

For Producer Use Only

# SBLI UNDERWRITING GUIDE

NO NONSENSE. LIKE YOU.™

**SBLI**<sup>®</sup>  
THE NO NONSENSE  
LIFE INSURANCE COMPANY<sup>®</sup>

New guidelines effective as of November 16, 2015

*“Coming together is a beginning.  
Keeping together is progress.  
Working together is success.”*

– Henry Ford

## SBLI UNDERWRITING PHILOSOPHY

The Savings Bank Life Insurance Company of Massachusetts (SBLI) has long prided itself on the experience, competency and fairness of its underwriting staff. SBLI’s underwriting staff averages over 20 years of experience and has a reputation of being accessible and willing to work with agents and their clients.

SBLI thanks you for choosing us to provide valuable life insurance coverage to your clients. The underwriting staff truly believes in working closely with its partners to enhance the process and make the experience worthwhile.

Don’t hesitate to contact us any time you feel we can better serve you.



Vice President

Chief Underwriter

781-994-5428

BOConnell@SBLI.com

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# SBLI UNDERWRITING GUIDE

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## SUBMITTING AN APPLICATION

SBLI offers multiple ways to meet your processing needs when it comes to submitting a new business application.

### Drop Ticket

ZipApp™, SBLI's new streamlined online drop ticket solution, is now available for both term and whole life. ZipApp provides the ability to quote and submit a ticket faster and easier than ever before, and there are no setup or submission costs.

### Traditional Submission

This traditional option allows you to complete and submit a paper version of the application to us for processing.

### Electronic Forms

Submissions on an e-Application can be sent to us electronically through iPipeline. Please note this option will no longer be available after December 30, 2015.

### Fillable Forms Submission

The fillable forms option allows you to complete and submit a paper version of an application using one of our fillable forms solutions. These forms are available via SBLIAgent.com as well as via Laser App.

Please check with us to discuss other possible solutions as we are always looking for ways to simplify the submission process.

## SUBMITTING FORMS

SBLI offers multiple ways to meet your processing needs when it comes to submitting forms.

### Traditional & Fillable Forms

All forms may be sent to us via e-mail, mail or fax. We also partner with multiple vendors and can accept forms electronically from ExamOne as well as other vendor. Please check with us for additional details.

### Electronic Forms

Submissions on an e-Application can be sent to us electronically through iPipeline. Please note this option will no longer be available after December 30, 2015.

## DOCUMENTATION SUBMISSION

MAIL	E-MAIL	FAX
SBLI of Massachusetts-Records One Linscott Road, Woburn, MA 01801	Records@sbli.com	781-994-4240

## COMPELLING REASONS TO DO BUSINESS WITH SBLI

**1. Very highly rated by rating agencies**

A+ (Superior)\* by A.M. Best and A- (Strong) by Standard and Poor's 500

**2. We have some of the most competitive rates in the industry for most ages and plans**

**3. Highly competitive underwriting**

*Clients can now qualify for our best premium class (Preferred Plus) in the following situations:*

- a. Treated and non-treated controlled hypertension
- b. Mild and controlled (with inhalers) asthma
- c. Mild and controlled anxiety
- d. Treated and non-treated controlled hyperlipidemia
- e. Scuba diving up to 75 feet
- f. Certain family histories that are gender specific cancers (i.e. breast, testicular, prostate, ovarian, and uterine)
- g. One competitive multiclass build chart for both males and females

**We also provide:**

- a. Prompt turnaround time (average issue time is 25 days)
- b. New technology enhancements including MYSBLI.com, e-policy delivery and SBLIAgent.com for improved services and easy access to information
- c. 24-hour turnaround times for quick quotes, and accessibility to our Help Desk for quick quotes that are needed even sooner

**Very importantly, and quite unique in the industry, SBLI underwriting encourages you to contact our highly skilled and experienced underwriters to discuss cases or to offer feedback or suggestions.**

\*Visit [ambest.com](http://ambest.com) to learn more.

SBLI UNDERWRITING GUIDE

INITIAL UNDERWRITING REQUIREMENTS

AGE AND AMOUNT REQUIREMENTS

AMOUNTS	0-15* YEARS	16-17* YEARS	18-30 YEARS	31-40 YEARS	41-50 YEARS	51-60 YEARS	61-69 YEARS	70-80 YEARS
TO \$100,000	Non-Medical	Non-Medical MVR	Para BP/HOS MVR	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS MVR	Para BP/HOS EKG MVR
\$100,001-250,000	Non-Medical	Non-Medical MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR
\$250,001-500,000	Non-Medical	Non-Medical MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR
\$500,001-1,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR
\$1,000,001-3,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Underwriter Discretion
\$3,000,001-5,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Underwriter Discretion
\$5,000,001-10,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Underwriter Discretion
\$10,000,001 AND OVER	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS TMT MVR	Para BP/HOS TMT MVR	Underwriter Discretion

KEY	
Para =	Paramedical Exam (Nurse)
BP =	Blood Profile with HIV Test / PSA over Age 50
HOS =	Home Office Specimen (Urine)
TMT =	Exercise EKG (Treadmill)
EKG =	Electrocardiogram (Resting)
MVR =	Motor Vehicle Reports

\*For ages 0-17, whole life product is based on the net amount at risk.

Consumer Inspection Report:

To age 69: Personal coverage \$5,000,000+  
 Business coverage \$3,000,000+

Ages 70+: Any purpose \$1,000,000+

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PREFERRED VENDORS

PARAMED	PHONE	WEB SITE
APPS	516-822-6230	www.appslive.com
Examination Management Services, Inc. (EMSI)	800-872-3674	www.emsinet.com
Exam One	800-768-2056	www.examone.com
Superior Mobile Medics	800-898-3926	www.superiormobilemedics.com
<b>LAB/MVR</b>		
Exam One	800-768-2056	www.examone.com
<b>APS</b>		
Examination Management Services, Inc. (EMSI)	800-872-3674	www.emsinet.com
Express Imaging Services, Inc	888-846-8804	www.eiscallcenter.com
J & H Copy Service	714-991-0102	www.jhcopyservice.com
<b>INSPECTION REPORTS</b>		
Exam One	800-768-2056	www.examone.com
Examination Management Services, Inc. (EMSI)	800-872-3674	www.emsinet.com

We encourage you to use our preferred vendors for medical requirements; our selected vendors provide the best possible service in the industry and have the widest geographic coverage.

Please note: we expect to have a formal application for most of the services that were invoiced to us. We will be monitoring this and we reserve the right to exclude agents from the direct bill program if we see significant discrepancies between submitted applications and services billed.

If a non-preferred vendor is utilized, the agent will be responsible to pay the vendor directly and submit a reimbursement request along with copy of invoice and proof of payment.

Please note:

- We will reimburse only if a formal application is submitted to SBLI.
- If we are sharing an application with another carrier, we ask that you send the bill to the carrier with whom the case is placed.
- We cannot be responsible for excessive fees, so we will reimburse up to our contracted prices. Any expense exceeding these rates will not be our responsibility. Please contact our Vendor Management team for more details.

For any questions, or to submit a reimbursement request please contact our Vendor Management team at [vm@sbli.com](mailto:vm@sbli.com), or call 781-994-5475.

SBLI UNDERWRITING GUIDE

UNDERWRITING CLASS CRITERIA/NON-NICOTINE

CRITERIA	PREFERRED PLUS NON-NICOTINE	PREFERRED NON-NICOTINE
<b>Nicotine</b>	no nicotine 5 years	no nicotine 3 years
	-Occasional cigar use can be considered non-nicotine if 12 or less per year, is fully admitted to on the application and current nicotine test is negative	
<b>Blood Pressure</b>	treated or untreated 135/85 up to age 60 140/85 age 61 and over	currently controlled by meds 135/85 up to age 60 145/90 age 61 and over
<b>Cholesterol</b>	120 min 300 max (treated or untreated)	120 min 300 max (treated or untreated)
<b>CHL/HDL Ratio</b>	max 5.0 males max 4.5 females	max 5.5 males max 5.0 females
<b>Blood Profile/HOS</b>	values within acceptable range for class	values within acceptable range for class
<b>Family History</b>	no cardiovascular or familial cancer* in parents/siblings prior to age 60  -waived if insured is 65 or older and meets all other preferred plus criteria  -family history is disregarded if insured is age 70 or over  *Breast, ovarian, prostate, melanoma, thyroid, lymphoma, colon	no death in parent prior to age 60 due to cardiovascular or familial cancer*  -waived if insured is 65 or older and meets all other preferred criteria  *Breast, ovarian, prostate, melanoma, thyroid, lymphoma, colon
<b>Driving Record</b>	no more than 1 DUI, none last 7 years no reckless in last 7 years no more than 2 MV in last 3 years no license suspension within last 3 years	no more than 1 DUI, none last 5 years no reckless in last 5 years no more than 2 MV in last 3 years no license suspension within last 3 years
<b>Alcohol/Substance Abuse</b>	no history of or treatment for alcohol/drugs	no history of or treatment for alcohol/drugs in the last 10 years
<b>Personal History</b> (see next page)	no personal hx of cancer, cardiovascular or diabetes mellitus	no personal hx of cancer, cardiovascular or diabetes mellitus
<b>Residence</b>	US resident for last 2 years and refer to foreign residency section for additional information	US resident for last 2 years and refer to foreign residency section for additional information
<b>Occupation/Avocation</b>	no hazardous occupations/avocations active military not accepted scuba diving <75 ft ok	no hazardous occupations/avocations active military considered if stationed in US and non-hazardous occupation scuba diving <75 ft ok

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.



SBLI UNDERWRITING GUIDE

UNDERWRITING CLASS CRITERIA/NON-NICOTINE

CRITERIA	PREFERRED PLUS NON-NICOTINE				PREFERRED NON-NICOTINE			
<b>Build (ht and wt) Male and Female</b>	4'8"	126	4'9"	131	4'8"	135	4'9"	140
	4'10"	135	4'11"	140	4'10"	145	4'11"	150
	5'0"	145	5'1"	149	5'0"	155	5'1"	160
	5'2"	154	5'3"	159	5'2"	165	5'3"	170
	5'4"	164	5'5"	169	5'4"	176	5'5"	181
	5'6"	174	5'7"	179	5'6"	187	5'7"	192
	5'8"	185	5'9"	190	5'8"	198	5'9"	204
	5'10"	196	5'11"	201	5'10"	209	5'11"	215
	6'0"	207	6'1"	212	6'0"	221	6'1"	227
	6'2"	218	6'3"	224	6'2"	234	6'3"	240
	6'4"	230	6'5"	236	6'4"	246	6'5"	253
	6'6"	242	6'7"	248	6'6"	259	6'7"	266
	6'8"	254	6'9"	260	6'8"	273	6'9"	279
	6'10"	267	6'11"	273	6'10"	286	6'11"	293
<b>Additional Personal History</b>	<p>A history of the following will rule out consideration for this class:</p> <ul style="list-style-type: none"> <li>AIDS</li> <li>Alzheimer's disease</li> <li>Asthma*</li> <li>Cancer (except for basal cell)</li> <li>Chronic obstructive pulmonary disease</li> <li>Coronary artery disease</li> <li>Crohn's disease</li> <li>Depression/mental disorder*</li> <li>Diabetes</li> <li>Drug or alcohol abuse</li> <li>Emphysema</li> <li>Epilepsy</li> <li>Heart disease</li> <li>Heart murmur</li> <li>Chronic kidney or liver disease</li> <li>Melanoma</li> <li>Mitral valve prolapse</li> <li>Multiple sclerosis</li> <li>Neurogenic bladder</li> <li>Rheumatoid arthritis</li> <li>Stroke</li> <li>Suicide attempts</li> <li>Taking meds for any chronic on-going condition</li> <li>Ulcerative colitis</li> <li>Vascular disease</li> </ul> <p>*Individual consideration</p>				<p>A history of the following will rule out consideration for this class:</p> <ul style="list-style-type: none"> <li>AIDS</li> <li>Alzheimer's disease</li> <li>Asthma (except for mild forms)*</li> <li>Cancer (except basal cell)</li> <li>Chronic obstructive pulmonary disease</li> <li>Coronary artery disease</li> <li>Crohn's disease</li> <li>Depression/mental disorder*</li> <li>Diabetes</li> <li>Drug or alcohol abuse (in past 10 yrs)</li> <li>Emphysema</li> <li>Epilepsy</li> <li>Heart disease</li> <li>Heart murmur</li> <li>Chronic kidney or liver disease</li> <li>Melanoma</li> <li>Mitral valve prolapse*</li> <li>Multiple sclerosis</li> <li>Neurogenic bladder</li> <li>Rheumatoid arthritis</li> <li>Stroke</li> <li>Suicide attempts</li> <li>Ulcerative colitis</li> <li>Vascular disease</li> </ul> <p>*Individual consideration</p>			

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

SBLI UNDERWRITING GUIDE

UNDERWRITING CLASS CRITERIA/NON-NICOTINE

CRITERIA	SELECT NON-NICOTINE	STANDARD NON-NICOTINE
<b>Nicotine</b>	no nicotine 2 years	no nicotine 1 year
	-Occasional cigar use can be considered non-nicotine if 12 or less per year, is fully admitted to on the application and current nicotine test is negative	
<b>Blood Pressure</b>	currently controlled by meds 140/90 up to age 60 145/90 age 61 and over	currently controlled by meds insurability and ratings depend on actual B/P and other medical conditions
<b>Cholesterol</b>	120 min 300 max (treated or untreated)	120 min 300 max (treated or untreated)
<b>CHL/HDL Ratio</b>	max 6.5 males max 6.0 females	max 7.0
<b>Blood Profile/HOS</b>	values within acceptable range for class	values within acceptable range for class
<b>Family History</b>	not more than 1 cardiovascular or familial cancer* death in parents prior to age 60 *Breast, ovarian, prostate, melanoma, thyroid, lymphoma, colon	more than 1 cardiovascular death in parents prior to age 60 (individual consideration)
<b>Driving Record</b>	no DUI in last 5 years no more than 3 MV in last 3 years	no DUI in last 2 years no more than 3 MV in last 3 years
<b>Alcohol/Substance Abuse</b>	no history or treatment for alcohol/drugs last 10 years	no history or treatment for alcohol/drugs last 7 years
<b>Personal History</b> (see next page)	no personal hx of cancer or cardiovascular or diabetes	need specifics on any cancer or cardiovascular/may require rating
<b>Residence</b>	US resident for last 2 years and refer to foreign residency section for additional information	US resident for last 2 years and refer to foreign residency section for additional information
<b>Occupation/Avocation</b>	hazard occup/avocation subject to rating private pilot okay if not ratable active military considered if stationed in US and non-hazardous occupation scuba diving <75 ft ok	hazard occup/avocation subject to rating private pilot okay or with flat extra active military considered if stationed in US and non-hazardous occupation scuba diving <100 ft ok, >100 ft flat extra

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

SBLI UNDERWRITING GUIDE

UNDERWRITING CLASS CRITERIA/NON-NICOTINE

CRITERIA	SELECT NON-NICOTINE				STANDARD NON-NICOTINE			
<b>Build (ht and wt) Male and Female</b>	4'8"	147	4'9"	152	4'8"	164	4'9"	170
	4'10"	157	4'11"	162	4'10"	176	4'11"	182
	5'0"	168	5'1"	173	5'0"	188	5'1"	194
	5'2"	179	5'3"	185	5'2"	200	5'3"	207
	5'4"	190	5'5"	196	5'4"	213	5'5"	220
	5'6"	202	5'7"	208	5'6"	226	5'7"	234
	5'8"	214	5'9"	221	5'8"	241	5'9"	248
	5'10"	227	5'11"	233	5'10"	255	5'11"	263
	6'0"	240	6'1"	247	6'0"	271	6'1"	279
	6'2"	253	6'3"	260	6'2"	286	6'3"	294
	6'4"	267	6'5"	274	6'4"	302	6'5"	309
	6'6"	281	6'7"	288	6'6"	318	6'7"	326
	6'8"	295	6'9"	303	6'8"	334	6'9"	343
	6'10"	310	6'11"	318	6'10"	351	6'11"	360
<b>Additional Personal History</b>	<p>A history of the following will rule out consideration for this class:</p> <ul style="list-style-type: none"> <li>AIDS</li> <li>Alzheimer's disease</li> <li>Asthma (severe)</li> <li>Cancer</li> <li>Chronic obstructive pulmonary disease</li> <li>Coronary artery disease</li> <li>Crohn's disease</li> <li>Depression/mental disorder*</li> <li>Diabetes</li> <li>Drug or alcohol abuse (in past 10 years)</li> <li>Emphysema</li> <li>Epilepsy (seizure within last 3 years)</li> <li>Heart disease</li> <li>Chronic kidney or liver disease</li> <li>Melanoma</li> <li>Mitral valve prolapse*</li> <li>Multiple sclerosis</li> <li>Neurogenic bladder</li> <li>Rheumatoid arthritis (mild/asymtomatic)</li> <li>Stroke</li> <li>Suicide attempts</li> <li>Ulcerative colitis (within 3 years)</li> <li>Vascular disease</li> </ul> <p>*Individual consideration</p>				<p>A history of the following will rule out consideration for this class:</p> <ul style="list-style-type: none"> <li>AIDS</li> <li>Alzheimer's disease</li> </ul>			

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

SBLI UNDERWRITING GUIDE

UNDERWRITING CLASS CRITERIA/NICOTINE

CRITERIA	PREFERRED NICOTINE	STANDARD NICOTINE
<b>Nicotine</b>	not exceeding one pack per day and no use of other nicotine products	tobacco use exceeding 1 pack per day
<b>Blood Pressure</b>	currently controlled by meds 135/85 up to age 49 140/90 age 50 and over	currently controlled by meds insurability and ratings depend on actual B/P and other medical conditions
<b>Cholesterol</b>	120 min 300 max (treated or untreated)	120 min 300 max (treated or untreated)
<b>CHL/HDL Ratio</b>	max 5.5	max 7.5
<b>Blood Profile/HOS</b>	all values within normal range	values within acceptable range for class
<b>Family History</b>	no death in parent or sibling prior to age 60 due to cardiovascular or familial cancer* *Breast, ovarian, prostate, melanoma, thyroid, lymphoma, colon	more than 1 cardiovascular death in parents prior to age 60 (individual consideration)
<b>Driving Record</b>	no more than 1 DUI, none last 5 years no reckless in last 5 years no more than 2 MV in last 3 years no license suspension within last 3 years	no DUI in last 2 years no more than 3 MV in last 3 years
<b>Alcohol/Substance Abuse</b>	no history of or treatment for alcohol/drugs last 10 years	no history of or treatment for alcohol/drugs last 7 years
<b>Personal History</b> (see next page)	no personal hx of cancer, cardiovascular or diabetes mellitus	need specifics on any cancer or cardiovascular/may require rating
<b>Residence</b>	US resident for last 2 years and refer to foreign residency section for additional information	US resident for last 2 years and refer to foreign residency section for additional information
<b>Occupation/Avocation</b>	no hazardous occup/avocations active military considered if stationed in US and non-hazardous occupation scuba diving <75ft ok	hazard occup/avocation subject to rating private pilot okay or with flat extra active military considered if stationed in US and non-hazardous occupation scuba diving <100 ft ok, >100 ft flat extra

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

UNDERWRITING CLASS CRITERIA/NICOTINE

CRITERIA	PREFERRED NICOTINE				STANDARD NICOTINE			
<b>Build (ht and wt) Male and Female</b>	4'8"	131	4'9"	136	4'8"	164	4'9"	170
	4'10"	141	4'11"	146	4'10"	176	4'11"	182
	5'0"	151	5'1"	156	5'0"	188	5'1"	194
	5'2"	161	5'3"	166	5'2"	200	5'3"	207
	5'4"	172	5'5"	177	5'4"	213	5'5"	220
	5'6"	183	5'7"	188	5'6"	226	5'7"	234
	5'8"	194	5'9"	200	5'8"	241	5'9"	248
	5'10"	205	5'11"	211	5'10"	255	5'11"	263
	6'0"	217	6'1"	223	6'0"	271	6'1"	279
	6'2"	230	6'3"	236	6'2"	286	6'3"	294
	6'4"	242	6'5"	249	6'4"	302	6'5"	309
	6'6"	255	6'7"	262	6'6"	318	6'7"	326
	6'8"	269	6'9"	275	6'8"	334	6'9"	343
	6'10"	282	6'11"	289	6'10"	351	6'11"	360
<b>Additional Personal History</b>	<p>A history of the following will rule out consideration for this class:</p> <ul style="list-style-type: none"> <li>AIDS</li> <li>Alzheimer's disease</li> <li>Asthma</li> <li>Cancer (except basal cell)</li> <li>Chronic obstructive pulmonary disease</li> <li>Coronary artery disease</li> <li>Crohn's disease</li> <li>Depression/mental disorder</li> <li>Diabetes</li> <li>Drug or alcohol abuse (in past 10 years)</li> <li>Emphysema</li> <li>Epilepsy (seizure within last 5 years)</li> <li>Heart disease</li> <li>Heart murmur</li> <li>Chronic kidney or liver disease</li> <li>Melanoma</li> <li>Mitral valve prolapse</li> <li>Multiple sclerosis</li> <li>Neurogenic bladder</li> <li>Rheumatoid arthritis</li> <li>Stroke</li> <li>Suicide attempts</li> <li>Ulcerative colitis</li> <li>Vascular disease</li> </ul>				<p>A history of the following will rule out consideration for this class:</p> <ul style="list-style-type: none"> <li>AIDS</li> <li>Alzheimer's disease</li> <li>Suicide attempts (within 2 years)</li> </ul>			

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

## NEW SBLI HEALTH CREDITS PROGRAM

The SBLI Health Credits Program is designed to improve cases with mild to moderate substandard mortality assessments. It provides a personalized approach to allow clients to qualify for an improved rate class based on objective healthy living criteria.

### AVAILABILITY

- Improvement available up to Select Class
- Possible 2 table improvement
- Ages 18 - 70\*
- Through \$10,000,000\*
- Through Table 5\*
- All Products

\*Automatic/Facultative treaty retention rules still applicable

### EXCLUSIONS

- Any history of cardiovascular disease
- Diabetes with any complication other than mild neuropathy
- Any history of substance abuse
- If rated for driving record, avocation, aviation or foreign travel activity
- Any cognitive impairment
- Any history of cancer/malignancy history
- Any psychiatric impairment of more than mild severity
- Not available against permanent or temporary flat extras

### CRITERIA

All but ONE of the following meets SBLI's Preferred or Preferred Plus criteria:

- Build
- Blood Pressure
- Cholesterol
- Family History
- Sub-standard Assessment (Table 2 through 5) and not included in exclusion criteria

**Your client may be able to qualify for an improved assessment with evidence of favorable healthy wellness evaluations and favorable family history!**

**The wellness evaluations include:**

- Regular annual wellness exam within the last 24 months with all favorable findings
  - ▶ A wellness exam includes an examination with a full history, review of symptoms and discussion of screening tests and medications.
- Age/Gender related evaluations completed and favorable within last 24 months
  - ▶ Colonoscopy, mammogram, pap test, prostate evaluations, and various cardiovascular tests for clients ages 40 and over.

## APS ORDERING GUIDELINES

### WHEN AN APS IS REQUIRED

Order an Attending Physician Statement if the proposed insured has been seen by a health care professional within the time frame indicated below.

AGE*	\$0 to \$500,000	500,001 to \$750,000	\$750,001 to \$1,000,000	\$1,000,001 to \$2,000,000	\$2,000,001 and up
18-40	*	1 Month	1 Month	1 Year	2 Years
41-50	*	3 Months	3 Months	1 Year	2 Years
51-60	*	1 Year	1 Year	2 Years	All Cases
61+	All Cases	All Cases	All Cases	All Cases	All Cases

\*For ages 0-60, no routine Age and Amount APS is required. Underwriters may order based on medical history or at their discretion.

### AN APS IS ALWAYS REQUIRED FOR THE FOLLOWING CONDITIONS:

Alcohol or Drug History	Diabetes	Multiple Sclerosis
Aneurysm	Eating Disorders	Muscular Dystrophy
Arrhythmia	Embolism	Obesity
Barrett's Esophagus	Emphysema/Pulmonary Disorders	Pancreatic Disorders
Blood Disorders	Enteritis/Ileitis	Paralysis
Cancer, Tumors or Biopsies	Epilepsy/Seizure/TIA	Parkinson's Disease
Cerebral Vascular Disease/Stroke/Hemorrhage	GI Disorders	Prostate/PSA Abnormalities
Colitis/Proctitis	Heart Disorders	Respiratory Disorders
Chronic Obstructive Pulmonary Disease	Heart Murmurs	Rheumatoid Arthritis
Coronary Artery Disease/Angina	Hepatitis	Sleep Apnea
Crohn's	Kidney Disorders	Syncope/Dizziness/Vertigo
Depression/Mental Health	Liver Disorders	Ulcers
	Mental/Psychiatric Disorders	Vascular Disease

\*This list covers only common disorders and does not limit the SBLI Underwriting Department from ordering medical records for those impairments that are deemed necessary.

For additional assistance, please contact: Brian O'Connell  
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SBLI UNDERWRITING GUIDE

NON-NICOTINE AND NICOTINE BUILD CHART FOR ALL PRODUCTS

HT	PREFERRED + NON-NICOTINE UP TO	PREFERRED NON-NICOTINE	SELECT NON-NICOTINE	STANDARD NON-NICOTINE	PREFERRED NICOTINE UP TO	STANDARD NICOTINE
4'8"	126	<b>127-135</b>	136-147	<b>148-164</b>	<b>131</b>	<b>132-164</b>
4'9"	131	<b>132-140</b>	141-152	<b>153-170</b>	<b>136</b>	<b>137-170</b>
4'10"	135	<b>136-145</b>	146-157	<b>158-176</b>	<b>141</b>	<b>142-176</b>
4'11"	140	<b>141-150</b>	151-162	<b>163-182</b>	<b>146</b>	<b>147-182</b>
5'0"	145	<b>146-155</b>	156-168	<b>169-188</b>	<b>151</b>	<b>152-188</b>
5'1"	149	<b>150-160</b>	161-173	<b>174-194</b>	<b>156</b>	<b>157-194</b>
5'2"	154	<b>155-165</b>	166-179	<b>180-200</b>	<b>161</b>	<b>162-200</b>
5'3"	159	<b>160-170</b>	171-185	<b>186-207</b>	<b>166</b>	<b>167-207</b>
5'4"	164	<b>165-176</b>	177-190	<b>191-213</b>	<b>172</b>	<b>173-213</b>
5'5"	169	<b>170-181</b>	182-196	<b>197-220</b>	<b>177</b>	<b>178-220</b>
5'6"	174	<b>175-187</b>	188-202	<b>203-226</b>	<b>183</b>	<b>184-226</b>
5'7"	179	<b>180-192</b>	193-208	<b>209-234</b>	<b>188</b>	<b>189-234</b>
5'8"	185	<b>186-198</b>	199-214	<b>215-241</b>	<b>194</b>	<b>195-241</b>
5'9"	190	<b>191-204</b>	205-221	<b>222-248</b>	<b>200</b>	<b>201-248</b>
5'10"	196	<b>197-209</b>	210-227	<b>228-255</b>	<b>205</b>	<b>206-255</b>
5'11"	201	<b>202-215</b>	216-233	<b>234-263</b>	<b>211</b>	<b>212-263</b>
6'0"	207	<b>208-221</b>	222-240	<b>241-271</b>	<b>217</b>	<b>218-271</b>
6'1"	212	<b>213-227</b>	228-247	<b>248-279</b>	<b>223</b>	<b>224-279</b>
6'2"	218	<b>219-234</b>	235-253	<b>254-286</b>	<b>230</b>	<b>231-286</b>
6'3"	224	<b>225-240</b>	241-260	<b>261-294</b>	<b>236</b>	<b>237-294</b>
6'4"	230	<b>231-246</b>	247-267	<b>268-302</b>	<b>242</b>	<b>243-302</b>
6'5"	236	<b>237-253</b>	254-274	<b>275-309</b>	<b>249</b>	<b>250-309</b>
6'6"	242	<b>243-259</b>	260-281	<b>282-318</b>	<b>255</b>	<b>256-318</b>
6'7"	248	<b>249-266</b>	267-288	<b>289-326</b>	<b>262</b>	<b>263-326</b>
6'8"	254	<b>255-273</b>	274-295	<b>296-334</b>	<b>269</b>	<b>270-334</b>
6'9"	260	<b>261-279</b>	280-303	<b>304-343</b>	<b>275</b>	<b>276-343</b>
6'10"	267	<b>268-286</b>	287-310	<b>311-351</b>	<b>282</b>	<b>283-351</b>
6'11"	273	<b>274-293</b>	294-318	<b>319-360</b>	<b>289</b>	<b>290-360</b>



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SUBSTANDARD BUILD CHART

HT	RATING								
	50 DEBITS	75 DEBITS	100 DEBITS	125 DEBITS	150 DEBITS	175 DEBITS	200 DEBITS	250 DEBITS	300 DEBITS
4'8"	165-170	<b>171-178</b>	179-185	186-192	<b>193-199</b>	200-206	<b>207-210</b>	211-216	217+
4'9"	171-176	<b>177-185</b>	186-191	192-199	<b>200-206</b>	207-214	<b>215-218</b>	219-224	225+
4'10"	177-182	<b>183-191</b>	192-198	199-206	<b>207-213</b>	214-221	<b>222-225</b>	226-232	233+
4'11"	183-189	<b>190-198</b>	199-205	206-213	<b>214-221</b>	222-229	<b>230-233</b>	234-240	241+
5'0"	189-195	<b>196-205</b>	206-212	213-220	<b>221-228</b>	229-236	<b>237-241</b>	242-248	249+
5'1"	195-201	<b>202-211</b>	212-219	220-228	<b>229-236</b>	237-244	<b>245-250</b>	251-256	257+
5'2"	201-208	<b>209-218</b>	219-227	228-235	<b>236-244</b>	245-252	<b>253-258</b>	259-265	266+
5'3"	208-215	<b>216-226</b>	227-234	235-243	<b>244-252</b>	253-261	<b>262-266</b>	267-274	275+
5'4"	214-222	<b>223-233</b>	234-242	243-250	<b>251-259</b>	260-269	<b>270-275</b>	276-282	283+
5'5"	221-229	<b>230-240</b>	241-249	250-258	<b>259-268</b>	269-277	<b>278-283</b>	284-291	292+
5'6"	227-236	<b>237-247</b>	248-256	257-266	<b>267-276</b>	277-286	<b>287-292</b>	293-300	301+
5'7"	235-243	<b>244-255</b>	256-264	265-274	<b>275-284</b>	285-295	<b>296-301</b>	302-310	311+
5'8"	242-250	<b>251-263</b>	264-272	273-282	<b>283-293</b>	294-303	<b>304-310</b>	311-319	320+
5'9"	249-258	<b>259-270</b>	271-280	281-291	<b>292-302</b>	303-313	<b>314-319</b>	320-328	329+
5'10"	256-266	<b>267-278</b>	279-288	289-299	<b>300-310</b>	311-322	<b>323-329</b>	330-338	339+
5'11"	264-273	<b>274-286</b>	287-296	297-308	<b>309-319</b>	320-331	<b>332-338</b>	339-347	348+
6'0"	272-280	<b>281-294</b>	295-305	306-317	<b>318-329</b>	330-341	<b>342-348</b>	349-357	358+
6'1"	280-289	<b>290-304</b>	305-314	315-326	<b>327-338</b>	339-350	<b>351-358</b>	359-367	368+
6'2"	287-297	<b>298-311</b>	312-322	323-335	<b>336-347</b>	348-360	<b>361-367</b>	368-377	378+
6'3"	295-305	<b>306-320</b>	321-331	332-343	<b>344-357</b>	358-370	<b>371-377</b>	378-388	389+
6'4"	303-313	<b>314-329</b>	330-340	341-353	<b>354-365</b>	366-379	<b>380-387</b>	388-398	399+
6'5"	310-321	<b>322-337</b>	338-349	350-363	<b>364-376</b>	377-390	<b>391-397</b>	398-409	410+
6'6"	319-330	<b>331-346</b>	347-358	359-372	<b>373-386</b>	387-400	<b>401-408</b>	409-420	421+
6'7"	327-338	<b>339-355</b>	356-368	369-382	<b>383-396</b>	397-410	<b>411-418</b>	419-431	432+
6'8"	335-347	<b>348-364</b>	365-377	378-391	<b>392-406</b>	407-421	<b>422-429</b>	430-442	443+
6'9"	344-356	<b>357-373</b>	374-386	387-401	<b>402-416</b>	417-431	<b>432-440</b>	441-453	454+
6'10"	352-364	<b>365-383</b>	384-396	397-411	<b>412-427</b>	428-442	<b>443-450</b>	451-464	465+
6'11"	361-373	<b>374-392</b>	393-406	407-421	<b>422-437</b>	438-453	<b>454-462</b>	463-475	476+

## FINANCIAL UNDERWRITING GUIDELINES AND TIPS

The purpose of financial underwriting is to determine whether the amount of coverage applied for and in force bears a reasonable relationship to an untimely loss. The amount of insurance applied for and in-force should be compatible with the established needs. Since needs often change as we age, a detailed cover letter that provides information regarding the sales design, source of premium and the ultimate total line of coverage your client plans to have, with all carriers, will help expedite the underwriting process.

The Financial Application Supplement (AM-26.1) is available and should be completed on applications in excess of \$1,000,000 (Applied for and In-Force).

The SBLI Underwriting team makes every effort to obtain the necessary information with the published age/amount requirements. Preparing your client at the time of sale with the type of financial questions to anticipate will help us secure the necessary information to provide the quickest assessment possible. Third party financial documentation (tax returns, itemized and signed financial statements from CPA or attorney on their letterhead, brokerage statements, etc.) may be required for cases when we cannot adequately develop the necessary information with routine requirements.

### Income Replacement and Estate Conservation

Income replacement coverage establishes security against loss by providing funds to repay personal debt and continue an income stream for dependent family members. In effect, the goal is to determine an amount that maintains the existing lifestyle. Traditionally, this value is calculated using a multiple of earned income approach. Income in this context would include salaries, wages, and

bonuses. Up to half of unearned income (investment income) can be considered, in addition to earned income, in certain circumstances. Lower multiplier formulas should be considered in those instances where reported income figures may be difficult to verify, sources may not be knowledgeable, the applicant is new to the occupation, changes occupation frequently, or the occupation itself has little potential for growth.

Ages	Multiple of Income
To age 30	30
31-40	25
41-50	20
51-60	15
61-65	10
66-70	7
71 & over	IC

**Homemakers:** Coverage up to \$2,000,000 considered, if spouse has similar coverage.

### Estate Conservation

Estate conservation often becomes the financial goal for clients seeking asset protection and estate tax planning. Life insurance proceeds are used to satisfy the potentially significant costs associated with estate transfer, thereby avoiding a forced sale of assets at death. In some instances, income replacement and estate conservation needs may be considered concurrently.

## SBLI UNDERWRITING GUIDE

**Estate growth is not always justified. SBLI will use the lesser of Life Expectancy or the chart below to calculate the projected future value of client's current net worth.**

Ages	40 % (tax rate) of Projected Net Worth
To age 60	6% for lesser of 10 years or LE (multiply by 1.8)
61-65	6% for lesser of 8 years or LE (multiply by 1.6)
66-70	6% for lesser of 6 years or LE (multiply by 1.4)
71 & over	IC

**Example:** 65 year old female with current net worth of \$7,000,000

$\$7,000,000 \times 1.6 = \$11,200,000$  (projected future value net worth at 6%) - \$5,000,000 (approx. estate tax exemption) = \$6,200,000 x 40 % ( tax rate) = \$2,480,000 of life insurance estate protection need.

### Personal Creditor Insurance/Loan Protection

- Provide the amount, purpose, and terms of loan (should be minimum of 5 years)
- Generally, we will insure 80% of the loan
- Collateral assignment form is required

### Personal Bankruptcy (Chapter 13 or Chapter 7)

- Generally, cases involving bankruptcies will not be considered until the bankruptcy has been resolved/discharged for at least 2 years.
- Underwriting may ask for copies of the bankruptcy petition and/or final discharge papers.

### Juvenile Insurance

- There should be a relationship between the amount applied for and the parent's insurance program.

- Limit this amount to the lesser of 50% of the breadwinner's insurance amount. Individual consideration for higher amounts.
- Insurable interest is generally limited to parents and grandparents.
- All juvenile siblings should have similar amounts of coverage.

### Charitable Giving

- The use of life insurance in charitable giving is most often simply an attempt to provide an uninterrupted continuation of an existing pattern of giving.
- Generally, an average of the most recent 3 years of gifts to the charity annual contribution x 10 years (or remaining life expectancy) = charitable amount of life insurance.

### Business Continuity

To maintain the same financial position that existed prior to the loss, not to enhance the financial position of the organization. Among the forms business insurance covers, the more common are:

- Buy/Sell: Designed to indemnify surviving owners against financial loss due to the shifting of control at the time of death of an owner.
- Key Employee (a.k.a. Key Man) Designed to indemnify the business against loss of particular employees who make significant contributions to the profitability of a business and cannot be easily replaced. Provides capital and/or cash flow in the event of a premature death. There is no benefit to the insured's heirs with this design.
- Business loan (creditor) insurance.

## SBLI UNDERWRITING GUIDE

### Buy/Sell

- Identification of major owners and their respective ownership positions are required.
- Partners or owners may be insured in proportion to their percentage ownership.
- Valuation of the company generally equals 5-15X of net earnings, depending on the industry.
- If a valuation other than a multiple of net earnings or ownership % of the value of the business was used, please provide details of the formula used in the needs analysis.

### Key Employee (Key Man)

- To determine a suitable value, we generally use a multiple of salary (5-10X) based on skill, industry, experience, etc.
- Possesses a special skill or is a source of business for the firm.
- Holds a patent in his/her name.
- His/her name and personal reputation in the industry carries a value for the company.
- Holds partial ownership in the business
- Highly paid individuals.

### Business Loan (Creditor) Insurance

- Lenders may insist on coverage of owners to pay outstanding principle balance due to owner's premature death.
- Underwriting may ask for documentation of the loan (should be minimum of 5 years).
- Collateral assignment form is required.

## FOREIGN RESIDENCY

Non-US citizens living in the US who have the intention of permanently residing in the US will be considered. However, parameters outlining specific temporary visa types and conditions are usually given, such as:

1. Permanent resident with temporary visa types E 1-2, H-1B, H-4, K 1-4, L-1A, L-1B, L-2
2. Applicants with student visas will not be considered
3. Intent to remain in the US permanently
4. Minimum 2-5 years of US residency

## MILITARY PERSONNEL

Applicants in the military service can be considered for coverage with certain specifications:

- Amounts should bear a reasonable relationship to the risk from a financial standpoint, taking age, rank, family status and military duty assignments into consideration. No amount limitations for pay grades have been specified; each set of circumstances will receive individual consideration.

- Applicants involved in the following military special forces will not be considered for insurance:

1. Army Rangers
2. Delta Force
3. U. S. Army Special Forces (a.k.a. The Green Berets)
4. Navy SEALs or Navy Special Warfare Development Group
5. Air Force Special Forces

**\*It is suggested that on any military applicant, a questionnaire be completed and submitted to the home office for consideration.**

The Military Sales Disclosure Form A-77 (DA-77 in CT) is **required** to be given to all applicants of life insurance policies and annuity contracts if they are active military personnel (or military dependents in ND, OH and WA) regardless of the sale location. Producers are to direct the applicant to sign the disclosure form and return the original with their signed applications.