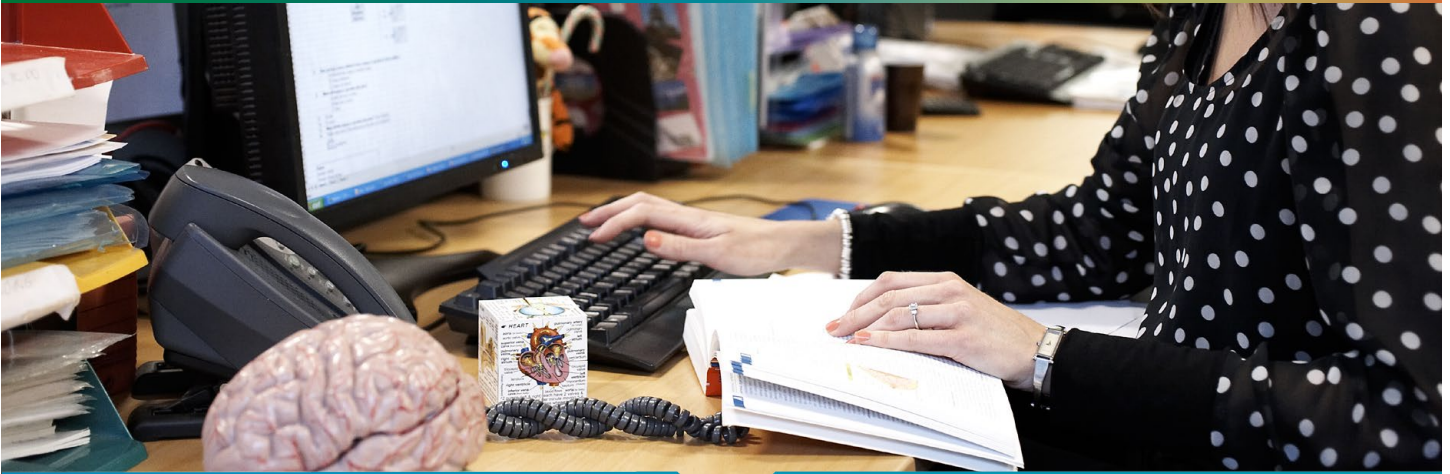


April 2015



InTOUCH UNDERWRITING

Criteria and Requirements Field Guide

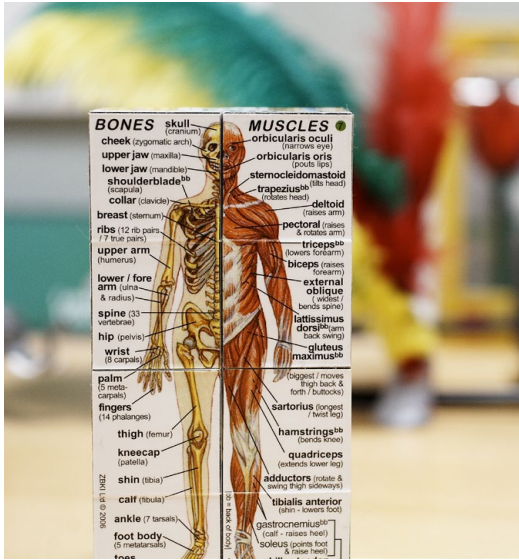
Get in touch with Legal & General America. Our criteria improvements and expanded section on financial underwriting gives you more muscle in the institutional market.

**EVERY DAY MATTERS.®
BANNER. WILLIAM PENN.**



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This life insurance InTOUCH Underwriting Guide is intended to be a reference only and provides information regarding LGA's typical requirements for underwriting. LGA reserves the right to request information other than as stated in the guidelines. Underwriting will make its determination based on the entirety of the information provided to and received by LGA, which may result in a determination that is more or less favorable than the guidelines dictate.



We underwrite the entire **INDIVIDUAL**, not just the impairment.

Our philosophy is to look at the total individual under consideration, touching every aspect in determining the best possible rate classification, every time. Simply stated, we underwrite the entire risk. We collaborate with our expert team of medical directors to gain the necessary insight required to best align the mortality risk presented with the premium charged.

Our VISION.

We engage professional team members who possess precision insight and keen focus in identifying, assessing and classifying mortality risk – connecting with you through our distinctive customer service of transparency, accessibility and proactive communication.

Our COMMITMENT.

Our team members greatly appreciate your endeavor to provide the valuable service and benefit that only life insurance can provide. We remain committed to executing bold, well-informed underwriting decisions; delivering exemplary, personalized service and establishing highly productive partnerships to create new opportunities and mutual growth. Our underwriters excel in innovative problem solving; and aspire to the highest standards of excellence – all to earn your trust and confidence.

THANK YOU for your business.

We welcome your feedback! If you have comments, suggestions or questions about this Underwriting Guide, please contact us at underwritingadmin@lgamerica.com

What's **NEW**

- Expanded financial underwriting guidelines
- Increased Jumbo Limit to \$65 million, ages 20-75
- Physician Exam requirements now all Paramed Exam
- Treadmill EKG requirements now all normal EKG
- Superior Mobile Medics is the only vendor used for post issue change requests (was Portamedic)

PREFERRED PLUS may be possible even with the following conditions:

Anxiety/Depression/Mood Disorder

One episode, duration of less than one year, recovered, no current medication.

Asthma

Mild exercise induced asthma or mild seasonal asthma.

Carotid Doppler Findings

1-15% stenosis, based upon flow velocity, with no intimal medial thickening and conclusion states no plaque noted.

Echocardiogram

No diagnosis of left ventricular hypertrophy in the report, septal and posterior wall up to 1.2 cm thick, blood pressure well controlled by history. A finding of diastolic dysfunction based solely on E to A ratio and echocardiogram otherwise normal.

Mitral Valve Prolapse

Mitral valve normal appearing with normal thickness and echocardiogram otherwise normal, no regurgitation.

CDT Positive

Evidence supports “false” positive, with full and complete investigation.

Osteoporosis

No known complications.

Skin Cancers

Basal cell carcinoma, and superficial squamous cell carcinoma. Single atypical nevus or dysplastic nevus: no history of melanoma or family history of melanoma, with well documented and favorable dermatology follow up.

PREFERRED may be possible even with the following conditions:

Alcohol or Single Drug Abuse Treatment

Last used more than 10 years ago, single episode of treatment, without any relapse, total abstinence from any mood-altering drug and no subsequent alcohol or drug related issues.

Anxiety/Depression/Mood Disorder

Current, on one drug, well controlled.

Epilepsy

No seizures in last 5 years, off medication.

Nevi

Up to 3 atypical or dysplastic nevi with no history of melanoma or family history of melanoma, with well documented and favorable dermatology follow-up care.

Valvular Disease

One valve mildly thickened or redundant valve, no mitral valve prolapse, less than mild regurgitation, rest of echocardiogram normal.

We look for the **BEST POSSIBLE** impaired risk treatment for clients with:

- Asthma
- Atrial fibrillation
- Bladder cancer
- Breast cancer
- Cerebrovascular disease
- Coronary artery disease
- Diabetes mellitus (adult onset)
- Elevated liver function tests
- Hepatitis C
- Mood disorders
- Prostate cancer
- Thyroid cancers

FAMILY HISTORY matters:

As of August 2012, Legal & General America no longer considers a family history of cancer as a factor preventing consideration from our Preferred classes, unless there are features of the family history that suggest a hereditary cancer syndrome.

EXAM shelf life:

Permissible time limits for routine age and amount medical evidence, where the results are normal applies to non-medical part II, abbreviated, paramedical and medical exams, resting/treadmill electrocardiogram, blood/urine:

Ages 20 - 60	Ages 61 - 80	Ages over 80:
1 year	6 months	3 months

Note: A Good Health Statement is required when medical evidence is over 60 days old.

Substandard RISK:

Substandard ratings only available through Table 12. Table ratings are not available on Preferred Plus Non-Tobacco, Preferred Non-Tobacco or Preferred-Tobacco.

Visit our underwriting **MICROSITE:**

For access to helpful cover letters, case studies, underwriting newsletters and more, please go to **LGAmerica.com/underwriting**

Approval Express, **APEX**:

Do you have a proposed insured age:

20-40, applying for \$1.5 million or less?

41-50, applying for \$1 million or less?

51-55, applying for \$250,000 or less?

Is his or her medical history insignificant? Is an attending physician statement not required according to our published guidelines? If so, your application may qualify for APEX processing.

Our commitment is to get your case approved and issued expeditiously.

APEX processing can help eliminate roadblocks and get you the quick approval you need to drive higher case placement.

Here's all you need to do to help APEX approve the application ASAP:

- Make sure the application and all related forms are completed in good order.
- Have all medical requirements completed before or shortly after application submission.

The more complete your case is, the more rapidly it may be approved. It's that simple.

Even your smallest, cleanest case is our biggest priority.

RATE REDUCTION and changes to non-tobacco rates:

Requests for reconsideration of an original underwriting rate class, including a change to non-tobacco rates, can be facilitated with a quick call to our customer service department to begin the process.

The customer service representative will contact the underwriting department to review the request on a preliminary basis and determine what, if any, underwriting requirements will be necessary. If underwriting agrees the change request can be considered, the service representative will provide the client with the proper change request form and advise him or her of the requirements necessary to proceed. **Please note the cost of underwriting requirements will be at the expense of the policy owner.**

Send us a **QUICKQUOTE** request:

Please utilize our easy-to-use online QuickQuote tool www.LGAquickquote.com. For your convenience you may also utilize this tool to send your QuickQuote to other insurance carriers as well. It's QuickQuotes made easier only from Legal & General America!

We will review your QuickQuote request and provide you with an accurate and timely quote. Our underwriters work closely with our medical directors to ensure delivery of competitive tentative quotes. Quotes will be processed within 24 hours.

Legal & General America intends to issue a policy that matches your QuickQuote. This tentative quote is non-binding and is based solely on the information you have provided.

A final decision will be made after receipt, review and assessment of a formal application, age and amount requirements, any interim Attending Physician Statement(s) (APS); and any required facultative reinsurance review. Our formal review and risk assessment will include MIB (formerly known as Medical Information Bureau) and Motor Vehicle Record (MVR) report review, Identity Verification, no finding suggestive of a hereditary cancer syndrome, and financial documentation necessary to justify inforce and applied for coverages.

We accept formatted requests from XRAE. Your QuickQuote should include age, sex, tobacco use and face amount.

The QuickQuote is valid for 60 days from the date of the quote and a copy of the QuickQuote must accompany the formal application.

Retention			
Ages	Preferred Plus - Table 4	Table 5 -8	Table 9 -12
20-75	\$2 million	\$500,000	\$500,000
76-80	\$500,000	\$500,000	\$500,000
81-85	\$500,000	\$500,000	\$500,000
Automatic Binding Limits			
Ages	Preferred Plus - Table 4	Table 5 -8	Table 9 -12
20-75	\$20 million	\$5 million	\$5 million
76-80	\$4 million	\$2 million	\$1 million
81-85	\$2 million	None	None
Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.			
Jumbo Limits			
Cases in excess of our jumbo limits require facultative approval by our reinsurers. Case size is determined by total in force plus total amount currently applied for with all companies, including amounts to be replaced.			
Ages	Amounts		
20-75	\$65 million		
76-85	\$30 million		

The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.

We're ready for your **LARGE CASES:**

All applications greater than \$10 million face amount and/or \$35,000 premium get all the special attention we know they require.

Our underwriting professionals have the expertise necessary to drive these critically important cases through to policy issue.

Our commitment provides our BGAs with:

- Expeditious, high touch "white glove" service
- Proactive communication
- Attentive and responsive review of preliminary inquiries/trial applications
- Coordinated review of third-party verified financial data with the underwriter and our legal and finance professionals, to ensure full understanding and positive interpretation.

With the exception of cancer cases requiring a flat extra without a table rating, all Banner and William Penn non-tobacco substandard premiums are based off of Standard Plus rates ... not Standard.



Preferred Plus (non-tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available only if no flat extra premium would be required.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 136/86.
Build	See chart on page 12.
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 4.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.
Family History	No cardiovascular disease in either parent or siblings before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes. See page 11 for details.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	Must be permanent U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse Tobacco Use	No abuse. No use of tobacco or nicotine-based products in last 36 months. One cigar allowed per month with HO specimen negative for cotinine.

Preferred (non-tobacco / tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 146/90.
Build	See chart on page 12.
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 5.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.
Family History	No cardiovascular death in either parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes. See page 11 for details.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	Must be permanent U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse Tobacco Use	No abuse in past 10 years. No use of tobacco or nicotine-based products in last 24 months. One cigar allowed per month with HO specimen negative for cotinine. (For Preferred non-tobacco.)

Standard Plus (non-tobacco)

Aviation	Available, however may have flat extra or exclusion rider. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 152 / 92.
Build	See chart on page 12.
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 6.5 with or without treatment.
Driving History	No more than 3 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in the last 3 years.
Family History	No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency/ Citizenship	Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One cigar allowed per month with HO specimen negative for cotinine.

Standard (non-tobacco / tobacco)

Aviation	Available, however may have flat extra or exclusion rider. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 156 / 94.
Build	See chart on page 12.
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 8.0 with or without treatment.
Driving History	No more than 4 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in the last 2 years.
Family History	No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency/ Citizenship	Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One cigar allowed per month with HO specimen negative for cotinine (for Standard non-tobacco.)

Routine Requirements and Descriptions

FACE AMOUNT:

For the purpose of determining the current underwriting requirements, please add:

1. The face amount currently being applied for, PLUS
2. The face amount (including rider amount) of all existing policies with Legal & General America.

Face Amount	20-40	41-50	51-60	61-70	>70
\$50,000 to \$250,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	PM BU APS MVR	PM BU APS DAQ MVR
\$250,001 to \$500,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	PM BU EKG APS MVR	PM BU EKG APS DAQ MVR
\$500,001 to \$1 million	APM/NM BU MVR	APM/NM BU MVR	PM BU MVR	PM BU EKG APS MVR	PM BU EKG APS DAQ MVR
\$1,000,001 to \$2 million	APM/NM BU MVR	APM/NM BU EKG MVR	PM BU EKG MVR	PM BU EKG IR APS MVR	PM BU EKG IR APS DAQ MVR
\$2,000,001 to \$3 million	APM/NM BU MVR EIR	APM/NM BU EKG MVR EIR	PM BU EKG MVR EIR	PM BU EKG IR APS MVR	PM BU EKG IR APS DAQ MVR
\$3,000,001 to \$5 million	PM BU MVR EIR	PM BU EKG MVR EIR	PM BU EKG MVR EIR	PM BU EKG CXR* IR APS MVR	PM BU EKG CXR* IR APS DAQ MVR
\$5,000,001 to \$10 million	PM BU CXR* IR MVR	PM BU EKG CXR* IR MVR	PM BU EKG CXR* IR MVR	PM BU EKG CXR* IR APS MVR	PM BU EKG CXR* IR APS DAQ MVR
\$10,000,001 +	PM BU CXR* IR MVR	PM BU EKG CXR* IR MVR	PM BU EKG CXR* IR MVR	PM BU EKG CXR* IR APS MVR	PM BU EKG CXR* IR APS DAQ MVR

The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.

ID verification is required on all cases.

APM/NM	Abbreviated Paramed In addition to APM, please complete Nonmed (NM) Part II of the application.
APS	Attending Physician Statement APS ordering guidelines are located on page 11.
BBR	Business Beneficiary Report Always required for any business case over \$3 million.
BU	Blood and Urine
CXR	Chest X-Ray Required for tobacco users only.
DAQ	Daily Activities Questionnaire
EIR	Electronic Inspection Report For amounts \$2,000,001 through \$5,000,000, up to and including age 60.
EKG	Electrocardiogram
IR	Inspection Report A third party inspection report is required for amounts: <ul style="list-style-type: none"> • Personal cases over \$5 million • Business cases over \$3 million to include BBR. • Over \$1 million, ages 61 and up: an interview with the proposed insured in person or by phone is usually part of the investigation. These reports are completed by First Financial Underwriting Services
MVR	Motor Vehicle Report
PM	Paramedical Examination
TMEKG	Treadmill EKG Treadmill may be required for cause and at the underwriters discretion.

AppAssist and other Tele-Application Programs:

The AppAssist program combines our own call center staff members, detailed interview script and medical history drill down questions to create a unique process that affords your client the opportunity to substitute the traditional paramedical exam with an abbreviated paramedical exam (vitals only) including height, weight, blood pressure and pulse to the following age and amount parameters:

20-70 coverage amounts through \$10 million

71-74 coverage amounts through \$500,000

75-80* coverage amounts through \$500,000

*Full requirements apply for applicants 75 and older. For requirement descriptions see page 9.

AppAssist Routine Age and Amount Requirements						
Face Amount	20-40	41-50	51-60	61-70	71-74	75-80
\$50,000 - \$250,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU APS MVR	APM/NM BU APS DAQ MVR	PM BU APS DAQ MVR
\$250,001 - \$500,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU EKG APS MVR	APM/NM BU EKG APS DAQ MVR	PM BU EKG APS DAQ MVR
\$500,001 - \$1,000,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU EKG APS MVR	NA	NA
\$1,000,001- \$2,000,000	APM/NM BU MVR	APM/NM BU EKG MVR	APM/NM BU EKG MVR	APM/NM BU EKG IR APS MVR	NA	NA
\$2,000,001- \$3,000,000	APM/NM BU MVR EIR	APM/NM BU EKG MVR EIR	APM/NM BU EKG MVR EIR	APM/NM BU EKG IR APS MVR	NA	NA
\$3,000,001- \$5,000,000	APM/NM BU MVR EIR	APM/NM BU MVR EKG EIR	APM/NM BU EKG MVR EIR	PM BU EKG CXR* IR APS MVR	NA	NA
\$5,000,001- \$10,000,000	APM/NM BU CXR* IR MVR	APM/NM BU EKG CXR* IR MVR	APM/NM BU EKG CXR* IR MVR	PM BU EKG CXR* IR APS MVR	NA	NA

Attending Physician Statement ORDERING:

At ages 20-60, for all amounts, an APS is not required for the conditions at the bottom of this page but an APS is always required for the conditions listed at right. An APS is always required for applicants over age 60, that demonstrates regular annual checkups and routine age or gender related preventative/baseline studies (pap smear, mammography, prostate exams, colonoscopy etc.) At all ages, an APS may be requested at the discretion of the underwriter.

Age	Amounts \$50,000-\$500,000 Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-40	1 Month
41-60	3 Months
61+	APS always required.
Age	Amounts \$500,001 - \$1 million Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-40	1 Month
41-50	3 Months
51-60	1 Year
61+	APS always required
Age	Amounts \$1,000,001 - \$2 million Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-50	1 Year
51-60	2 Years
61+	APS always required
Age	Amounts \$2,000,001 and up Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-50	2 Years
51-60	3 Years
61+	APS always required

AGES 20-60, ALL AMOUNTS, AN APS IS NOT REQUIRED...

NOT for any the following routine examinations:

- Company physicals
- FAA or ICC physical examination
- Insurance examinations
- Routine gynecological exams; all findings normal
- Normal pregnancy and childbirth
- Pre-school, pre-marital or pre-employment examinations

NOT for any of the following routine operations:

- Appendectomy
- Cataract
- Gallbladder
- Hemorrhoidectomy
- Hernia
- Pilonidal cyst
- Sterilization procedure
- Tonsillectomy

NOT if the only reason for medical consultation was for minor illnesses such as:

- Allergies
- Cold / Flu
- Hay Fever
- Minor injuries

At all ages and amounts, an **APS** is usually required **IF...**

the proposed insured has obtained medical consultation for the following conditions. Please ask for details of medical history (or incident), treatment (including copy of hospital records) and follow-up care. For all biopsy and follow-up surgical procedures marked with an asterisk(*), please request Gross and Microscopic Pathology Reports:

- Abnormal EKG
- Alcoholism
- Aneurysm
- Angioplasty
- Apnea
- Arrhythmia / Palpitations
- Biopsy*
- Blood in Urine
- Blood Disorders
- Blood Pressure (Elevated)
- Brain Tumor
- Bronchiectasis
- Cancer*
- Cerebral Hemorrhage
- Cerebral Vascular Disease
- Chest Pain (Angina)
- Chronic Cough
- Cirrhosis of Liver
- Colitis - Ulcerative
- Convulsions
- COPD - (Chronic Obstructive Pulmonary Disorder)
- Coronary Bypass Surgery
- Coronary Artery Disease
- Crohn's Disease
- Depression
- Diabetes
- Disability
- Dizzy Spells
- Drug Use
- Embolism
- Emphysema, Bronchitis
- Epilepsy (seizures, convulsions)
- Fatigue
- Genetic Testing
- Heart Attack
- Heart Valve Disorders
- Heart Murmur
- Heart Disease
- Heart Disorders
- Hemophilia
- Hepatitis
- Hereditary Cancer Syndrome**
- Hypertension
- Intestinal Bleeding
- Kidney Disorders
- Liver Disorders
- Malignant Tumors*
- Mental Disorders
- Mole*
- Multiple Sclerosis
- Muscular Dystrophy
- Nephrectomy
- Nephritis
- Nervous Conditions
- Pancreatic Disorders
- Paralysis
- Psychosis
- Pyelonephritis
- Regional Enteritis or Ileitis
- Rheumatoid Arthritis
- Schizophrenia
- Skull Fracture
- Stroke (Cerebral Vascular Accident)
- Syncope
- Thrombosis (Clots)
- Tumors, Growths, Lesions*
- Tuberculosis
- Ulcerative Colitis / Proctitis
- Ulcers
- Vascular Disease (PVD)
- Vertigo

****Hereditary Cancer Syndrome:** A family history of cancer will not be considered in determining the underwriting class unless there are features that suggest a hereditary cancer syndrome may be present. In addition to a prior diagnosed syndrome, suggestive findings include: a history of cancer diagnosed at a young age, multiple family members with a cancer history, and multiple cancers in the same person. Such cases will be underwritten on an individualized basis.

PREFERRED PLUS build chart:

PREFERRED, STANDARD PLUS AND STANDARD build chart:

For all underwriting classes, half-inch measurements are rounded up to the next inch.

Preferred Plus					
Height	Male	Female	Height	Male	Female
5' 0"	144	135	6' 0"	207	180
5' 1"	148	138	6' 1"	213	184
5' 2"	153	140	6' 2"	219	188
5' 3"	158	143	6' 3"	225	193
5' 4"	163	145	6' 4"	230	197
5' 5"	168	148	6' 5"	237	201
5' 6"	174	150	6' 6"	243	205
5' 7"	179	155	6' 7"	249	209
5' 8"	185	160	6' 8"	256	214
5' 9"	190	165	6' 9"	262	218
5' 10"	196	170	6' 10"	268	222
5' 11"	201	175	6' 11"	276	226

Preferred, Standard Plus and Standard Male / Female			
Height	Preferred	Standard Plus	Standard
5'0"	158	166	172
5'1"	163	172	178
5'2"	168	175	183
5'3"	174	182	190
5'4"	179	188	195
5'5"	185	194	202
5'6"	191	200	208
5'7"	197	206	215
5'8"	203	212	221
5'9"	209	219	228
5'10"	215	226	234
5'11"	221	231	241
6'0"	228	240	249
6'1"	234	245	255
6'2"	241	253	263
6'3"	247	259	269
6'4"	253	265	276
6'5"	260	272	283
6'6"	267	280	291
6'7"	274	287	299
6'8"	281	294	306
6'9"	288	302	314
6'10"	295	309	322
6'11"	303	317	330

TEMPORARY INSURANCE Application and Agreement (TIAA):

Our agreement provides a limited amount of life insurance coverage, for a limited amount of time and is subject to specific terms and conditions.

Temporary insurance cannot begin and no payment should be taken, if any question on the TIAA is answered "Yes" or left blank.

Maximum face amount for temporary insurance is \$1,000,000 for all pending applications. Maximum issue age is 70.

If, based on the terms of the TIAA, payment can be and is accepted with the application, please be sure to:

- Read and answer all questions accurately
- Fully explain the terms of the agreement to the proposed insured and owner
- Fully complete the TIAA
- Secure proposed insured and owner signatures and date TIAA
- Provide proposed insured and owner with a copy
- Submit the TIAA along with the application and payment

Policies covered under the TIAA will receive a policy date equal to the issue date, unless an older date is requested.

Note: Underwriting can return the payment and remove temporary insurance at any time within the underwriting process.

GOOD HEALTH Statement:

A Good Health Statement (GHS) is required when:

- Proposed insured is over age 70
- Application is approved on a substandard / rated basis
- Medical evidence is over 60 days
- Underwriter approves a delivery extension
- Underwriter approves a reissue
- Application previously closed, withdrawn or incomplete is reopened and approved
- Post-issue change request is to increase amount, policy duration, death benefit or an increase in our liability

If proposed insured indicates on the Good Health Statement that a member of the medical profession has been seen or consulted, do not collect any premium.

Paramed Exam Vendors	
APPS	800.635.1677 appslive.com
EMSI (Examination Management Services)	800.872.3674 emsinet.com
ExamOne	877.933.9261 examone.com
Portamedic	888.442.7571 Eportamedic.com
Superior Mobile Medics	800.898.3926 superiormobilemedics.com
APS Vendors	
EMSI (Examination Management Service)	800.566.9318 emsinet.com
ExamOne	888.521.2004 Fax: 800.997.2771 examone.com
Jetstream APS	888-233-8015 x229 jetstreamaps.com
J & H Copy Service	714.921.0102 x105 jhcopyservice.com
Parameds.com	718-575-2000 parameds.com
Inspection Report Vendor	
First Financial Underwriting Services	Phone: 800.570.3477 Fax: 800.571.3477 firstfin.com
Inspection report request forms can be found on our agent website under Forms>Underwriting>Inspection Forms.	

About Our Paramed Exam Orders:

We will only accept examinations from approved vendors. We will not remit payment for any exam(s) performed by an unapproved vendor.

We have made every effort to provide you with the broadest geographical coverage and the best possible service. In that rare instance where an applicant is in a remote area not covered by one of our services, kindly contact your general agent. He or she can get in touch with your team’s underwriting director to discuss making other arrangements.

About APS Orders:

Only LGA-approved vendors can secure APSs. Those we’ve chosen provide excellent service when it comes to medical record processing and charge fees that fit well with our cost-management standards.

In most cases, APS orders are placed by our company. If your agency currently orders its own APSs, you may continue to do so as long as you use one of the five approved vendors. Use of a vendor that does not have preferred status, runs the risk that your APS costs will not be reimbursed.

Post Issue Change Requests:

Superior Mobile Medics is the only vendor we use for post issue change requests such as rate reduction and reinstatement requests.

IMPROVE one rate class with credits:

How often has this happened?

You submit a case and everything looks good except for one finding. That finding hurts the premium calculation by one rate class.

We can improve an underwriting decision by **ONE** class ... **IF** the one adverse finding was for build, blood pressure, family history or cholesterol/HDL ratio.

... **AND IF** the respective criteria in the box below or Crediting Criteria is satisfied.

The additional underwriting criteria can only be applied to cases rated Standard or better.

Availability:

- No restrictions on ages
- No restrictions on face amount
- No restrictions on riders
- For both UL and Term

APPLICANTS who can qualify for credits:

- An applicant meets all criteria for Preferred Plus, except for a build of 5 foot 9 inches and 195 pounds, which falls into the Preferred range. By adding one inch, the build becomes 5 foot 10 inches, 195 pounds, which qualifies for Preferred Plus.
- An applicant who is Standard Plus due to family history of cardiovascular death of a parent before age 60 and Preferred for everything else, can qualify for Preferred using the Crediting Criteria.
- An applicant who is Preferred for blood pressure and Preferred Plus for everything else can qualify for Preferred Plus using the Crediting Criteria.
- An applicant who is Preferred for ratio 4.7 and Preferred Plus for everything else can qualify for Preferred Plus using the Crediting Criteria.

ADVERSE FINDINGS

If all other criteria for an improved class are met, except for ONE of these adverse findings:

Build

Add one-inch to the proposed insured's measured height when referring to published build charts.

Improves by one rate class!

If no improvement by build, try Criteria below:

Family History

Try Crediting Criteria

Blood Pressure

Try Crediting Criteria

Cholesterol/HDL Ratio

Try Crediting Criteria

CREDITING CRITERIA

Three of these seven criteria must be met to move up one class.

1. No tobacco use in the past 10 years. This criteria is met if the applicant occasionally smokes cigars (no more than 12 per year) and has a current urine specimen showing negative for nicotine.
2. Cholesterol/HDL ratio of ≤ 4.5
3. NT Pro BnP under 100 (for ages 60 and up)
4. A normal cardiac test within the past 2 years yielding superior positive predictive value such as a negative exercise stress test (at least 10 METS), nuclear/perfusion stress test, stress echocardiogram, cardiac angiogram, CT angiogram or EBCT score of 0.
5. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
6. Lifestyle: One of the following must be met: regular annual checkups, regular participation in exercise/wellness programs, routine age or gender related preventative/baseline studies (pap smear, mammography, prostate exams, colonoscopy, etc.) or any other endeavor that adds positive protective value.
7. GGT below 30.

IMPROVE to preferred tobacco class with credits:

A tobacco user may qualify for Preferred Tobacco rates through the additional underwriting criteria:

... **IF ALL** criteria for Preferred Tobacco are met except for one finding - build, blood pressure, family history or cholesterol/HDL ratio.

... **AND IF** that one-off finding meets the Standard Plus criteria

... **AND IF** the respective criteria in the box below or Crediting Criteria is satisfied.

These additional underwriting criteria can move a Standard Tobacco case to Preferred Tobacco.

Availability:

- No restrictions on ages
- No restrictions on face amount
- No restrictions on riders
- For both UL and Term

ADVERSE FINDINGS

If all other criteria for an improved class are met, except for ONE of these adverse findings:

Build

Add one-inch to the proposed insured's measured height when referring to published build charts.

Improves by one rate class!

If no improvement by build, try Criteria below:

Family History

Try Crediting Criteria

Blood Pressure

Try Crediting Criteria

Cholesterol/HDL Ratio

Try Crediting Criteria

APPLICANTS who can qualify for credits:

- A tobacco user who is Standard Tobacco due to blood pressure readings in the Standard Plus range and Preferred for everything else, can qualify for Preferred Tobacco if the Crediting Criteria is met.
- A tobacco user who is Standard Tobacco due to family history of cardiovascular death of a parent before age 60 and Preferred for everything else, can qualify for Preferred Tobacco if the Crediting Criteria is met.

CREDITING CRITERIA

Three of these six criteria must be met to move up one class.

1. Cholesterol/HDL ratio of ≤ 4.5
2. NT Pro BnP under 100 (for ages 60 and up)
3. A normal cardiac test within the past 2 years yielding superior positive predictive value such as a negative exercise stress test (at least 10 METS), nuclear/perfusion stress test, stress echocardiogram, cardiac angiogram, CT angiogram or EBCT score of 0.
4. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
5. Lifestyle: One of the following must be met: regular annual checkups, regular participation in exercise/wellness programs, routine age or gender related preventative/baseline studies (pap smear, mammography, prostate exams, colonoscopy, etc.) or any other endeavor that adds positive protective value.
6. GGT below 30.

Financial Underwriting **FOCUS:**

Our InTOUCH financial underwriting philosophy and approach is to provide you with the guidance and collaboration you require to meet the needs of your client. Financial underwriting is an integral part of every application for insurance. Throughout the underwriting process, we consider all financial aspects of the risk presented - including, but not limited to:

- Need, purpose, amount of coverage applied for.
- Total anticipated amount of life coverage.
- Applications pending with all other carriers.
- Details of life insurance coverage amounts currently in force, as well as that which is intended to be replaced.
- Amount of assets and sources of income/investments.
- Appropriateness of the life insurance product for which the proposed insured/applicant owner has applied.
- A premium to income ratio for those age 64 and younger up to 20 percent and those age 65 or older up to 15 percent.

In financial underwriting, our focus is protecting your client's wealth, not creating it, while mitigating the mortality risk associated with overinsurance. Critical to the efficient processing of the application is providing answers to the following questions:

- **Is there an insurable interest?**
- **Is there a definable economic loss?**
- **Is there a valid need and purpose for insurance?**
- **Is the product applied for appropriate in meeting the needs of your client?**
- **Does the amount of insurance applied for correlate with the amount of financial loss?**
- **Does the owner, beneficiary and/or premium payor have an interest in the continued life of the proposed insured?**

Providing these answers and other salient points of information go a long way in setting the financial tone and tenor of the case. Financial underwriting guidelines and formulas provided in this brochure are intended to facilitate the underwriting process. The formulas represent only some of the factors considered in our rendering of any final decision. The guidelines are not intended to be a set of hard and fast rules. Flexibility is often determined by the high quality and completeness of the application, consistency of the information provided and a well written cover letter. Inconsistencies can result in adverse underwriting actions - up to including declination of coverage.

Facilitating the underwriting **PROCESS:**

Our financial underwriting requires inclusion of the total gross income (as reported to the IRS) and net worth for all applications. In addition, Section J of the application requires more detailed financial information for amounts more than \$1 million if the proposed insured is older than age 65. All business cases require completion of Section K of the application, when the amount is more than \$1 million. Amounts under \$1 million will require similar details, such as percentage of ownership and if others in the business are insured for like amount. These details can be provided in the cover letter or on the application, under additional remarks.

Please provide one of the following types of Independent Third-Party Verification when the face amount exceeds \$5 million:

- Attorney letter (letterhead and signature)
- CPA letter (letterhead and signature)
- Audited CPA statements - including all notes
- Broker dealer statements
- Tax returns (incl. those verified by 4506TEZ Form)
- Tax assessment or appraisal
- W-2 Forms
- Charitable giving statements

The following forms may be provided as options for Independent Verification:

A Business Beneficiary Report (BBR) is required for amounts over \$3 million for business cases.

Form 1041 for verification of trust income. The fiduciary of a domestic decedent's estate, trust, or bankruptcy estate uses Form 1041 to report the income, deductions, gains, losses, etc. of the estate or trust, the income that is either accumulated or held for future distribution or distributed currently to the beneficiaries, any income tax liability of the estate or trust, and employment taxes on wages paid to household employees.

K-1 Forms for trust and estate beneficiaries and for verification of income to beneficiaries passed through from a trust. Trusts and estates use Form 1041 to file tax returns. In some cases, the trust pays the income tax on earnings rather than passing it through to the beneficiaries. However, some trusts and estates pass income through to the beneficiaries. In this case the beneficiaries receive a K-1 that shows the income that they need to report on their own tax returns. Whenever a beneficiary receives a distribution of income, the trust or estate reports a deduction for the same amount on its 1041. This keeps the trust or estate from being taxed on this income so that the income is only taxed once.

NOTE: We will not accept any applications involving Welfare/Public Assistance, Estate/Legacy Creation, Reverse Mortgages, any surrender of a Qualified Annuity to fund life insurance for older age applicants, Rebating, Churning, Venture Capital, Non-Recourse Premium Financing, Investor-Owned or Stranger-Owned Life Insurance or other similar programs or efforts to bridge the financial gap (or coverage previously settled).

PERSONAL insurance concepts we'll consider:

Designed to provide personal income protection against the loss of earned income, at the untimely death of the proposed insured. It provides protection for such needs as mortgage, education, home health care, etc. Our personal income replacement multipliers are intended to screen for too much insurance and consider the following factors: age, marital status, number of dependents, income level and potential for future wage rate/salary increases.

Our income multipliers are applied against the total gross earned income, as reported to the IRS. At the underwriter's discretion current valuation of real estate holdings, including those that may be certified by an appraiser may be required.

In the absence of any significant earned income or net worth, the minimum household earned income we will consider is that which exceeds poverty levels (based on the number of people in the family/household) published by the U.S. Department of Health and Human Services.

Personal Insurance Income Multipliers:

Ages	Single no dependents	Married no dependents	Married or Single 1-2 dependents	Married or Single 3 or more dependents
20 - 40	28	30	32	35
41 - 50	20	22	25	28
51 - 55	18	20	22	22
56 - 65	15	15	15	15
66 - 70	5 -10	5-10	5-10	5-10
≥ 71	Case-by-case determination. Will individually consider income replacement for older applicants who are still employed using small multipliers.			

NOTE: The above are maximum income factors of which the underwriter may modify on a case-by-case basis, if the individual circumstances warrant such a change.

Final Expense Coverage: Funeral, burial, unpaid medical bills, etc., may be considered based upon information provided.

Insurance on Dependent Spouses: A dependent, non-wage earning spouse (housewife/househusband) is routinely determined eligible for coverage. Coverage amounts are considered on an individual case basis.

Required Financial Information:

- Earned income, coverage amount(s) applied for and in force on the wage earner
- Relationship of the total amount of coverage to the amount of coverage for which the wage earner qualifies
- Total amount of coverage for the couple

Unemployed: Individual consideration for those with reasonable job prospects.

Required Financial Information:

- Recent prior work experience
- Prior occupation
- Prior earned income
- Anticipated date returning to work

Ministers/Clergy: Follow the same Personal/Income Replacement Multipliers for personal coverage. Relative to key person coverage. Generally limit the amount on these risks to a multiple of total compensation (salary, housing allowance, car, retirement, health benefits, etc.).

Required Financial Information:

- Cover letter detailing how the need, purpose and amount was determined
- The length of time with the church
- Size of the congregation
- How much the offering level has increased under this minister

Disabled: Individual consideration based on our traditional underwriting guidelines.

Bankruptcy:

- Chapter 7 - Postpone until discharge and income re-established
- Chapter 13 - Individual consideration

Required Financial Information:

- Court-ordered repayment plan
- Documentation that payments have been made for at least 2 years
- Must qualify financially for amount applied for in all other respects

Charitable Beneficiary Coverage: Determined by multiplying the annual donation by the age specific earned income multiplier, or by multiplying the annual donation by the number of years pledged.

Required Financial Information:

- Contribution record (past history of giving to the institution)
- Other insurance needs must be met

IRA Stretch: No special consideration. Assets considered in overall net worth.

Helpful Financial Information:

- Breakdown of assets and anticipated tax amount
- Current value of stretch IRA

Inheritance: We will not project personal life insurance needs on the basis of future inheritance unless the distribution is very near term.

PERSONAL insurance coverage we'll consider:

Estate Liquidity: For estates under the \$5 million threshold, we recognize the need for insurance and can, as a general guideline, consider a total amount of coverage with all carriers, up to a maximum of 50 percent of the net worth, when a demonstrated need is evidenced by a listing of the non-liquid assets included in the net worth.

Required Financial Information:

- Third-party verified financial statements regarding all assets by CPA or tax attorney
- Income statement
- Balance sheet and/or cash flow statements from CPA or tax attorney, with special attention to assets and liabilities

Adult Child as Owner/Bene/Payor for Parent: Limited consideration, only in situations where the parent's business is being transferred to the adult child. No personal coverage available. No consideration otherwise.

Helpful Financial Information:

- Business financials
- Succession plan details

Term Life Insurance Alternative: When a policy owner wants to use interest income from a lump sum of cash to pay a term life insurance premium. Insurance amount should be related to income and net worth, along with total amount of life coverage.

Annuity Alternative: When a large non-qualified annuity with a low cost basis is no longer needed for retirement and the policy owner wants to maximize the value to leave to the next generation. Insurance amount should be related to income and net worth, along with total amount of coverage.

Required Financial Information:

- Earned income, coverage amount(s) applied for and in force on the wage earner
- Relationship of the total amount of coverage to the amount of coverage for which the wage earner qualifies
- Total line of coverage for the couple

Life Insurance Retirement Plan or Roth IRA alternative: High income earners who want an additional tax shelter, with potential creditor/predator protection, who have maxed out their IRA, who are not eligible for a Roth IRA, and who have already maxed out their qualified plans.

Insurance amount should be related to income and net worth, along with total amount of coverage. Please provide details in Section G of the application.

Life Insurance to Fund a Trust: Please note that if the trust is to be the owner, the trust creation date must precede the application date to obtain the full benefit of trust ownership. Trust applications require completion of the Trust Certification Form for face amounts greater than \$1 million or proposed insured age 65 or older.



1. Preferred Plus consideration for cigarette smokers 3 years out
2. Treated Hypercholesterolemia can qualify for Preferred Plus
3. Treated Hypertension can qualify for Preferred Plus
4. Combination of treated HTN/cholesterol can qualify for Preferred Plus
5. Controlled Type II Diabetes can qualify for Standard Plus
6. Asthma on two medications or less (well controlled) can qualify for Preferred
7. Anxiety/depression on one drug (well controlled) can qualify for Preferred
8. Substandard premium calculations based on Standard Plus rates
9. Additional underwriting credits automatically applied
10. A family history of cancer does not prevent consideration from our Preferred classes*

*unless there are features of the family history that suggest a hereditary cancer syndrome may be present.

TRUST CONCEPTS we'll consider:

Revocable/Living Trust offers the grantor the ability to manage assets, avoid probate, continue asset distribution after death and create tax savings.

Irrevocable Trust is used to move assets out of the grantor's estate. The grantor permanently relinquishes any rights to property placed into the trust. A well crafted irrevocable trust will distribute assets according to the wishes of the grantor, appreciate in value outside of the grantor's estate, pass to the beneficiaries outside of probate and they're shielded from claims of creditors of the estate.

Charitable Remainder Trust will provide income for a defined period of time to the grantor and upon the end of the term the remaining assets are given to the charity through a Charitable Remainder Trust. This is typically funded through life insurance.

Charitable Remainder Replacement Trust is a form of a wealth replacement trust designed to provide the heirs of the estate a value equivalent to that given to the charity through a Charitable Remainder Trust. This is typically funded through life insurance.

Wealth Replacement Trust is placed in conjunction with a Charitable Remainder Trust to replace the assets passing to the charity after the non-charitable income beneficiaries' death.

Dynasty Trust is designed to provide income to the beneficiaries for a long period of time often over multiple generations. The trust is written and funded to gain the greatest advantage within state and federal generation skipping transfer rules. No special consideration. Assets considered in overall net worth.

Generation Skipping Trust is used to pass assets from the grantor to his or her grandchildren, bypassing the children. The children may still receive income from the assets of the trust but ultimately the assets pass to the grandchildren which avoid estate taxes owed if the assets were given to the children at the death of the grantor.

Testamentary Trust is created by the last will and testament of the grantor which will pass through probate. The typical purpose is to distribute income or assets to the beneficiary(ies) over a period of time or at specified times defined by the grantor under the terms of the trust. Trust assets are included in the decedent's estate. Most states require only the trustee be named as beneficiary of the proceeds to support establishment of the trust.

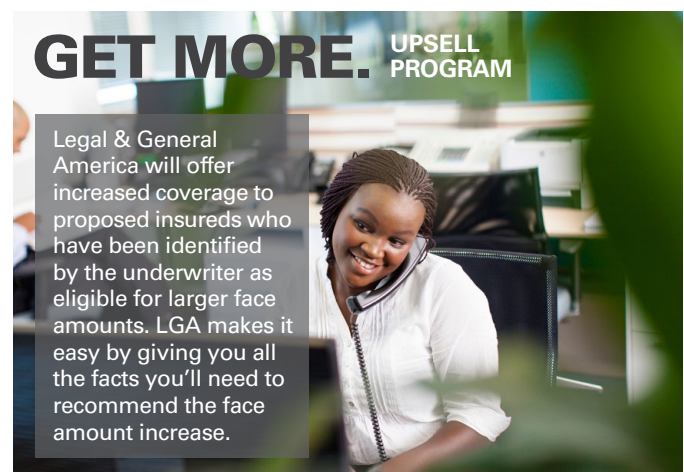
Grantor Retained Annuity Trust (GRAT) is funds by a grantor who retains a right to receive a fixed percentage of the initial contribution to the trust on an annual basis for a specified term of years. Assets placed into this trust are subject to gift taxes, unless they are eligible for exclusion.

Grantor Retained Unitrust (GRUT) is similar to a GRAT except the income stream received by the grantor is a fixed percentage of the annual value of the trust assets. This variable income stream will increase or decrease along with the value of the assets.

Special Needs Trust for Children is designed to provide income and other benefits to dependents, often with physical or mental disabilities, while also preserving their right to certain governmental subsidy programs for which the beneficiary might be eligible. Only considered for children. Not considered for care of elderly parents.

Pension Maximization concepts are used when permanent death benefits are needed so an employee can elect the highest retirement income option from a defined benefit pension. Insurance amount should be related to income and net worth, along with total amount of coverage, even if annuity can purchase more. Consideration may not be possible if there is a significant difference in spousal age (i.e. proposed insured age 67 and spouse is age 42).

RMD Maximization makes sense when an IRA owner is facing required minimum distributions (RMD), but has no need for current income, and desires to leave the IRA for heirs. The IRA is used to purchase a qualified SPIA that maximizes the current income from the IRA, and this income is used to purchase a UL policy. Insurance amount should be related to income and net worth, along with total line of coverage.



GET MORE. UPSSELL PROGRAM

Legal & General America will offer increased coverage to proposed insureds who have been identified by the underwriter as eligible for larger face amounts. LGA makes it easy by giving you all the facts you'll need to recommend the face amount increase.

BUSINESS concepts we'll consider:

Key Person Insurance Valuation Multipliers:

Ages ≤ 64:	Up to 10 times the applicant's annual income (salary and bonus)
Ages 65 - 70:	Up to 5 times the applicant's annual income (salary and bonus)
Ages ≥ 71:	Individual consideration for key person when facts and financial data demonstrate a significant loss to the company

Providing favorable corporate financial justification may allow consideration beyond these multiples.

Typical Business Valuation Multiples:

- 4 to 5 times EBITDA
- 1 times sales
- 10-15 times net earnings

Buy/Sell, Partnership, Stock Redemption Coverage:

Coverage is determined by percentage of ownership held by applicant multiplied by the market value of the company (i.e., 10 times net income). Complete section J and K of the application.

Business Creditor/Debt Repayment: We will consider coverage provided the term of the new loan is at least 10 years. We will generally consider up to 80% of the loan amount for uncollateralized loans and up to 100% of the loan if structured as a collateral assignment. Loan coverage on a sole proprietor is essentially the same as personal insurance for the same purpose.

Required Financial Information:
Purpose, amount, date and loan duration.

Business Succession and Continuity: To fund a cross-purchase or stock redemption buy/sell agreement.

New Business or Start Up: Life insurance applications on start-up companies are reviewed cautiously, as most start-ups fail within a year due to lack of capitalization, poor timing or lack of market. At a minimum, these have negative implications for persistency. If the business has not yet been formed and capitalized, no consideration will be allowed.

Required Financial Information:

- Need amount and source of funding
- Experience of the owners in the field
- Their success as measured by prior income in addition to years of work experience
- Historical balance sheet and income/expense statement
- Employee census
- Deferred compensation formula used
- Total amount and purpose of all in force and pending life coverage
- Copy of agreement to pay proceeds

For any business coverage it's important to include the type of corporation under consideration (LLC, LLP, Sub S Corp etc.).

Executive Bonus: Under IRC Sec. 162, when an employer pays the premium on a life insurance policy owned by a key person. The employer deducts the premium as an ordinary business expense, and the employee pays the income tax on the premium.

Controlled Executive Bonus: Just like above, but with an additional contract between an employee and employer that effectively limits the employees access to cash values for a period of time.

Split Dollar Plans: When the death benefits, cash surrender values, and premium payments are split between an employer and employee, or between an individual and a non-natural person (e.g. trust).

Deferred Compensation: When the amount of coverage considered will be limited to a maximum (generally 20-25) times total compensation formula multiple. Only available on permanent products, no term. Cover letter template, if needed.

Non-Qualified Deferred Compensation: An informal funding vehicle where a corporation owns the policy, pays the premiums, receives the benefits, and then uses them to pay, in whole or in part, a contractual promise to pay retirement benefits to a key person, or survivor benefits to the deceased key person's beneficiaries.

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