

Underwriting Guide



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 **TRANSAMERICA**
FAMILY MARKETS

Tips for Underwriting

Did you know...

- ✓ Applications for Non-Medical face amounts must be taken in person with the proposed insured and all questions must be asked as written. Note: We will not accept direct-marketed business below the medical limit even if medical requirements are received.
- ✓ Non-Medical does not mean guaranteed issue.
 - Applications are subject to MIB and medical history. Additional underwriting requirements, such as a telephone interview (PHI), an attending physician's statement (APS), paramed, blood, urine specimen and/or others may be requested.
- ✓ An application is valid for 90 days. While we will generally require a statement of good health to be signed on delivery if the application is between 90 and 180 days old, a new application may be requested at the Underwriter's or New Business Representative's discretion.
- ✓ If the proposed insured is a juvenile a parent/legal guardian signature is required. If the legal guardian is not a parent proof of guardianship may be requested at the Underwriter's discretion.
- ✓ An agent may be charged for ordering unnecessary paramed requirements. Please refer to your agent guide for standard age/volume medical requirements.
- ✓ Faxed Applications are acceptable: Applications can also be emailed. See Agentnetinfo.com for instructions on how to email documents.

How to Speed up Underwriting:

- ✓ Double check your applications for missed questions.
Commonly missed information:
 - Complete and accurate doctor information: full name, dates seen, reason, city and phone #
 - Tobacco use
 - HIV question
 - Insurance in force (Life/DI)
 - Beneficiary relationship
 - Child/Additional insured information including height and weight
- ✓ We may need a PHI... please provide best times/numbers to call client and any special language needs.
- ✓ Give us the following information on all medical conditions.
 - 1) Date of diagnosis
 - 2) Past and current treatment, including medication
 - 3) Follow-up information
 - a) All doctors seen
 - b) Last time seen
 - c) Current status (readings, last attack, etc...)
 - 4) Various questionnaires are available on (ANI) Agent Net Info to assist in collecting the information needed to categorize a given risk/impairment. Use of these questionnaires will reduce the number of PHI's and APS's.
- ✓ Put legible policy number on all correspondence/FAX's

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Jet Simplified Issue Term

Guide to Underwriting

Build Guidelines

Height	Weight	Height	Weight
4' 10"	187	5' 10"	271
4' 11"	193	5' 11"	279
5' 0"	201	6' 0"	287
5' 1"	207	6' 1"	295
5' 2"	215	6' 2"	302
5' 3"	223	6' 3"	312
5' 4"	229	6' 4"	317
5' 5"	236	6' 5"	325
5' 6"	243	6' 6"	334
5' 7"	250	6' 7"	341
5' 8"	257	6' 8"	349
5' 9"	265	6' 9"	358

Monthly Disability Income Rider*

Refer to the Monthly Disability Income Rider Occupational Classes guidelines for a list of occupations that are acceptable.

- The maximum amount for this rider is the lesser of 1.5% of the face amount of insurance being requested, \$1800 or the amount of the monthly mortgage payment, not to exceed 60% of the insured's income.
- Total line of disability coverage should not exceed 60% of the insured's income, this includes coverage provided by group or individual disability plans.
- Insured's covered under the Additional Insured Rider may also request this rider, subject to the above guidelines.
- A PHI will be completed on all applications requesting the Disability Income Rider.

* Policy & Rider form numbers:

TL07 0107- MDI04 0107 or ARDI0500 00 300

Policy & Rider form numbers may vary and these products may not be available in all jurisdictions.

Initial Underwriting Requirements Chart

Face Amount		Issue Age							
Accum UL & Index UL	All Other Products	0 to 17	18 to 40	41 to 50	51 to 60	61 to 70	71 to 75	76 to 80	81 and up
up to \$ 50,000	\$ 25,000- \$ 50,000	NM	NM	NM	NM	NM	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS EKG MVR
\$ 50,001- \$ 75,000	\$ 50,001- \$ 75,000	NM	NM	NM	NM	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS EKG MVR
\$ 75,001- \$ 100,000	\$ 75,001- \$ 99,999	NM	NM	NM	NM	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS EKG MVR
\$ 100,001- \$ 250,000	\$ 100,000- \$ 250,000	NM	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS EKG MVR MCAS	Paramed BCP HOS EKG MVR MCAS	Medical BCP HOS EKG MVR MCAS IR
\$ 250,001- \$ 500,000	\$ 250,001- \$ 500,000	NM	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS EKG	Paramed BCP HOS EKG MVR MCAS	Medical BCP HOS EKG MVR MCAS	Medical BCP HOS EKG MVR MCAS IR
\$ 500,001- \$ 1,000,000	\$ 500,001- \$ 1,000,000	HO	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS EKG	Paramed BCP HOS EKG	Paramed BCP HOS EKG MVR MCAS PFS	Medical BCP HOS EKG MVR MCAS PFS	Medical BCP HOS EKG MVR MCAS IR PFS
\$ 1,000,001- \$ 2,000,000	\$ 1,000,001- \$ 2,000,000	HO	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS EKG MVR	Paramed BCP HOS EKG MVR PFS	Paramed BCP HOS EKG MVR MCAS PFS	Medical BCP HOS EKG MVR MCAS PFS	Medical BCP HOS EKG MVR MCAS IR PFS
\$ 2,000,001- \$ 3,500,000	\$ 2,000,001- \$ 3,500,000	HO	Paramed BCP HOS MVR	Paramed BCP HOS EKG MVR	Paramed BCP HOS EKG MVR	Paramed BCP HOS EKG MVR IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS
\$ 3,500,001- \$ 5,000,000	\$ 3,500,001- \$ 5,000,000	HO	Paramed BCP HOS MVR	Paramed BCP HOS EKG MVR	Paramed BCP HOS EKG MVR	Paramed BCP HOS EKG MVR IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS
\$ 5,000,001- \$10,000,000	\$ 5,000,001- \$10,000,000	HO	Paramed BCP HOS MVR IR PFS	Paramed BCP HOS EKG MVR IR PFS	Paramed BCP HOS EKG MVR IR PFS	Paramed BCP HOS EKG MVR IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS
\$10,000,001 and up	\$10,000,001 and up	HO	Medical BCP HOS EKG MVR IR PFS	Medical BCP HOS EKG MVR IR PFS	Medical BCP HOS TRD-EKG MVR IR PFS	Medical BCP HOS TRD-EKG MVR IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS	Medical BCP HOS EKG MVR MCAS IR PFS

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

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

- NM = Non-Medical
- Paramed = Paramed Exam
- Medical = Medical Exam by a physician, must be arranged through an approved Paramedical Company
- BCP = Blood Chemistry Profile
- HOS = Home Office Specimen (urine)
- EKG = Resting Electrocardiogram - interpretation to be done by HO (Home Office)

- TRD-EKG = Treadmill Electrocardiogram - interpretation to be done by HO
- MVR = Motor Vehicle Report (ordered by HO)
- IR = Inspection Report (ordered by HO)
- MCAS = Minnesota Cognitive Acuity Screen (ordered by HO)
- PFS = Personal Financial Statement
- HO = Refer to Home Office

General Financial Guidelines

The following financial guide is intended to assist you in determining maximum coverage.

Please refer to the guide often as it will provide a means of anticipating the Underwriting Requirements for all large amount cases you write.

Amounts over \$10,000,000—third party verification required.

Financial underwriting guidelines are calculated based net worth, income and current in-force policies, irrespective of estate-tax liability.

Juvenile Applicants

- Up to \$500,000, with individual consideration for amounts over \$500,000
- The parents or guardian should have minimum of 2 times the amount requested
- Siblings should have equal amounts of coverage
- An APS and/or inspection can be ordered for cause

Personal Insurance Needs based on Annual Earned Income:

To determine the qualifying coverage based on annual earned income, a 3% Cost of Living Adjustment is applied to the insured's current annual income for a certain number of years depending on the insured's age. Remember that "earned income" includes salary, bonuses, commissions and deferred compensation. It excludes income from investments.

3% COLA	
AGE	COLA Factor
To age 49	20
50-70	10

To The adjusted annual income is then multiplied by the appropriate income factor as dictated by the insured's age and reflected in the table below:

Age	Income Factor
Up to age 35	30
36 age 45	25
46 to 50	20
51 to 55	15
56 to 65	10
66 to 70	5
71 and over	Individual Consideration

Personal Needs Based on Projected Estate Value:

If Net Worth x 50% x 7% growth rate for the applicable number of years

Age	Growth Rate	Number of Years
Up to age 65	7%	15
65 to 75	7%	10
76 and over	7%	7

Coverage for an unemployed spouse will be 50% of the insured's coverage, up to \$2,500,000

Coverage for juveniles or adults with no apparent dependents or taxable estate will be determined by the need for and purpose of the insurance.

Business Insurance Needs

Key Person

Age	Income Factor
Up to age 65	10 times income
65 and above	5 times income

A cover letter from the writing producer is needed to explain the key person's value to the company, how the coverage amount was determined, whether the Proposed Insured has ownership in the company and, if so, the percentage of ownership.

Buy-Sell and Stock Repurchase

The amount should be related directly to the Proposed Insured's ownership percentage and the fair market value of the company.

Creditor or Business Loan Coverage Guidelines

- Amount depends upon the amount and purpose of the loan, the duration of the loan, collateral pledged, and interest rate.
- Term of the loan is 5 years or more.
- Coverage considered on key individuals only.

Underwriting Policies & Procedures

Personal Financial Supplement

When indicated on the requirements chart a PFS is required at time of application and must be submitted with the application.

Ages 18–60: Insurance amounts over \$5,000,000

Ages 61–70: Insurance amounts over \$1,000,000

Ages 71+: Insurance amounts over \$500,000

A PFS will be requested if:

- the income and net worth of PI is not provided on application
- the underwriter finds the financial information is unclear, inconsistent or additional details are needed.
- insurance is being used for business coverage including Buy/Sell, Loan and Keyman applications.

Personal Financial Statements are good for 1 year.

Inspection Reports

Authorized Inspection Companies

The companies listed below are authorized to perform Inspection Reports (IRs) on our behalf. Inspection Reports are good for 1 year. These will be ordered by the Home Office.

- Examination Management Services, Inc. (EMSI)
- Exam One
- Portamedic/Hooper Holmes, Inc.

Personal Coverage

Inspection Report required for:

- Ages 18–60: Insurance amounts over \$5,000,000
- Ages 61–80: Insurance amounts over \$2,000,000
- Ages 81 & Up: Insurance amounts over \$1,000,000

Business Coverage

Inspection Report required for:

- Ages 0–80: Insurance amounts over \$2,500,000
- Ages 81+: Insurance amounts \$500,000 and over.

A Business Beneficiary Report should be requested if the application amount is over \$2,500,000.

Personal History Interviews (PHI)

A Personal History Interview may be ordered at the discretion of the underwriter for any amount of coverage. A PHI will be completed on all applications requesting the Disability Income Rider. Please provide phone number(s) and best time to reach the proposed insured.

Cover Letter (What to Include)

The writing producer is an important source of information. Through the cover letter, he or she can provide an explanation of the purpose of the coverage and the method used to establish the requested face amount.

Specific information should be included regarding the background of the sale and the purpose and need for the coverage. Be sure to clarify any unusual aspects of the case. List all coverage amounts in force and the amount being replaced, if any. Copies of an estate planning analysis and available financial statements should accompany the cover letter.

A cover letter should be sent on all cases over \$5,000,000 or on any unusual cases needing further detail. This will help expedite handling and result in less inconvenience to all parties.

Cash with Application

Money may be taken with an application(s), provided the total of all amounts applied for does not exceed the conditional receipt limits.

Even though we allow money to be collected on applications up to the conditional receipt limit the Company's liability is limited to the terms of the Conditional Receipt.

The Conditional Receipt can be used only if payment is made at the time the application is signed. If money is not collected with the application, the blank Conditional Receipt must be submitted with the application.

Illustrations

A signed illustration is required to be submitted with all applications in jurisdictions where the NAIC Model Illustration Regulation has been passed and the plan is illustratable.

All UL applications require an illustration regardless of jurisdiction.

Underwriting Policies & Procedures

Paramedical Testing Information

In calculating the coverage amount that requires these tests, be sure to include the total amount applied for with any AEGON company within the past 6 months.

Examination Authority over Paramedical Limits

Medical exams may be arranged through an authorized paramedical company. Board certified medical exams are not required.

Examinations by physicians not arranged by a paramedical company, such as applicant's personal physician, should not be used without prior approval from Underwriting.

Authorized Paramedical Companies

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

- American Para Professional Systems, Inc. (APPS)
- Examination Management Services, Inc. (EMSI)
- ExamOne, Inc.
- Portamedic/Hooper Holmes, Inc.
- Superior Mobile Medics

Testing of Proposed Insureds Blood Tests (ABC)

Testing is performed by LabOne, Clinical Reference Labs, and Heritage Labs. Appointed paramedical services can obtain the Abbreviated blood draw. A 12 hour fast is recommended

Home Office Urine Specimen (HOS)

An HOS is required with all medical and paramedical exams.

Resting Electrocardiogram (EKG) and Treadmill (TRD)

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

A normal (standard rate) Treadmill EKG will be valid for 2 years with a current normal (standard rate) resting EKG (done within the last 90 days) for insureds up to age 70.

Minnesota Cognitive Acuity Screen (CS)

Proposed insureds age 71 and older will complete the Minnesota Cognitive Acuity Screen (CS) which screens for cognitive deficits. The CS is a simple, short telephone interview, conducted by registered nurses (RNs) trained to administer the test. The CS will be good for 6 months.

Paramed and Medical Exams

(We always reserve the right to order any additional requirements as needed to determine proper rate class and financial justification)

Exam	Up to Age 70	Age 71 and Older
Paramed or MD*	Good for 1 year	Good for 6 months
Resting Electrocardiogram (EKG)**	Good for 1 year	Good for 1 year
Treadmill (TRD)**	Good for 2 years	Good for 2 years
Inspection Reports (IR)	Good for 1 year	Good for 1 year
Personal Financial Supplement (PFS)	Good for 1 year for 1 year	Good for 1 year
Home Office Urine Specimen (HOS) Abbreviated Blood Chemistry (ABC)	Good for 1 year Please note that an underwriter can always request additional labs if there are abnormalities in the current results or there is other information that may cause concern.	Good for 6 months
Minnesota Cognitive Acuity Screen (CS)	NA	Good for 6 months
Motor Vehicle Report (MVR)	Good for 6 months	Good for 6 months

Underwriting Policies & Procedures

Retention and Reinsurance

Reinsurance plays an important role in our business and we have developed valuable relationships with our reinsurers over the years that enable us to meet and service the needs of our field representatives and clients effectively.

The amount of life insurance retained varies by the age and rating class of the client. Amounts in excess of what we retain are reinsured with top-rated reinsurance companies through an automatic reinsurance pool or facultative reinsurance. Under the automatic arrangement, the reinsurers are automatically bound to accept our decision and do not review our underwriting papers.

Facultative cases do not qualify for automatic pool arrangements. These require the entire underwriting file to be sent to the reinsurance company for the reinsurer's review and decision.

Automatic Issue Limits

The automatic issue limit is the amount of life insurance coverage we can issue without seeking facultative coverage. It includes the amount we retain, as well as the amount we automatically cede to our reinsurers.

Our limits are among the highest in the industry and have been made possible by the strength and integrity of our underwriting standards and practices, and the quality of our field underwriting.

Jumbo Limit Definition

The jumbo limit cannot be exceeded, or we must seek facultative coverage. It is defined as the sum of all in force coverage plus the sum of all face amounts applied for whether to be placed or not, excluding policies being exchanged for current coverage. If the applicant completes an absolute assignment form, that policy (or policies) will be excluded from our calculations for jumbo. This is subject to receipt and approval of all forms and underwriting review.

Underwriting Policies & Procedures

APS Ordering Guidelines

APS will be ordered on any impairment that may potentially require a rating, including but not limited to: Asthma/Chronic Bronchitis/COPD/ Emphysema, Cancer/Tumor, TIA/Cerebrovascular Accidents/ Strokes, Crohn's Disease/Ulcerative Colitis, Diabetes, Epilepsy/Seizures, Heart Disease, Hypertension, Kidney Disorders, Liver Disorders, Anxiety Depression (on multiple medications), Neurological Disorders (Parkinson's, MS), Peripheral Vascular Disease, Sleep Apnea, Substance Abuse.*

APS will be ordered if prior adverse action was taken due to medical history. Example: Decline, postpone, rating, and approved other than as applied for.

Definition of Established Primary Care Physician (PCP): Receiving ongoing standard clinical surveillance and follow-up that is appropriate for age, gender, as well as family history.

APS Requirements			
Face Amounts			
Age	Up to and including \$1 million	\$1,000,001 to \$2,500,000	Over \$2.5 million
0-50	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on ALL applications**
51-60	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on ALL applications
61-69	Yes If over 500k OR has seen an MD in the last 3 months (any amount)*	Yes Within the last 3 years for preferred classes and has an established PCP	Yes Within the last 3 years for preferred classes and has an established PCP
70-74	Yes***	Yes***	Yes
75 and older	Yes***	Yes***	Yes

*APSs not needed on annual female exams unless exam was noted as abnormal or regular annual exams that are marked within normal limits. (If it is determined that an APS is not needed on recent exams and not marked within normal limits, please amend noting normal results.)

**Individual consideration up to and including \$5 Million (and under age 40) if applicant has not seen an MD for more than 3 years (manager referral if over \$5 Million).

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

Underwriting Criteria

	Preferred Plus	Preferred Nontobacco	Standard Plus	Standard Nontobacco	Preferred Tobacco	Standard Tobacco
Tobacco Usage	None in the past 5 years	None in the past 2 years	None in the past 2 years	None in the past 2 years	Tobacco permitted	Tobacco permitted
Incidental Cigar Usage	None	Available Subject to: - Admitted on app and exam - HOS neg for cotinine - No more than 1 per month	Available Subject to: - Admitted on app and exam - HOS neg for cotinine - No more than 1 per month	Available Subject to: - Admitted on app and exam - HOS neg for cotinine - No more than 1 per month	Permitted	Permitted
Cholesterol With or without treatment						
Cholesterol	230	260	300	*	260	*
Chol / HDL	5.0 for ages <70 5.5 for ages 71+	5.5 for ages <70 6.0 for ages 71+	6.2 for ages 70 6.7 for ages 71+	7.0 for ages <70 7.5 for ages 71+	5.5 for ages <70 6.0 for ages 71+	7.0 for ages <70 7.5 for ages 71+
Blood Pressure	135/85 for ages <70 145/85 for ages 71+	145/85 for ages <70 150/90 for ages 71+	148/88 for ages 70 152/88 for ages 71+	150/90 for ages <70 155/90 for ages 71+	145/85 for ages <70 150/90 for ages 71+	150/90 for ages <70 155/90 for ages 71+
Treatment	No current Prior treatment OK if discontinued more than 2 years ago	With or Without	With or Without	With or Without	With or Without	With or Without
Family History Includes coronary artery disease, internal cancer** or melanoma or cardiovascular disease	No family deaths before age 65 of heart or vascular disease or cancer of either parent or any sibling. Disregard if PI is age 65 or older.	No death due to heart or vascular disease or cancer of either parent before age 60. Disregard if PI is age 60 or older.	No death due to heart or vascular disease or cancer of either parent before age 60. Disregard if PI is age 60 or older.	*	No death due to heart or vascular disease or cancer of either parent before age 60. Disregard if PI is age 60 or older.	*
Personal History	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No ratable impairments	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No ratable impairments
Driving History DUI / Reckless	None in past 5 years			*	None in past 5 years	*
MVR - Major Violations	No more than 1 major violation in the last 3 yrs and NONE in the last 12 months	No more than 1 major violation in last 3 yrs		*	No more than 1 major violation in last 3 yrs	*
MVR - Minor Violations	No more than 3 minor moving violations within the last 3 yrs			*	No more than 3 minor moving violations within the last 3 yrs	*

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

**Some gender specific cancers may qualify for preferred rates

Underwriting Criteria

	Preferred Plus	Preferred Nontobacco	Standard Plus	Standard Nontobacco	Preferred Tobacco	Standard Tobacco
Private Aviation¹	Available with Aviation Exclusion Rider - Not Available for ages 71+	Available with Aviation Exclusion Rider (may qualify for special flat-extra rates as determined by Underwriting on UL policies)	Available as qualifies	Available as qualifies	Available with Aviation Exclusion Rider (may qualify for special flat-extra rates as determined by Underwriting on UL policies)	Available as qualifies
Avocation (Hazardous)	No participation in activities listed below ²	No participation in activities listed below ²	No participation in activities listed below ²	No participation in activities listed below, if ratable ²	No participation in activities listed below ²	No participation in activities listed below, if ratable ²
Alcohol / Substance Abuse	No history or treatment at any time	No history or treatment at any time	No history or treatment in the past 10 years	No history or treatment in the past 7 years	No history or treatment at any time	No history or treatment in the past 7 years
Citizenship / Residence	US citizen or legal permanent resident with green card; residing in the US/US territories, or in a stable country as indicated by current travel advisories.					
Foreign Travel (Un-safe)	No traveling to "dangerous" areas of the world where the State Department has issued travel advisories ³					
Military	Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area. ⁴					

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

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

³ Foreign Travel: Unless otherwise prohibited by statute.

⁴ Military: Unless otherwise prohibited by statute.

Height & Weight Chart

Male (Up to and including Age 70)							Male (Age 71+)						
	Preferred Plus	Preferred Non-tobacco	Standard Plus	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco		Preferred Plus	Preferred Non-tobacco	Standard Plus	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
4'6"	119	132	139	155	139	155	4'6"	123	133	143	158	143	158
4'7"	123	136	144	160	144	160	4'7"	127	138	148	164	148	164
4'8"	127	140	149	166	149	166	4'8"	131	143	153	170	153	170
4'9"	131	145	154	172	154	172	4'9"	135	148	158	176	158	176
4'10"	135	150	159	178	159	178	4'10"	140	153	163	182	163	182
4'11"	140	155	164	184	164	184	4'11"	145	158	168	188	168	188
5'0"	144	160	169	190	169	190	5'0"	149	163	173	194	173	194
5'1"	149	164	175	196	175	196	5'1"	154	168	179	200	179	200
5'2"	154	169	180	202	180	202	5'2"	159	173	185	206	185	206
5'3"	159	174	186	208	186	208	5'3"	164	178	191	212	191	212
5'4"	164	179	192	214	192	214	5'4"	169	184	197	218	197	218
5'5"	169	184	198	220	198	220	5'5"	174	189	203	225	203	225
5'6"	174	189	204	227	204	227	5'6"	179	194	209	232	209	232
5'7"	179	195	210	233	210	233	5'7"	185	200	215	238	215	238
5'8"	184	200	215	239	215	239	5'8"	190	205	221	244	221	244
5'9"	189	206	221	244	221	244	5'9"	195	211	227	249	227	249
5'10"	195	211	227	250	227	250	5'10"	200	216	232	255	232	255
5'11"	200	217	233	256	233	256	5'11"	206	222	238	261	238	261
6'0"	205	223	239	263	239	263	6'0"	212	228	244	268	244	268
6'1"	211	229	245	269	245	269	6'1"	217	234	250	274	250	274
6'2"	217	235	251	276	251	276	6'2"	222	240	256	281	256	281
6'3"	223	241	257	283	257	283	6'3"	228	246	262	288	262	288
6'4"	228	247	263	289	263	289	6'4"	234	252	268	295	268	295
6'5"	233	253	269	296	269	296	6'5"	239	258	274	302	274	302
6'6"	238	259	276	303	276	303	6'6"	244	264	281	309	281	309
6'7"	244	265	283	310	283	310	6'7"	250	270	287	316	287	316
6'8"	249	271	289	317	289	317	6'8"	255	276	293	323	293	323
6'9"	254	277	295	324	295	324	6'9"	261	282	300	331	300	331
6'10"	260	283	302	331	302	331	6'10"	266	288	306	338	306	338
6'11"	265	289	308	338	308	338	6'11"	272	294	313	345	313	345
7'0"	270	295	314	346	314	346	7'0"	277	300	319	353	319	353

Height & Weight Charts

Height & Weight Chart

Female (Up to and including Age 70)							Female (Age 71+)						
	Preferred Plus	Preferred Non-tobacco	Standard Plus	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco		Preferred Plus	Preferred Non-tobacco	Standard Plus	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
4'6"	117	128	136	149	136	149	4'6"	120	132	140	152	140	152
4'7"	121	132	141	154	141	154	4'7"	124	136	145	157	145	157
4'8"	125	136	146	159	146	159	4'8"	128	140	150	162	150	162
4'9"	129	140	151	164	151	164	4'9"	133	145	155	168	155	168
4'10"	133	144	156	169	156	169	4'10"	137	150	160	174	160	174
4'11"	138	149	161	175	161	175	4'11"	142	155	165	180	165	180
5'0"	142	154	166	181	166	181	5'0"	146	160	170	186	170	186
5'1"	147	159	171	187	171	187	5'1"	151	164	176	192	176	192
5'2"	151	164	176	193	176	193	5'2"	156	169	181	198	181	198
5'3"	156	169	181	197	181	197	5'3"	160	174	186	203	186	203
5'4"	161	174	185	202	185	202	5'4"	165	179	190	207	190	207
5'5"	165	179	189	206	189	206	5'5"	170	184	195	211	195	211
5'6"	170	184	194	210	194	210	5'6"	175	189	199	215	199	215
5'7"	174	189	199	215	199	215	5'7"	179	195	204	220	204	220
5'8"	178	195	204	220	204	220	5'8"	183	200	210	225	210	225
5'9"	182	200	210	225	210	225	5'9"	187	205	215	230	215	230
5'10"	186	205	215	230	215	230	5'10"	191	210	220	235	220	235
5'11"	190	210	221	236	221	236	5'11"	196	216	226	241	226	241
6'0"	195	216	227	242	227	242	6'0"	201	222	232	247	232	247
6'1"	200	222	233	248	233	248	6'1"	206	228	238	254	238	254
6'2"	205	228	239	254	239	254	6'2"	211	233	244	260	244	260
6'3"	210	233	244	260	244	260	6'3"	216	239	251	267	251	267
6'4"	215	239	250	267	250	267	6'4"	221	244	257	273	257	273
6'5"	220	245	256	274	256	274	6'5"	226	250	263	279	263	279
6'6"	225	250	262	281	262	281	6'6"	231	256	270	286	270	286
6'7"	230	256	268	287	268	287	6'7"	237	261	277	292	277	292
6'8"	235	262	274	293	274	293	6'8"	243	267	284	299	284	299
6'9"	240	267	280	300	280	300	6'9"	249	273	291	305	291	305
6'10"	245	273	286	306	286	306	6'10"	254	279	298	312	298	312
6'11"	250	279	292	313	292	313	6'11"	259	285	305	319	305	319
7'0"	255	284	298	319	298	319	7'0"	264	290	312	325	312	325

Underwriting Guidelines for Medical Impairments

T=Table Std=Standard

Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
AIDS/HIV	Decline	Decline	Decline
Alcohol Abuse	T2-decline	Alcohol Free for at least 5 years	Decline
Alcoholism*	<2 yrs since complete abstinence- decline 3-5 yrs since complete abstinence- T3 to T10 >5 yrs since complete abstinence- standard to T3	Alcohol Free for at least 5 years	Decline
Allergies, Hay fever	Standard	Standard	Standard
ALS (Lou Gehrig's)	Decline	Decline	Decline
Alzheimer's disease	Decline	Decline	Decline
Amputations	If due to injury- Std otherwise, see specific cause/disease	Due to injury – Std	Decline
Anemia (not sickle cell or sideroblastic)	Mild- Std Moderate - T2 toT5 Severe- Decline	Mild cases only	Decline
Aneurysm, abdominal* **	No surgery- probably Decline <6 mo since surgery- Postpone >6 mo since surgery- T2 to T6 depending on length of time since surgery	Decline	Decline
Aneurysm, cerebral* **	No surgery- \$7.50 flat extra to Decline <6 mo since surgery- Postpone 6 mo to 2 yrs since surgery- \$5 flat extra >2 yrs since surgery- Std (if multiple cerebral aneurysms or significant residuals,possible decline)	Decline	Decline
Angina pectoris(chest pain)*	T4 to Decline	Decline	Decline
Anxiety	Mild-(minimal amt of medication, no counseling, no time off work, no psychiatric counseling)- std Moderate-(satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work)-Std toT4 Severe-(recurring episodes requiring in-patient care, unable to work) -T6-Decline	Mild cases only	Decline
Atrial fibrillation* **	No heart disease, short duration <4 episodes per year- Std toT3 Chronic or prolonged episodes- T2 to T6	Decline	Decline
Arthritis, osteo	Mild or Moderate- Std Severe- possible T2	Standard	Decline
Arthritis, rheumatoid* **	Mild-(minimal pain, no deformity,no continuous treatment required) Std- T2 Moderate-(moderate activity, frequent drug therapy, slight deformity)- T2 toT3 Severe-(chronic active disease, serious restrictions of movement, continuing treatment including steroids)- T4 to Decline	Mild cases only	Decline
Asthma**	Mild- Std to T2 Moderate- T3 to T8 Severe- Decline	Mild cases only	Decline

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Underwriting Guidelines for Medical Impairments

T=Table Std=Standard

Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Aviation	Student pilot-\$3.50 flat extra Qualified pilot-Std-\$3.50 flat extra depending on flying experience	Standard if qualified pilot	Qualified private pilots may be acceptable
Back disorder	Mild to Moderate- Std Severe- possible T2 to T4	Mild to Moderate cases only	Decline
Barrett's esophagus*	T2 to Decline	Decline	Decline
Bell's Palsy	Standard	Standard	Decline-Present Fully recovered, no residuals-Std
Bipolar disorder*	Mild-(no loss of work, stable symptoms, low-dose single antidepressant)T2-T4 Moderate-(1 or more episodes, satisfactory response to treatment, infrequent disabling attacks)- T4 to T6 Severe-(recurring episodes, inpatient care, disabled from work) T8 to Decline	Decline	Decline
Blindness	Total blindness- Std to T3 Partial -Std	Standard	Decline
BPH(Benign Prostatic Hypertrophy)	Normal PSA,urinalysis,no renal impairment- Std	Normal PSA,urinalysis,no renal impairment- Std	History of >6mos-Std
Breast disorders (not Cancer)	Standard	Standard	Present- Decline History of/recovered- std
Broken bone	Standard	Standard	Decline
Bronchiectasis*	Minimal or Mild- Std to T3 Moderate- T4toT6 Severe- T10 to Decline (could be considered Std, if successful surgery >1 yr out)	Decline	Decline
Bronchitis, acute	Standard	Standard	Present with history of asthma – Decline, otherwise -Std
Bronchitis, chronic (COPD)*	Mild- Std to T3 Moderate- T4toT8 Severe- Decline (if currently using oxygen- Decline)	Decline	Decline
Bundle branch block, right	Std toT2	Standard	Decline
Bundle branch block, left*	T4 to Decline	Decline	Decline
Bursitis	Standard	Standard	Decline
Cancer (internal organ)*	Call Home Office	Decline	Decline
Cancer, skin (not Melanoma)	Standard	Standard	Standard
Carpal Tunnel Syndrome	Standard	Standard	Decline
Cataracts	Standard	Standard	Decline
Cerebral palsy*	Very mild & no mental retardation- Std Otherwise, T4 to Decline	Decline	Decline
Cerebral Vascular Accident, Stroke (CVA)* **	<1 yr since occurrence- Postpone otherwise, T4 to decline (if history of multiple CVAs, probably Decline)	Decline	Decline
Chronic Fatigue Syndrome	<1 since symptoms-Postpone >1 full recovery- Std (if severe possible rating to Decline)	Fully recovered - Std	Present, within 2 yrs of recovery- Decline >2 yrs since recovery, no residuals- Std

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Underwriting Guidelines for Medical Impairments

T=Table Std=Standard

Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Chronic Obstructive Pulmonary Disorder (COPD)**	Mild- Std to T3 Moderate- T4 to T 8 Severe- Decline (if currently using oxygen, Decline)	Decline	Decline
Chronic Pain	Mild - Std. Moderate- T2 to T6 Severe Decline	Mild Cases Only	Decline
Cirrhosis (liver)	Decline	Decline	Decline
Colitis, ulcerative* **	<1 yr since diagnosis or attack- Postpone 1-5 yrs since diagnosis or attack- T2 to T8 >5 yrs since diagnosis or attack- std	Decline	Decline
Colitis, other than ulcerative	Standard	Standard	Decline
Concussion (head injury)	Mild- Postpone 6 mo and then Std (if no residuals) Moderate- Postpone 1 yr, then Std (if no residuals) Severe- Postpone 2 yrs, then Std (if no residuals)	Mild->6 mos with no residuals - Standard	Decline
Congestive Heart Failure (CHF)* **	<1 yr since complete recovery- Postpone otherwise, T4 to Decline	Decline	Decline
Convulsions, seizures*	Postpone <1 yr since onset or diagnosis <7 seizures/yr- T4 to T6 7-12 seizures/yr- T6 to T8 >12 seizures/yr- T 8 to Decline (may consider Std if no seizures in last 7 yrs)	Controlled with minimal meds, no seizures in the past 2 yrs - Standard	Decline
Coronary Artery Disease* **	<6 mo since event or surgery, Postpone >6 mo since event or surgery- T2 to Decline	Decline	Decline
Criminal activity	Criminal charges pending, or currently on probation or parole- Postpone Otherwise, call home office	Decline	Decline
Crohn's disease* **	<1 yr from diagnosis or major attack- Postpone 1-5 yrs from diagnosis or major attack- T2 to T6	Decline	Decline
Cyst, benign	Standard	Standard	Standard
Cystic Fibrosis	Decline	Decline	Decline
Depression	Mild-(minimal amt of medication, no counseling, no time off work, no psychiatric counseling)- std Moderate-(satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work)- Std to T4 Severe-(recurring episodes requiring in-patient care, unable to work)-T6-Decline	Mild cases only	Decline
Dermatitis	Standard	Standard	Standard
Diabetes* **	Std- Decline-Considering current age, how long since diagnosis, and control Under age 20 - Decline	Diagnosed after the age of 40 and controlled by diet or one oral medication	Decline

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Underwriting Guidelines for Medical Impairments

T=Table Std=Standard

Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Diverticulitis	Mild attacks, fully recovered-Std to T2	Mild cases only	Decline
Down's syndrome* **	Mild- T8 to T10 Moderate or Severe- Decline	Decline	Decline
Driving Under the Influence (DUI)**	<1 yr since occurrence- Postpone 1-5 yrs since occurrence- Std to \$5.00 flat extra >5 yrs since occurrence- Std(if history of multiple DUI's, probably decline)	>1 yr since occurrence – single episode no other driving violations- standard	Decline
Drug Abuse, marijuana	Current use, < 5 times a month- Tobacco rates Current use, more frequent- T3 to Decline	Experimental or intermittent only- Standard	Decline
Drug Abuse, other than Marijuana* **	Current use or use within last 3 yrs- Decline 3-6 yrs since complete abstinence- \$7.50 flat extra	Decline	Decline
Eczema	Standard	Standard	Standard
Emphysema* **	Mild- Std to T3 Moderate- T4 to T8 Severe- Decline Ratings could be higher if currently using tobacco(if applicant is using oxygen, would decline)	Decline	Decline
Endocarditis	Postpone 1 yr, then std (if no residuals)	>1 yr std (if no residuals)	<3 yrs -Standard
Epilepsy, petit mal* **	<6 mo since diagnosis- Postpone <7 seizures/yr- Std 7-12 seizures/yr Std to T2 >12 seizures/yr T2 to T3	Controlled with minimal meds No seizures within past 2 yrs	Decline
Epilepsy, grand mal* **	<1 yr since diagnosis- Postpone <7 seizures/yr- T4 to T6 7-12 seizures/yr- T6 to T8 >12 seizures/yr- T8 to Decline (may consider std if no seizures in last 7 yrs)	Controlled with minimal meds No seizures within past 2 yrs	Decline
Esophageal stricture	Mild to Moderate- Std to T4 Severe- T4 to T8 (consider Std if successful surgery >1 ago)	Mild cases only	Decline
Foreign travel	Call home office with specifics on location, purpose, frequency and duration of travel outside of the United States.	Call home office with specifics on location, purpose, frequency and duration of travel outside of the United States.	Call home office with specifics on location, purpose, frequency and duration of travel outside of the United States.
Fibromyalgia, fibrositis, Myositis	Possible Std (severe, disabling cases may require rating)	Mild cases only	Decline
Fistula & fissure, anal	Standard	Standard	Standard
Fracture, bone or skull (no residuals)	Standard	Standard	Full recoveryNo residuals-Std
Gall bladder disorders	Standard	Standard	Present-Decline Recovered/Corrected- Std
Gastric bypass surgery	<6 mo since surgery- Postpone >6 mo since surgery- T2 to T4 in addition to rating for build >5 yrs possible std	Must be at least 2 years out from surgery, current weight within the build guidelines, no continued complications from surgery, otherwise decline.	Decline
Gastroenteritis, recovered	Standard	Standard	Standard

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Underwriting Guidelines for Medical Impairments

T=Table Std=Standard

Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Gastroesophageal reflux disease (GERD)	Standard	Standard	Standard
Genitourinary disorders	Standard	Standard	Standard
Glaucoma	Standard	Standard	Decline
Glomerulonephritis, Chronic*	Std to Decline (depending on cause & severity)	Decline	Decline
Gout	Std (chronic, severe cases may require rating)	Mild cases only	Decline
Headache, migraine or tension	Standard	Standard	Mild- occasional, no absences from work- Std, otherwise - Decline
Hearing impairment	Standard	Standard	Decline
Heart attack* **	<6 mo since attack- Postpone >6 mo since attack- T4 to Decline	Decline	Decline
Heart bypass surgery* **	<6 mo since surgery- Postpone >6 mo since surgery- T4 to Decline	Decline	Decline
Heart valve replacement*	<6 mo since surgery- Postpone >6 mo since surgery- T4 to Decline	Decline	Decline
Heart valve surgery* **	<6 mo since surgery- Postpone >6 mo since surgery- T2 to Decline	Decline	Decline
Heartburn	Standard	Standard	Standard
Hemorrhoids	Standard	Standard	Standard
Hepatitis A	Standard (fully recovered)	Standard (fully recovered)	Standard
Hepatitis B	One episode, fully recovered-Std Chronic-T2 to Decline	Chronic-Decline	Decline
Hepatitis C*	T2 to Decline	Decline	Decline
Hernia	Standard	Standard	Asymptomatic or surgically corrected- Std, otherwise - Decline
Herniated disc	Standard	Standard	Decline
High Blood Pressure/Hypertension	Usually Std (if under control)	Controlled with one or two medications –standard	Std-controlled
Histoplasmosis	Present- Postpone for at least 6 mo Recovered w/o residuals- Std w/ residual lung impairment- T2 to Decline	Recovered with no residuals- Std	Decline
Hodgkin's disease* **	Call Home Office	Decline	Decline
Huntington's disease**	Present- Decline Family history of- \$2.50-\$10.00 flat extra	Decline	Decline
Hydronephrosis**	Resolved or cause corrected- Std Cause still present- T2 to Decline	Resolved or cause corrected- Std	Decline
Hysterectomy	Standard if no cancer history	Standard if no cancer history	Standard if no cancer history
Ileitis*	<1 yr from diagnosis or major attack- Postpone 1-5 yrs- T2 to T6 > 5 yrs-Std	Decline	Decline
Indigestion	Standard	Standard	Standard

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Underwriting Guidelines for Medical Impairments

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Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Kidney failure, dialysis	Decline	Decline	Decline
Kidney infection, recovered	Standard	Standard	No recurrence In 2 yrs
Kidney removal	Std to Decline (depending on cause & current renal function)	Decline	Decline
Kidney stones	Std (frequent attacks may require rating)	Standard(minimal attacks)	Decline
Kidney transplant* **	T6 to Decline	Decline	Decline
Leukemia* **	< 2 yrs since last treatment- Postpone 2-8 yrs from treatment- \$7.50 flat extra to Decline > 8 yrs from treatment- Std to T2	Decline	Decline
Lou Gehrig's disease (ALS)	Decline	Decline	Decline
Lupus, discoid	Std to Decline(depending on severity)	Decline	Decline
Lupus, systemic*	<1 yr since diagnosis- Postpone 1 yr & up from diagnosis- T2 to Decline	Decline	Decline
Lymphoma* **	<3 yr from last treatment- Postpone 3-8 yrs from treatment- highly rated to Decline >8 yrs from treatment- T2	Decline	Decline
Malaria	Single episode- Std Multiple episodes- Std to T2	Standard	Single attack-Std
Melanoma* **	Std to Decline	Decline	Decline
Meniere's disease	Standard	Standard	Decline
Meningioma*	Surgically removed- Std to \$7.50 flat extra Otherwise, T4 and up	Decline	Decline
Meningitis	<6 mo since recovery- Postpone >6 mo since recovery, No residuals- Std	<6 mo since recovery-Postpone >6 mo since recovery, no residuals- Std	Full recovery-Std
Mental retardation* **	Mild to Moderate- T4 & Up Severe/Profound- Decline	Decline	Decline
Mitral insufficiency, Mitral valve prolapse (MVP)*	Mild- Std to T4 Moderate- T2 to T4 Severe- T4 to Decline	Mild cases only	Decline
Mitral stenosis*	Mild- Std to T6 Moderate- T2 to T8 Severe- T4 to Decline	Decline	Decline
Mononucleosis	Standard	Standard	Recovered-Std
Motor Vehicle Record (MVR)	3 or less moving violations w/in last 3 yrs- Std 4 or more moving violation w/in last 3 yrs- \$2.50 flat extra to Decline	3 or less moving violations w/in last 3 yrs- Std	3 or less moving violations w/in last 3 yrs- Std
Mountain climbing	<13,000 ft- \$2.50 flat extra 13,000- 23,000 ft- \$5.00-\$7.50 flat extra >23,000 ft- Decline	<13,000 ft- Std	Decline
Multiple Sclerosis (MS)* **	Mild- T2 to T4 Moderate- T4 to T6 Severe- T8 to Decline	Decline	Decline

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Underwriting Guidelines for Medical Impairments

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Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Myasthenia Gravis* (Possible higher rating to a decline based on treatment.)	<1 yr since diagnosis- Postpone 1-7 yrs since diagnosis- T2 to T6 >7 yrs since diagnosis- T2 to T4	Decline	Decline
Myocarditis*	<2 yrs since diagnosis- Postpone >2 yrs since diagnosis, fully recovered Std to T2	Decline	Decline
Muscular dystrophy, Duchenne**	Decline	Decline	Decline
Muscular dystrophy, Becker or limb girdle* **	T10 to Decline	Decline	Decline
Muscular dystrophy, Facioscapulohumeral* **	Std to T6	Decline	Decline
Nephrectomy	Std to Decline (depending on cause & renal function)	Std to Decline (depending on cause & renal function)	Std to Decline (depending on cause & renal function)
Nephritis, acute	1 episode, fully recovered- Std Multiple episodes- Std to T3	1 episode, fully recovered-Std	Decline
Neurosis, anxiety	Mild- Std Moderate- T2 to T4 Severe- T6 to Decline	Mild cases only	Decline
Non-Hodgkin's lymphoma* **	<3 yr from last treatment- Postpone 3-8 yrs from treatment- Highly rated to Decline >8 yrs from treatment- T2	Decline	Decline
Non-US citizens	With green card or permanent residency- Std With temporary visa (i.e. student, tourist, etc)- Decline	With green card or permanent residency- Std With temporary visa (i.e. student, tourist, etc)- Decline	Green card Holder or Permanent Residency only
Occupations with special hazards	Call home office	Call home office	Decline
Operating While Intoxicated (OWI)	<1 yr since occurrence- Postpone 1-5 yrs since occurrence- Std to \$5.00 flat extra >5 yrs since occurrence- Std (if history of multiple DUI's, probably decline)	>1 yr since occurrence-single episode no other driving violations- Std	Decline
Osteoarthritis	Mild or Moderate- Std Severe- T2	Mild to Moderate- Std	Decline
Pacemaker*	T3 to Decline	Decline	Decline
Pancreatitis	Single acute episode <6 mo since attack- Postpone Otherwise, probably Std Chronic <1 yr since last attack- Postpone >1yr since last attack- T2 to T6	<6 mo since attack- Postpone otherwise, probably Std Chronic- Decline	Decline
Paraplegia*	T6 to Decline	Decline	Decline
Parkinson's disease* **	Mild- Std to T3 Moderate- T2 to T4 Severe- T4 to Decline	Decline	Decline
Pericarditis*	<3 mo since diagnosis/last episode- Postpone >3 mo since diagnosis/last episode- Std -T3	Decline	Decline
Peripheral Vascular Disease (PVD)* **	Non-smoker- T2 to T4 Smoker- T5 to Decline	Decline	Decline

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Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Phlebitis, thrombosis, blood clot	Single episode, fully recovered- Std Multiple episodes- Std to T4	Single episode, fully recovered- Std	Decline
Pilonidal cyst	Standard	Standard	Standard
Pituitary adenoma	Standard to Decline	Decline	Decline
Pluerisy	Usually Std (multiple episodes may require rating)	Single episode recovered-Std	Decline
Pneumoconiosis	Minimal to Mild- Std to T4 Moderate- T6 to T8 Severe- Decline	Decline	Decline
Pneumonia, full recovery	Standard	Standard	Standard
Pregnancy, no current or history of complications	Standard	Standard	Decline
Prostatitis, with normal PSA	Standard	Standard	Present or Chronic- Decline Single episode/full recovery-Std
Psychosis, schizophrenia*	<2 yrs since diagnosis/ episode- Postpone 2 -10 yrs since diagnosis/ episode- T2 to T8 >10 yrs since diagnosis/episode- Std	Decline	Decline
Pyelonephritis, acute	1 episode, fully recovered- Std Multiple episodes- Std to T3	1 episode, fully recovered- Std	Decline
Pyelonephritis, chronic*	Std to Decline (depending on renal function)	Decline	Decline
Quadriplegia	Decline	Decline	Decline
Racing, motor vehicle	Amateur- Std Professional or semi-professional- \$2.50-\$5.00 flat extra	Amateur- Std	Decline
Raynaud's disease	Std to T4	Decline	Decline
Rheumatic fever, no heart complications	Standard	Standard	No heart damage- Std
Rheumatoid arthritis*	Mild- Std to T2 Moderate- T2 Severe- T4 to Decline	Decline	Decline
Sarcoidosis* **	Standard to Decline	Decline	Decline
Sebaceous cyst	Standard	Standard	Standard
Sciatica	Standard	Standard	Decline
Schizophrenia*	<2 yrs since diagnosis/episode- Postpone 2- 10 yrs since diagnosis/episode- T2 to T8 >10 yrs since diagnosis/episode- Std	Decline	Decline
Scuba diving, recreational, lakes, rivers, coastal waters	100 feet or less- Std 101-250 feet- \$2.50 to \$5.00 flat extra >250 feet- \$7.50- \$10.00 flat extra	100 feet or less- Std	Decline
Sinusitis	Standard	Standard	Standard
Sky diving	\$5.00-\$7.50 flat extra	Decline	Decline
Sleep apnea**	Mild-Std Moderate- Std to T3 Severe- T2 to T4	Mild cases only	Decline

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Impairment	Term/UL	Jet Simplified Issue	Monthly Disability Income Rider
Stroke (CVA)* **	<1 yr since occurrence- Postpone Otherwise, T4 to Decline (if history of multiple strokes, probably decline)	Decline	Decline
Suicide attempt*	<1 yr since attempt- Postpone 1-5 yrs since attempt- \$5 flat extra >5 yrs since attempt- Std (if history of multiple attempts, expect higher ratings)	Decline	Decline
Thyroid disorder	Usually Standard	Usually Standard	Hypothyroid- Std Hyperthyroid- > 2 yrs since diagnosed/stable- Std Otherwise- Decline
Transient ischemic attack (TIA)* **	<6 mo since occurrence- Postpone >6 mo since occurrence- std to T4 (if history of multiple TIAs, postpone 1 yr since last occurrence and expect higher ratings)	Decline	Decline
Transurethral resection of prostate (TURP), no history of cancer or PIN	Standard	Standard	>6 mos since surgery- Std Otherwise- Decline
Tuberculosis	Usually Standard	Decline	Decline
Tumors, benign	Usually Standard	Usually Standard	Standard
Tumors, malignant*	Call Home Office	Decline	Decline
Ulcerative colitis* **	<1 yr since diagnosis or attack- Postpone 1-5 yrs since diagnosis or attack- T2 to T8 >5 yrs since diagnosis or attack- Std	Decline	Decline
Ulcer, stomach	Standard	Standard	Present to within 2 yrs of treatment-Decline >2 yrs since treatment & fully recovered- Std
Upper respiratory tract infection, cold	Standard	Standard	Standard
Urinary bladder infection, acute	Standard	Standard	Standard
Varicocele, hydrocele, cystocele	Standard	Standard	Decline
Varicose veins	Standard	Standard	Mild with no swelling or ulcerations- Std Otherwise- Decline

Table Rating Guide

2/B=150%
3/C=175%
4/D=200%
5/E=225%
6/F=250%
8/H=300%

Champion Term II (policy form ICC10 TL16, TL16)), Jet Simplified Issue Term (policy form #TL07 0107), Accumulation UL (policy form #UL04 0607), 500 (policy form #EIUL02 0707), Preferred Global IULSM (policy form #IUL03 1208) and Acci-Protector (policy form #AD01 1004) are life insurance products issued by Transamerica Life Insurance Company, Cedar Rapids, IA.

Policy and rider forms and numbers may vary and may not be available in all jurisdictions. Insurance eligibility premiums are subject to underwriting.

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Transamerica Life Insurance Company

an **AEGON** company

Home Office: 4333 Edgewood Road NE
Cedar Rapids, Iowa 52499