | Exclusion Rider or Decline |
| Kidney transplant* ** | <1 year since transplant – Decline | N | Decline | Decline | Decline |
| | >1 year since transplant – T6 to Decline | N | | | |
| Leukemia* ** | <2 yrs since last treatment - Postpone | N | Decline | Decline | Decline |
| | >2 yrs since last treatment - T4 to Decline | N | | | |
| Lupus, discoid | Standard to Decline (depending on severity) | N | Std to Std Express | Std to Std Express | Decline |
| Lupus, systemic* | <1 yr since diagnosis – Postpone | N | Decline | <4 years since diagnosis – Decline 4 years since diagnosis and no serious symptoms – Std Express | Decline |
| | 1 yr & up from diagnosis – T2 to Decline | N | | | |
| Lymphoma* ** | <3 yr from last treatment – Postpone | N | Decline | Call Home Office | Decline |
| | >3 years – T2 to Decline | N | | | |
| Malaria | Single episode – Standard | Y – if fully recovered | Standard | Standard | Single attack – Standard |
| | Multiple episodes – Standard to T2 | N | | | |
| Melanoma* ** | Standard to Decline | N | Decline | Call Home Office | Decline |
| Meniere's Disease | Standard | Y | Standard | Standard | Decline |
| Meningioma* | Surgically removed – Standard to \$7.50 flat extra | N | At least 3 years out from complete excision and no residuals – Std | At least 3 years out from complete excision and no residuals – Std | Decline |
| | Otherwise, T2 to Decline | N | | | |

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Medical Impairments—Impact on Risk Class

T=Table

| Impairment | All products except Trendsetter® LB Series Band 1 & 2 | Preferred Possible | Trendsetter® LB Series | | Monthly Disability Income Rider |
|--|--|--|--|---|---------------------------------|
| | | | Band 1 | Band 2 | |
| Meningitis | <6 mo since recovery – Postpone | N | <6 mo since recovery – Postpone | <6 mo since recovery – Postpone | Full recovery-Standard |
| | >6 mo since recovery, no residuals – Standard | Y | | | |
| Mental retardation and/or Intellectual Disability* ** | Mild to Moderate – Standard to T2 | N | Decline | Mild to Moderate- Std Express | Decline |
| | Severe/Profound – Decline | N | | Otherwise- Decline | |
| Mitral insufficiency, Mitral Valve Prolapse (MVP)* | Mild – Standard to T4 | N | Mild cases- Std | Mild cases – Std | Standard – controlled |
| | Moderate – T2 to T4 | N | | Moderate – Std Express | |
| | Severe – T4 to Decline | N | | Severe – Decline | |
| Mitral stenosis* | Mild – Standard to T6 | N | Decline | Slight or Mild – Std Express Moderate or Severe | Decline |
| | Moderate – T2 to Decline (depending on age) | N | | | |
| | Moderate to Severe – T4 to Decline | N | | | |
| Mononucleosis | Standard | Y | Standard | Standard | Recovered – Standard |
| Mountain climbing | Based on location, scale (YDS or other grading scale), altitude and equipment used. – Standard to Decline. | Subject to details. Minor trail climbing or equivalent may be acceptable within preferred classes. | Based on location, scale (YDS or other grading scale), altitude, and equipment used – Std to Decline | Based on location, scale (YDS or other grading scale), altitude, and equipment used – Std to Decline | Decline |
| | Please call Home Office with details for quote. | N | | | |
| Multiple Sclerosis (MS)* ** | <1 yr since diagnosis: Progressive – T8 | N | Decline | Relapsing-remitting type, >1 year since diagnosis and mild to moderate symptoms – Std Express Progressive or severe symptoms – Decline | Decline |
| | Relapsing-Remitting – T6 | N | | | |
| | >1 yr since diagnosis – degree of disability: Mild – T2 to T3 | N | | | |
| | Moderate – T4 to T6 | N | | | |
| | Severe – T8 to Decline | N | | | |
| Benign MS > 25 yrs since diagnosis w/no signs or symptoms for 5 years – Standard | N | | | | |
| Myocarditis* | <2 yrs since diagnosis – Postpone | N | Decline | At least 2 years since diagnosis, single episode, fully recovered – Std to Std Express | Decline |
| | >2 yrs since diagnosis, fully recovered – Standard to T2 | Y | | | |
| Muscular Dystrophy** | Becker or limb girdle – T10 to Decline | N | Decline | Decline | Decline |
| | Duchene – Decline | N | | | |
| | Dystrophia Myotonica – Decline | N | | | |
| | Facioscapulohumeral – Standard to T6 | N | | | |
| | Mitochondrial – Standard to Decline | N | | | |
| | Myotonia Congenita – Standard | N | | | |
| | Periodid Paralysis – Standard to T2 | N | | | |

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| | | | Band 1 | Band 2 | |
| Myasthenia Gravis* | Ocular: <1 yr since diagnosis – Postpone | N | Decline | Ocular type and >1 yr since diagnosis- Std to Std Express Generalized type and >1 year since diagnosis- Std Express | Decline |
| | 1-5 yrs since diagnosis – T2 to T4 | N | | | |
| | >5 yrs – Standard | N | | | |
| | Generalized: <1 yr since diagnosis – Postpone | N | | | |
| | 1-7 yrs since diagnosis – T4 | N | | | |
| | >7 yrs since diagnosis – T2 | N | | | |
| Nephrectomy | Standard to Decline (depending on cause & renal function) | Possible depending on the circumstances | Standard to Decline (depending on cause & renal function) | Std to Decline (depending on cause & current kidney function) | Standard to Decline (depending on cause & renal function) |
| Nephritis, acute | S1 episode, fully recovered – Standard | Y | 1 episode, fully recovered- Standard | 1 episode, fully recovered – Standard | Standard or Exclusion Rider |
| | Multiple episodes – Standard to T3 | N | | | |
| Neurosis, anxiety | See Anxiety | | | | |
| Non-Hodgkin's lymphoma** | <3 yr from last treatment – Postpone | N | Decline | Call Home Office | Decline |
| | >3 years – T2 to Decline | N | | | |
| Occupations with special hazards | Examples of occupations with special hazards: Aviation, Military, Building and Construction, Mining and Quarrying, and Professional Athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the Home Office if you have a question about an occupation. | Possible if occupation is considered standard, Otherwise no preferred. | Call Home Office | Call Home Office | Decline |
| Operating While Intoxicated (OWI) | See DUI | | | | |
| Osteoarthritis | See Arthritis, osteo | | | | |
| Pacemaker* | Standard to Decline (Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.) | N | Decline | Std Express to Decline (Rating determined by the age of the client, years since pacemaker implanted, and reason for pacemaker) | Decline |
| Pancreatitis | Acute: <6 mo since attack – Postpone | N | Single episode and >6 months since attack- Std Otherwise- Decline | Single episode and >6 months since full recovery – Std Chronic and >1 year since last symptoms – Std Express to Decline | Decline |
| | Otherwise, probably Standard | N | | | |
| | Chronic: < 1 year since last symptoms – Decline | N | | | |
| | 1-4 years since symptoms – T3 to T6 | N | | | |
| | >4 years since symptoms – Standard to T2 | N | | | |
| | With complications – T8 to Decline | N | | | |

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|--|---|----------------------|--|--|---|
| | | | Band 1 | Band 2 | |
| Paralysis* | Monoplegia - Standard to T2 | N | Decline | Monoplegia and Hemiplegia – Std Express Otherwise – Decline | Decline |
| | Hemiplegia - Standard to T4 | | | | |
| | Paraparesis - T2 to T10 | | | | |
| | Paraplegia - Highly substandard to Decline | | | | |
| | Quadriplegia - Decline | | | | |
| Parkinson's Disease* ** | Mild – Standard to T3 | N | Decline | Mild- Std Express Moderate or Severe –Std Express to Decline | Decline |
| | Moderate – T2 to T4 | N | | | |
| | Severe – T4 to Decline | N | | | |
| Pericarditis* | Single episode: <3 mo since diagnosis – Postpone | N | Single episode and >1 year since full recovery-Std Otherwise – Decline | Single episode and >1 year since full recovery-Std to Std Express Multiple episodes and >1 year since full recovery – Std to Std Express | Decline |
| | > 3 mo since full recovery – Standard | N | | | |
| | Multiple episodes: < 6 mo since full recovery – Postpone | N | | | |
| | 6 mo to 1 year – T3 | N | | | |
| | 1 to 3 years – T2 | N | | | |
| | > 3 years – Standard | N | | | |
| | Peripheral Vascular Disease (PVD)* | Nonsmoker – T2 to T4 | | | |
| Smoker – T8 to Decline | | N | | | |
| Phlebitis, thrombosis, blood clot | Single episode, fully recovered – Standard | Y | Single episode, fully recovered – Standard | Single episode, fully recovered – Standard | Decline |
| | Multiple episodes – Standard to T4 | N | | | |
| Pilonidal cyst | Standard | Y | Standard | Standard | Standard |
| Pituitary adenoma | Standard to Decline | N | Decline | Successful treatment & no complications – Std to Decline | Decline |
| Pleurisy | Usually Standard (multiple episodes may be rated) | Y | Single episode recovered – Standard | Single episode recovered – Standard | Decline |
| Pneumoconiosis | Minimal to Mild – Standard to T4 | N | Decline | Minimal or Mild – Std Express Moderate to Severe –Decline | Decline |
| | Moderate – T6 to T8 | N | | | |
| | Severe – Decline | N | | | |
| Pneumonia, full recovery | Standard | Y | Standard | Standard | Standard |
| Pregnancy, no current or history of complications | Standard | Y | Standard | Standard | Decline |
| Prostatitis, with normal PSA | Standard | Y | Standard | Standard | Present or chronic – Decline Single episode/full recovery – Standard |
| Psychosis* | <2 yrs since diagnosis/episode – Postpone | N | Decline | Mild to moderate (very infrequent time lost from work, stable symptoms, 1 or 2 antidepressants, no suicide attempts) –Std Express Otherwise – Decline | Decline |
| | 2 -10 yrs since diagnosis/episode – T2 to T8 | N | | | |
| | >10 yrs since diagnosis/episode – Standard to T3 | N | | | |

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| | | | Band 1 | Band 2 | |
| Pyelonephritis, acute | One episode, fully recovered – Standard | Y | One episode, fully recovered – Standard | One episode, fully recovered – Standard | Standard or Exclusion Rider |
| | Multiple episodes – Standard to T3 | N | | | |
| Pyelonephritis, chronic* | Standard to Decline (depending on renal function) | N | Decline | Std to Decline (depending on renal function) | Decline |
| Racing, motor vehicle | Amateur – Standard | N | Amateur – Standard | Amateur – Standard | Decline |
| | Professional or semi-professional – \$2.50 to \$15 flat extra | N | Professional or semi-professional – \$2.50 to \$15 Flat Extra | Professional or semi-professional – \$2.50 to \$15 Flat Extra | |
| Raynaud's Disease | Standard to T4 | Y (if not rated) | Std to Std Express | Std to Std Express | Decline |
| Rheumatic Fever, no heart complications | Mild – Standard to T2 | N | Mild cases and fully recovered- Std to Std Express | Mild cases and fully recovered –Std to Std Express | No heart damage – Standard |
| | Moderate – T2 | N | | | |
| | Severe – T4 to Decline | N | Otherwise- Decline | Moderate to Severe –Std Express to Decline | |
| Rheumatoid Arthritis* | See Arthritis, rheumatoid | | | | |
| Sarcoidosis* ** | Standard to Decline | N | Decline | Standard to Decline | Decline |
| Sebaceous cyst | Standard | Y | Standard | Standard | Standard |
| Sciatica | Standard | Y | Standard | Standard | Standard or Exclusion Rider |
| Schizophrenia* | <2 yrs since diagnosis/episode – Postpone | N | Decline | Mild to moderate (very infrequent time lost from work, stable symptoms, 1 or 2 antidepressants, no suicide attempts)- Std Express Otherwise – Decline | Decline |
| | 2 – 10 yrs since diagnosis/episode – T2 to Decline | N | | | |
| | >10 yrs since diagnosis/episode – Standard to Decline | N | | | |
| Scuba diving, recreational, lakes, rivers, coastal waters | 100 feet or less – Standard | Y (If 75 ft or less) | 100 feet or less – Standard 101-250 feet – \$2.50 to \$5 flat extra >250 feet – individual consideration | 100 feet or less – Standard 101-250 feet – \$2.50 to \$5 flat extra >250 feet – individual consideration | Decline |
| | 101-250 feet – \$2.50 to \$5 flat extra | N | | | |
| | >250 feet – individual consideration | N | | | |
| Seizures | See Epilepsy | | | | |
| Sinusitis | Standard | Y | Standard | Standard | Standard |
| Sky diving | \$3 Flat Extra to Decline | N | Std Express to Decline | Std Express to Decline | Decline |
| Sleep apnea** | Mild – Standard | N | Mild cases only- Std to Std Express | Mild cases –Std to Std Express | Decline |
| | Moderate – Standard to T3 | N | | | |
| | Severe – T2 to Decline | N | | Moderate to Severe –Std Express to Decline | |
| Stroke* ** | <1 yr since occurrence – Postpone | N | Decline | Mild and >1 year since occurrence –Std Express to Decline | Decline |
| | >1 yr since occurrence – T4 to Decline | N | | | |
| | Multiple CVAs – Decline | N | | Otherwise – Decline | |

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|---|--|--------------------|--------------------------|--|---|
| | | | Band 1 | Band 2 | |
| Suicide attempt* | <1 yr since attempt – Postpone | N | Decline | <1 year since single attempt- Postpone 1-5 years since single attempt- \$5 flat extra >5 years since single attempt- Standard to Decline | Decline |
| | 1-5 yrs since attempt – \$5 flat extra to Decline | N | | | |
| | >5 yrs since attempt – Standard to Decline | N | | | |
| Thyroid disorder | Usually Standard | Y | Usually Standard | Usually Standard | Hypothyroid – Standard Hyperthyroid – >2 yrs since diagnosed/ stable – Standard Otherwise – Decline |
| Transurethral resection of prostate (TURP) | No history of cancer: Standard | Y | Standard | Standard | Standard |
| Transient Ischemic Attack (TIA)* ** | <6 mo since occurrence – Postpone | N | Decline | <6 months since single occurrence- Postpone >6 months since single occurrence- Std to Std Express (If multiple TIAs, postpone 1 year from last occurrence and then Std Express to Decline) | Decline |
| | >6 mo since occurrence – Standard to T5 with \$5 flat extra | N | | | |
| | (if history of multiple TIAs, postpone 1 yr since last occurrence and expect higher ratings) | | | | |
| Tuberculosis | If fully recovered, usually Standard | Y | Fully recovered-Standard | Fully recovered –Standard | Decline |
| Tumors, benign | Usually Standard | Y | Usually Standard | Usually Standard | Standard or Exclusion Rider |
| Tumors, malignant | Call Home Office | N | Decline | Call Home Office | Decline |
| Ulcerative colitis* ** | See Colitis, ulcerative | | | | |
| Ulcer, stomach | Standard | Y | Standard | Standard | Present to within 2 yrs of treatment – Decline >2 yrs since treatment & fully recovered – Standard |
| Upper respiratory tract infection, cold | Standard | Y | Standard | Standard | Standard |
| Varicocele, hydrocele, cystocele | Standard | Y | Standard | Standard | Standard or Exclusion Rider |
| Urinary Bladder Infection, acute | Standard | Y | Standard | Standard | Standard |
| Varicose veins | Standard | Y | Standard | Standard | Mild with no swelling or ulcerations – Standard Otherwise – Decline |

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Substandard Table Ratings

Substandard ratings may be attributable to health, occupation, or avocation characteristics that result in higher than average mortality risks.

Our competitive underwriting allows us to offer substandard table ratings using the following guide:

| Table Rating Guide |
|--------------------|
| 1/A = 25% |
| 2/B = 50% |
| 3/C = 75% |
| 4/D = 100% |
| 5/E = 125% |
| 6/F = 150% |
| 8/H = 200% |
| 10/J = 250% |
| 12/L = 300% |
| 16/P = 400% |

Additional Rate Class Information

Base Face Amounts (not including riders) must be medically underwritten to be eligible for Preferred classes.

Tobacco user is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, etc.) within the past 24 months.

Guaranteed Insurability Rider: The amount of the initial death benefit plus the amount of the first GIR option should be used to determine medical requirements. This rider will not be included in a policy issued:

1. On a substandard basis.
2. On an applicant who is in military service or who, under the Company's rules, is subject to a restriction in amount due to a possible military hazard.
3. To a pilot, unless the Company should determine that the amount of risk is acceptable.

Please refer to product materials for age and risk class availability.



Field Underwriting and the Conditional Receipt

Every time you submit an application, you take a very important step in helping your clients protect their family and their dreams. The Conditional Receipt is an important part of this process.

WHAT IS THE CONDITIONAL RECEIPT?

The Conditional Receipt is “interim” coverage provided to life insurance applicants when the full modal premium is paid at the time of the application. Provided certain conditions are met, the Conditional Receipt provides death benefit protection for the Proposed Primary Insured up to the amount stated in the Dollar Limits of Conditional Coverage section of the receipt or the face amount applied for, whichever is less. The Conditional Receipt is not valid on Foreign Nationals.

CONDITIONS AND REQUIREMENTS

The following must be met for the conditional receipt to be in effect:

- > Proposed Primary Insured is found insurable, at any rating, under the Company’s rules for insurance on the product applied for and at the face amount and tobacco classification applied for;
- > All statements and answers given in the application are true and complete.
- > Full initial modal premium is received at our Administrative Office within the lifetime of the Proposed Primary Insured (if the form of payment is by check or draft, it must be honored for payment);
- > All medical exams, tests, screenings and questionnaires required by the company are completed and received at our Administrative Office.

If the Proposed Primary Insured passes away while Conditional Coverage is in effect, coverage will be denied if the death is caused by suicide or a self-inflicted injury.



An Application Has Been Completed. Now What?

KEEP YOUR CLIENT INFORMED.

Let the client know that additional evidence may be needed to complete the process. Examples may include:

- > A medical examination.
- > Blood and urine analysis.
- > An ECG.
- > A telephone interview to clarify or request additional information.
- > Checking a Prescription Drug Database, Medical Information Bureau, or Motor Vehicle Report.
- > Special questionnaires for medical avocation or aviation information.

SPECIAL QUESTIONNAIRES*.

Special questionnaires may be required when further information is needed on medical, avocation, aviation, or foreign travel/residency matters that could impact the determination on an underwriting classification. These include:

- > **Alcohol Questionnaire** – complete if the applicant has history of alcohol abuse.
- > **Arthritis Questionnaire** – complete if there is a history of any type of arthritis.
- > **Avocation and Aviation Questionnaire** – complete if there is any participation in racing, parachuting, sky diving, underwater diving or aviation.
- > **Drug Questionnaire** – complete if applicant has history of drug abuse.
- > **Disability Income Questionnaire** – complete for a client applying for a disability income rider.
- > **Tobacco Use/Nicotine Questionnaire** – complete for client with a history of tobacco use.
- > **Travel and Residency Questionnaire** – complete for any applicant who has planned foreign travel in the next 12 months or is *not* a U.S. citizen.

These questionnaires may be found in the forms section of the agent portal.

* Questionnaires vary by jurisdiction, and may not be available in all states.



An Application Has Been Completed. Now What?

PREPARE A COVER LETTER TO SUBMIT WITH YOUR APPLICATION.

A cover letter is your introduction of the client to the Company. A detailed, well-written cover letter may be the difference between a bumpy course or a smooth sail through the underwriting process.

What to include in the cover letter:

- > If not obvious, what is the insurable interest between the owner and beneficiary?
- > How was the face amount determined? (Include information that is relevant in determining the amount being applied for.)
- > What is the purpose of the coverage?
- > Include any known medical or non-medical underwriting concerns.
- > Highlight any factors that would not be developed through the application, e.g., a current exam, attending physician statements, or inspection reports.
- > List competitive information, as well as any standing offers and in force coverage amounts and amounts being replaced.
- > Copies of an estate planning analysis, buy-sell agreement, loan agreement, or other pertinent documents.

To expedite underwriting the inclusion of a cover letter is encouraged on all applications, however it is required at face amounts over \$5,000,000, or when further details are needed for any unusual cases. When using our electronic application (iGO), the cover letter may be uploaded in the agent remarks section.

Please see our Guide to Writing an Underwriting Cover Letter on page 45.



OWNER AND BENEFICIARIES

Identify owner (person, trust, etc) and policy beneficiary(ies) and describe insurable interest. Provide the names and contact information for additional resources who can provide additional information, if needed, including estate planning or corporate attorneys or C.P.A

MEDICAL EXAMS AND INSPECTIONS

I have scheduled the appropriate underwriting exams for <Client Name> through <Paramed Company>.

CLOSING SIGNATURE

Sincerely,

_____, Agent



