

# The Independent Order of Foresters ("Foresters")

## A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

F. 877 329 4631

U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179

T. 800 828 1540

foresters.com

**Foresters**  
Financial

### Tips for Submitting a Foresters Application for Individual Life Insurance

- Money orders or cashier's checks are NOT permitted for the payment of initial premiums.
- Premium payments CANNOT be made by the producer (unless the proposed insured is the producer or a dependent of the producer).
- Explain to your client that if a premium is returned due to non sufficient funds, the bank could attempt to re-draft within 5 business days in order to try to successfully collect the premium.
- Make sure you have the right application and forms for the state where the application is signed. Make sure you verify product rules and state availability for the applicable state.
- We may require additional information for each "Yes" answer to a question in the Lifestyle, either Medical, or a Rider section. You can speed up the Underwriting process by completing the questionnaire that is applicable to each "Yes" answer or if an applicable questionnaire is not available by providing details in the Additional Information section. Available questionnaires are listed on the Producer Report.
- Where additional space is required, use a separate sheet of paper, which must be signed and dated by the producer, Proposed Insured and Owner, if different from the Proposed Insured.
- For medically underwritten products, you are responsible for ordering requirements (refer to the Age & Amount requirements charts in the Underwriting Guide).
- Make sure all applicable questions are answered and that the answers are legible.
- When faxing, make sure pages are straight to avoid cutting off form numbers during submission.

### Checklist (The owner is the proposed insured unless the Owner section of the Application is completed.)

Proposed Insured/Owner	Payer	Producer
<ul style="list-style-type: none"><li>✓ Initialed all corrections (do not use white out), if any, and signed the Signature section (<i>Proposed insured and Owner</i>)</li><li>✓ Signed and dated any supplemental sheets of paper (if required) (<i>Proposed insured and Owner</i>)</li><li>✓ Initialed the TIA Acknowledgement (if pre-conditions not met) (<i>Owner only</i>)</li></ul>	<ul style="list-style-type: none"><li>✓ Signed the PAC Authorization (if applicable)</li></ul>	<ul style="list-style-type: none"><li>✓ Initialed all corrections, if any, and signed the Producer Certification section</li><li>✓ Signed and dated any supplemental sheets of paper (if required)</li></ul>
Send to Foresters	Leave with Owner	Leave with Proposed Insured
<ul style="list-style-type: none"><li>✓ Completed application, the Product Details page and the Producer Report page</li></ul> If applicable: <ul style="list-style-type: none"><li>✓ First premium</li><li>✓ Void check</li><li>✓ Underwriting questionnaire(s)</li><li>✓ State and Foresters replacement/rollover/surrender/disclosure forms</li><li>✓ Completed Contingent Owner/Other Payer Identification form</li><li>✓ Signed Illustration or illustration certification form</li><li>✓ Notice and Consent for Blood and Body Fluid Testing (medically underwritten products)</li></ul>	<ul style="list-style-type: none"><li>✓ TIA Agreement (if pre-conditions are met)</li><li>✓ Disclosure forms (e.g. Accelerated Death Benefit Rider Disclosure)</li><li>✓ Buyer's Guide</li></ul> If applicable: <ul style="list-style-type: none"><li>✓ State and Foresters replacement/rollover/surrender forms</li><li>✓ Signed Illustration or illustration certification form</li></ul>	<ul style="list-style-type: none"><li>✓ Notices</li></ul>

### Foresters Difference

- We believe in enriching lives and building strong communities – that's our purpose. It has defined us since 1874, and it helps us continually redefine what a financial services provider can do for you and your family.
- We believe that you deserve more than a financial services provider – you deserve a partner that will help you prosper and improve your community.
- Foresters is a fraternal benefit society and as such, some aspects of our ownership and beneficiary rules are different than other carriers. Be sure to read the rules found in the Toolbox/Underwriting Resources section of Foresters producer website before taking an application for Foresters products.

**Questions?** Go to Foresters producer website [ezbiz \(https://ezbiz.foresters.com\)](https://ezbiz.foresters.com)

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### Product Details (Complete and submit only if applying for whole life insurance.)

#### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

#### Advantage Plus II Whole Life

Amount of life insurance applied for on the proposed insured: \$ \_\_\_\_\_

Plan Type: ☐ Paid-up at 100 ☐ 20 Pay

Underwriting: ☐ Non-medical ☐ Medical

Dividend Option: ☐ Paid-up additions ☐ Paid in cash ☐ Left on deposit ☐ To reduce premiums

Automatic premium loan provision elected? ☐ Yes ☐ No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any.

If "No", or if an election is not made, the certificate's Nonforfeiture provisions will automatically apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender.

#### Charity Benefit Beneficiary Designation

The life insurance product applied for will, if issued, include a Charity Benefit. The owner can designate an eligible beneficiary for that benefit now or at any time prior to the insured's death. If an eligible beneficiary is not designated prior to the insured's death, no Charity Benefit will be paid. Eligible beneficiary means a charitable organization accredited as tax exempt under section 501(c)(3) of the Internal Revenue Code and eligible to receive a charitable contribution as defined in section 170(c) of that code, or any successor provision(s) thereto.

Charitable Organization Name: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Riders (Subject to state and product availability.)

☐ Accidental death:

\$ \_\_\_\_\_

☐ Children's term:

\$ \_\_\_\_\_

☐ Guaranteed insurability

Term: ☐ 10 year ☐ 20 year

\$ \_\_\_\_\_

☐ Waiver of premium

☐ Flexible payment paid-up additions

Maximum annual payment amount: \$ \_\_\_\_\_

Planned payment amount (by mode): \$ \_\_\_\_\_

(must be the same mode as premiums for certificate)

The planned payment amount will be added to the total premium for the certificate and rider(s), if any, to determine the amount of each billing, if direct bill, or of each draft, if PAC or another automatic payment option, is elected for payment of premium.

☐ Single payment paid-up additions

Planned payment amount: \$ \_\_\_\_\_

Payment method:

☐ Check ☐ PAC (planned payment amount will be added to the amount to be drafted as first premium payment).

☐ Transfer ☐ Other \_\_\_\_\_

Source of payment: \_\_\_\_\_

#### Complete if the proposed insured is a juvenile.

a) State amount of life insurance on primary caregiver: \$ \_\_\_\_\_

b) Are all brothers and sisters insured for the same amount? If "No", state amount and reason in the Remarks section below. ☐ Yes ☐ No

c) Does the child live with the owner? If "No", provide reason in the Remarks section below. ☐ Yes ☐ No

Remarks: \_\_\_\_\_

There may be additional Disclosure forms required before the certificate can be issued. Check the State requirements.

This form is part of the Application for Individual Life Insurance.

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").

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## Application for Individual Life Insurance

Proposed Insured				
First name	Middle name	Last name	<input type="radio"/> Male <input type="radio"/> Female	
Street address		City	State	Zip
Social security #	Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth
U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No", immigration status: <input type="radio"/> Green card holder <input type="radio"/> Permanent resident <input type="radio"/> Other (provide Visa type): _____				
Type of Photo I.D.: <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government I.D.: _____				
Photo I.D. # (used to verify identity): _____				
Occupation & duties: _____				
<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Seasonal		Income (past 12 months): \$ _____	Active duty military or reserves? <input type="radio"/> Yes <input type="radio"/> No	
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.		Email	Primary language: <input type="radio"/> English <input type="radio"/> Spanish	
<b>Owner</b> (Complete only if other than the proposed insured. If there is to be a contingent owner, use the Contingent Owner/Other Payer I.D. Form.)				
Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust			Social security # / Tax I.D. #	
Street address		City	State	Zip
Type of Photo I.D.: <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government I.D.: _____				
Photo I.D. # (used to verify identity): _____				
Relationship to the proposed insured: _____			Email: _____	
Phone #	If Trust, name of Trustee			If Trust, date of Trust agreement
If Individual: <input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yyyy)	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No", immigration status: <input type="radio"/> Green card holder <input type="radio"/> Permanent resident <input type="radio"/> Other (provide Visa type): _____		
<b>Beneficiary</b> (Each beneficiary below is revocable, unless "irrevocable" is written next to the name of that beneficiary.)				
		Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	% Share
<b>Primary</b>				
Name: Address:				Total
Name: Address:				must equal
Name: Address:				100%
<b>Contingent</b>				
Name: Address:				Total must
Name: Address:				equal 100%
<b>Financial Questions</b>				
1. Is there an understanding or agreement, whether in writing or not, or has an offer been made to: a) Borrow or be given money, or other property, to pay for or enter into the insurance contract applied for? b) Sell, transfer or assign an insurance contract issued as a result of this Application? If "Yes" to 1a or 1b, provide details. _____				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

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For each “Yes” answer to a question in the Lifestyle, either Medical, a Rider or the Other Insurance section, providing details in the Additional Information section or completing the corresponding questionnaire may be required. For purposes of these questions, “you” and “your” mean the proposed insured, “diagnosed”, “tested”, “advised”, “treated”, “counseling” and “treatment” mean by a licensed physician or medical practitioner.

Lifestyle Questions	
2. Within the past 12 months, have you used tobacco, in any form, or another nicotine product? If “Yes”, specify: <input type="radio"/> Cigarettes <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 5 years, have you: a) Used marijuana (more than once a week), heroin, cocaine, a narcotic, a barbiturate, a hallucinogen or another controlled substance except as prescribed by a licensed physician or medical practitioner? b) Received or been advised to receive treatment or counseling for, or to discontinue or reduce, the use of alcohol, or a non-prescribed or prescribed drug?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
4. Do you expect, within the next 2 years, to change your country of residence or to travel outside of the United States, Canada, Caribbean Islands (excluding Haiti), Western Europe, Hong Kong, Australia or New Zealand?	<input type="radio"/> Yes <input type="radio"/> No
5. Within the past 2 years, have you: a) Flown, or do you intend within the next 2 years to fly, in an aircraft as a student pilot or licensed pilot? b) Engaged, or do you intend within the next 2 years to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
6. Within the past 5 years, have you had your driver’s license suspended or revoked or been convicted of or pled guilty to more than 3 moving violations or to 1 or more driving while impaired or under the influence violations?	<input type="radio"/> Yes <input type="radio"/> No
7. a) Within the past 10 years, have you been convicted of or pled guilty to a felony? b) Are you currently on parole, incarcerated, or serving probation or within the past 12 months have you served probation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
PART 1: Medical Questions	
8. Your: Height (ft/in): _____ Weight (lbs): _____	
9. a) Date you last consulted a physician: _____ Physician Name: _____ Address: _____ Phone #: _____ b) Reason(s) you last consulted a physician: _____ c) Were you advised that results of that consultation were outside normal ranges?	<input type="radio"/> Yes <input type="radio"/> No
10. Are you currently taking prescription medication or under treatment?	<input type="radio"/> Yes <input type="radio"/> No
11. Have you ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?	<input type="radio"/> Yes <input type="radio"/> No
12. Within the past 2 years, have you: a) Had or been advised to have a test (other than for HIV) such as an EKG, CT scan, bone scan, MRI scan, colonoscopy, echocardiogram, angiogram, biopsy, or endoscopy? b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for HIV) that has not yet been started or completed, or the results of which are not yet known?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
13. Do you currently: a) Reside in a nursing home or skilled nursing facility or psychiatric facility, or are you receiving or been advised to receive, skilled nursing care, hospice care, or home healthcare for a terminal condition that is expected to result in death within the next 12 months or for a chronic condition? b) Require the use of a wheelchair due to a chronic illness or disease? c) Require assistance with activities of daily living such as taking medications, bathing, dressing, eating, or toileting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
14. Within the past 3 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for sleep apnea, seizures or epilepsy?	<input type="radio"/> Yes <input type="radio"/> No
15. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for: a) Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery? b) Cancer (excluding skin cancer that is basal cell carcinoma), tumor, gastrointestinal bleeding, unexplained weight loss, or a disease or disorder of the pancreas or endocrine system? c) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, or a disease or disorder of the respiratory system or do you currently require the use of oxygen equipment? d) Dementia, Alzheimer’s disease, paralysis, multiple sclerosis, Parkinson’s disease, Lou Gehrig’s disease (ALS), muscular dystrophy, fibromyalgia, or a disease or disorder of the brain or nervous system? e) Anxiety, depression, manic depression, bi-polar disorder, schizophrenia or a mental health disorder? f) Blood in the urine, hepatitis, Crohn’s disease, Systemic Lupus, cirrhosis, or a disease or disorder of the liver, prostate, bladder, kidney, genito-urinary organs, connective tissue or the digestive or immune system (other than HIV)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

**PART 2: Additional Medical Questions** (Complete only if applying for a medically underwritten product.)

16. Have you ever used tobacco, in any form, or another nicotine product? If "Yes", specify: Type used: _____ Date last used: _____ If currently smoking, how many pack(s) per day? _____	<input type="radio"/> Yes <input type="radio"/> No
17. Do you currently drink alcohol? If "Yes", specify: How many times per week? ____ How many drinks per occasion? ____	<input type="radio"/> Yes <input type="radio"/> No
18. Within the past 5 years, have you consulted a physician other than identified in question 9, or a medical practitioner, or been treated, tested or monitored in a clinic, hospital or emergency room?	<input type="radio"/> Yes <input type="radio"/> No
19. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for high cholesterol?	<input type="radio"/> Yes <input type="radio"/> No

20. Net worth: \$ \_\_\_\_\_

21. Primary Physician Name (if different from question 9): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

22. Do you have, alive or deceased, a parent or sibling diagnosed with or treated for, prior to age 65, diabetes, heart attack, heart disease, stroke, cancer, polycystic kidney disease, Huntington's Chorea, Alzheimer's, or another hereditary disorder?				<input type="radio"/> Yes <input type="radio"/> No
Details to "Yes"	Age, if living	Age, at death	Details of condition / Cause of death	
Father				
Mother				
Sibling(s)				

**Disability Income / Waiver Rider Questions** (Complete only if applying for disability income or waiver coverage.)

23. a) Hours worked per week (past 6 months): _____ b) # of weeks worked (past 12 months): _____	
24. Within the past 2 years, have you been unable to work at your regular job for more than 20 consecutive days or are you currently disabled?	<input type="radio"/> Yes <input type="radio"/> No
25. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for arthritis or for a disease or disorder of the back, neck or musculoskeletal system?	<input type="radio"/> Yes <input type="radio"/> No

### Children's Term Rider Questions (Complete only if applying for children's term coverage.)

Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mmm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force

<p>26. Has a child listed above:</p> <p>a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disease or disorder? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for HIV) that has not yet been started or completed, or the results of which are not yet known? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes", to either question 26a or 26b, complete the chart below.</p>	
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Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #

**Additional Information** (Explain all “Yes” answers where applicable.)

[illegible]

**Other Insurance** (Complete required State and Foresters Replacement/Rollover/Surrender/Disclosure forms. Some states require replacement forms to be completed even if existing insurance is to be kept in force.)

27. Is there another annuity or life insurance application pending, on the life of the proposed insured, with Foresters or another insurer? ☐ Yes ☐ No

28. Do you currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force? ☐ Yes ☐ No

If "Yes", to either question 27 or 28, complete the chart below. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those lapsed or surrendered within the past 13 months.

Name of Insurer	Annuity/Life insurance \$	Accidental death \$	Critical illness \$	Disability income (per month) \$	Issue year or indicate if pending

29. Have you ever had an application for life, health, disability or critical illness insurance declined, rated or modified? ☐ Yes ☐ No  
If "Yes", provide date: \_\_\_\_\_ and reason: \_\_\_\_\_

30. Will coverage be discontinued or reduced, or premium payments stopped, on existing life insurance coverage or an annuity, if the insurance applied for in this Application is issued (includes military group life insurance)? ☐ Yes ☐ No

**Payment Information and Authorization** (The planned premium quoted may change following underwriting review.)

Payer is: ☐ Proposed insured ☐ Owner (if other than proposed insured) ☐ Other (Complete Contingent Owner/Other Payer I.D. Form)

Payment mode: ☐ Monthly (not available for direct bill) ☐ Quarterly ☐ Semi-annually ☐ Annually

First premium payment to be made by: ☐ Pre-Authorized Check (PAC) ☐ Check (payable to Foresters) ☐ Other \_\_\_\_\_

Subsequent premium payments to be made by: ☐ Pre-Authorized Check (PAC) ☐ Direct Bill ☐ Other \_\_\_\_\_

Preferred draft date: ☐ No ☐ Yes, draft on the \_\_\_\_\_ day (between 1<sup>st</sup> and 28<sup>th</sup>) of the month.

PAC banking information (including drafting first premium) to be taken from:

☐ Attached void check ☐ Check submitted with this Application ☐ Information completed below (if no check available)

Type of account: ☐ Checking ☐ Savings

Name of financial institution: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

**PAC Authorization**

The payer, by signing below, verifies that the payer is the account holder of the account identified in the PAC banking information section (above) and is permitted to provide this authorization, and agrees that: 1) Foresters is authorized to draft deductions, for premiums and/or other payments related to an insurance contract issued, if any, as a result of this Application, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds. 2) The financial institution from which deductions are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3) Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction. 4) If a deduction request is not honored when submitted to the financial institution Foresters may, at its sole discretion, do further resubmits for the deduction. 5) This authorization is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

This authorization must be signed by the bank account owner as his/her name appears on bank records for the account provided.

X \_\_\_\_\_  
(Signature of payer)

**Conversion Notification**

Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.



Temporary Life Insurance Agreement (TIA) Questions & Acknowledgement				
Has the proposed insured:				
1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?				<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?				<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?				<input type="radio"/> Yes <input type="radio"/> No
<b>TIA Acknowledgement:</b> Were all of the pre-conditions to temporary coverage met? <input type="radio"/> No (Do not provide a check for first premium payment). The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided, authorized or collected. X _____ (Owner's initials) <input type="radio"/> Yes. I, the owner, understand that temporary coverage is subject to, and I had the opportunity to review, the Temporary Life Insurance Agreement. First premium payment, in the amount of \$ _____, is authorized, provided or collected by (select same method chosen in the Payment Information and Authorization section): <div style="margin-left: 20px;"> <input type="radio"/> Pre-Authorized Check (PAC)    <input type="radio"/> Check    <input type="radio"/> Other (cannot be a transfer of funds from existing life insurance or annuity contract(s)) </div> <p style="margin-left: 20px;">Although the first premium payment amount shown above is subject to change following underwriting, this amount must be at least equal to the monthly premium quoted for the insurance, including each rider, applied for in this Application.</p>				
<b>Secondary Addressee</b> (Complete only if designating another person to receive notification regarding a possible lapse in coverage.)				
First name	Middle name	Last name		<input type="radio"/> Male <input type="radio"/> Female
Street address		City	State	Zip
<b>Declarations and Agreements</b>				
<p>"Application" means this Application for Individual Life Insurance and includes additional forms, if any, that are part of this Application. "I/Me" means individually each person identified in this Application as either the proposed insured or the owner, and the parent/legal guardian signing this Application if the proposed insured is a juvenile.</p> <p>I, as evidenced by my signature(s) in this Application, declare that: 1) I have reviewed this Application. 2) I was asked every question that applies to me and provided the answers shown, in this Application, to these questions. 3) The statements, answers, and representations contained in this Application are full, complete and true. 4) If I am the owner and if the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, I have been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.</p> <p>I understand and agree that: 1) All statements made in this Application shall be representations and not warranties. 2) This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently amended shall form part of the entire contract if an insurance contract is issued by Foresters. 3) No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. 4) The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application by Foresters. 5) A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. 6) Foresters will have no liability under an insurance contract issued, if any, as a result of this Application until the date that insurance contract comes into effect, according to its terms, and then only if (a) the first premium due, for that insurance contract, is provided in full on or before the delivery date of that insurance contract and is received by Foresters from the financial institution from which it is to be collected, and (b) between the date this Application was signed and the date that insurance contract comes into effect there is no event, no diagnosed change in health, and no change in the habits or circumstances of the proposed insured, or a child if any, identified in this Application, that would require a change to an answer to a question in this Application. 7) Foresters and its subsidiaries may review, transfer and otherwise use, information provided in this Application or obtained by Foresters or its subsidiaries to assess, develop, or offer and issue to me (including post issue administration), other financial products or benefits. 8) Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identity.</p> <p>I further understand and agree that: 1) Changes or corrections made to this Application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. Such changes or corrections may be made directly on this Application or by an amendment to this Application. 2) No producer, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. 3) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means and if completed in paper form this original Application may be destroyed after confirmation of successful transmission. 4) Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this Application or number(s) that I later provide. 5) I understand that providing an email address is optional. If I have chosen to provide an email address in this Application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. 6) Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</p>				

## Authorization To Obtain And Disclose Information

This authorization is for the purpose of (a) assessing insurance coverage eligibility and premium amounts, (b) adjudicating claims, (c) supporting The Independent Order of Foresters ("Foresters") business analysis and operations and (d) record keeping and future servicing by authorized persons. In this authorization, "proposed insured", "owner" and "parent/legal guardian" mean each person identified as such in this Application. "Child" means each child named, if any, and proposed for insurance, in this Application. "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and operations. As evidenced by the signature(s) in the Signature Section of this Application, the proposed insured and owner, on their behalf and on behalf of each child, or the parent/legal guardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons to obtain an investigative consumer report and/or information about him/her from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; insurer or institution; consumer reporting agency; pharmacy, pharmacy benefits manager or other pharmacy related services organization; or MIB, Inc. ("MIB"). This includes obtaining records or other information available as to: past, current or future diagnosis, treatment and prognosis of a physical or mental condition; past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Information may be disclosed: between and among Foresters and authorized persons; to companies to which the proposed insured has or may apply to for insurance coverage or benefits; as required or permitted by law. The proposed insured, and owner, on their behalf and on behalf of each child, or the parent/legal guardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons, to make a brief report of the proposed insured's and each child's personal and/or protected health information to MIB, even if this Application is cancelled or withdrawn. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this Application. A copy of this authorization shall be as valid as the original. Each person signing this authorization may at any time, by written notice to Foresters, revoke their authorization, except that reporting to MIB and action(s) begun before receipt of notice will not be affected. A Notices page has been provided, either in paper or electronically to the proposed insured. It includes the MIB and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

## Signature Section (For purposes of entire Application.)

Proposed insured's signature: **X** \_\_\_\_\_

(If the proposed insured is not a juvenile.)

Owner's signature: **X** \_\_\_\_\_

(If other than proposed insured.)

The owner or the proposed insured, if the proposed insured is the owner, signed in \_\_\_\_\_ on \_\_\_\_\_.  
(State) (mmm/dd/yyyy)

Parent/Legal guardian's name (print full name): \_\_\_\_\_

(If the proposed insured is a juvenile and the owner is not a parent/legal guardian.)

Parent/Legal guardian's signature: **X** \_\_\_\_\_

## Producer Certification

Unless specifically stated otherwise in the Producer Report, I certify each of the following:

a) I am not aware of undisclosed information about the health, habits or lifestyle of the proposed insured or a child, identified in this Application, that might affect insurability. b) I asked the proposed insured, the parent/legal guardian if the proposed insured is a juvenile, and/or the owner each question as written in this Application to which an answer is shown, and recorded the answers as given to me by each person. c) This Application was reviewed by each person signing in the Signature Section before it was signed by that person. d) This Application has not been altered in any way after the proposed insured, the parent/legal guardian if the proposed insured is a juvenile, and owner signed it. e) I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. f) If applicable, I have disclosed that this Application, if completed in paper form, may be transmitted to Foresters by electronic means and that this original Application may be destroyed after confirmation of successful transmission. g) I have made no misrepresentation(s) about Foresters product(s) applied for in this Application. I have made no promise(s) regarding the benefit(s) or future performance of the product(s) applied for, other than as specifically written in the specific product(s) applied for in this Application. h) If the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, the owner has been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.

Will the certificate applied for be a replacement for, or a change to, existing life insurance or an annuity? ☐ Yes ☐ No

Are you related to the proposed insured? ☐ Yes ☐ No

Did you personally meet with the proposed insured and owner and review the document(s) used to verify identity and birth date of each person? ☐ Yes ☐ No

Producer's name (print full name): \_\_\_\_\_ Producer #: \_\_\_\_\_

Producer's signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

(mmm/dd/yyyy)



# The Independent Order of Foresters ("Foresters")

## A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

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### Temporary Life Insurance Agreement (TIA) (Complete and leave with the owner only if all pre-conditions are met.)

**Definitions** - "Application" means the Application for Individual Life Insurance to which this Agreement relates. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "Producer" means the person who signed the Application as the producer. "Proposed Insured" and "Owner" mean the person(s) identified as such in the Application.

**Pre-Conditions to Temporary Coverage** - Subject to the terms of this Agreement, we agree to provide the temporary coverage set out in this Agreement, effective on the date the Application is signed by the owner, if each of the following pre-conditions are met: 1) The proposed insured is not, on that date, less than 15 days old or age 71 or older. 2) No more than \$1,000,000 of life insurance on the proposed insured is applied for in the Application, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. 3) Each question in the Temporary Life Insurance Agreement (TIA) Questions section is answered "No" and each "No" answer shown is truthful and 4) No later than the date the Application is signed by the owner, first payment, at least equal to a monthly premium quoted for the insurance, including each rider, applied for in the Application, is provided or authorized by a method other than a transfer of funds from existing life insurance or annuity contract(s). If one or more of the above pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner.

#### Temporary Life Insurance Agreement (TIA) Questions

Has the proposed insured:	
1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?	<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?	<input type="radio"/> Yes <input type="radio"/> No

**Amount of Temporary Coverage** - Subject to the terms of this Agreement, if each of the above pre-conditions is met and the proposed insured dies while this Agreement is in effect, Foresters shall pay in total, to the beneficiary(ies), as shown in the Application, under this and all other Foresters temporary life insurance agreement(s) insuring the life of the proposed insured, the lesser of a) \$500,000; and, b) the amount of life insurance coverage applied for in the Application on the deceased proposed insured, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. No temporary coverage is provided under this Agreement for coverage or benefits, whether applied for or not, that are to be provided under a rider. If we pay under this Agreement then we will retain, if collected, or deduct from the amount payable, if not collected, an amount equal to the minimum first payment amount described in the 4th pre-condition. If we do not pay under this Agreement then the first payment amount, if collected, will be (a) applied as first premium to the certificate issued, if any, as a result of the Application, or (b) refunded, without interest, if no such certificate is issued.

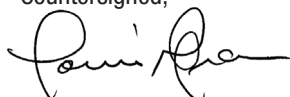
**Termination of Temporary Coverage** - Subject to the terms of this Agreement, if temporary coverage takes effect under this Agreement, temporary coverage will terminate, and shall be of no further force or effect, on the earliest of the following: 1) Ninety (90) days from the date shown in the Application as the date that the Application was signed by the owner. That date shall be the first day for purposes of calculating this ninety (90) day period. 2) The date an approved Foresters certificate comes into effect as described in that certificate, if a certificate is issued in response to the Application. 3) The issue date, as shown in our records, for an approved Foresters certificate issued in response to the Application if that certificate either does not meet the conditions to come into effect, as described in that certificate, or is rescinded. 4) The date we offer, as shown in our records, the owner a Foresters certificate in response to, but not as applied for in, the Application. 5) The date a written or oral request to cancel or withdraw the Application or terminate this Agreement is made by or on behalf of the proposed insured or the owner. 6) The date written notice is sent by us, as shown in our records, to the owner, terminating this Agreement, cancelling or declining the Application.

**Special Limitations** - This Agreement shall be void if the first payment, regardless of method, is not honored when presented for payment. Fraud, material misrepresentation or non-disclosure in the Application will void this Agreement and limit our liability to a refund of payment(s) made to us. If the proposed insured dies by suicide, whether sane or insane, our liability under this Agreement is limited to a refund of the payment(s) made to us.

**Entire Agreement and Governing Law** - This Agreement contains the entire terms regarding temporary coverage. No one, including the producer, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement. This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

**Acknowledgement** - I, the proposed insured and owner, if other than the proposed insured, by signing in the Signature Section of the Application, acknowledge and agree that I have reviewed, understand and accept the terms of this Temporary Life Insurance Agreement.

Countersigned,



Louis Gagnon, President & Chief Executive Officer

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").

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### Accelerated Death Benefit Rider Disclosure (This disclosure must be given to the owner.)

The insurance contract you are applying for may include one of the following accelerated death benefit riders: Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness); Accelerated Death Benefit Rider (for Critical and Terminal Illness); or Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine which one of these riders, if any, it includes. This disclosure provides only a brief description of the accelerated death benefit rider ("rider") that may be included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

#### Benefit Description

The rider provides the opportunity for the owner to accelerate a portion of the certificate's eligible death benefit ("acceleration amount"), during the lifetime of the insured, and receive an accelerated death benefit payment ("payment"). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a chronic, critical or terminal illness, as applicable under that rider. The payment is paid to the owner and not to the beneficiary(ies). A claim made during the contestable period may result in cancellation of the insurance contract, with no benefit being paid. The rider is not, and is not intended to be, long-term care insurance.

There is no required premium or monthly rider deduction, as applicable, for the rider. However, a payment may have deductions and other effects, as referred to in this disclosure.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living (bathing, continence, dressing, eating, toileting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following, as defined in the rider: Advanced Alzheimer's Disease (before the insured's 75<sup>th</sup> birthday), Amyotrophic Lateral Sclerosis (ALS), End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack) or Stroke.

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

#### Amount of the Accelerated Death Benefit Payment

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount: an actuarial discount amount, determined by us; an administrative fee; the sum of the unpaid total premium or overdue monthly deductions, as applicable; and a loan repayment amount, if there is an outstanding loan.

**For terminal illness:** The actuarial discount amount and administrative fee will both be \$0.00. This means that the payment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid total premiums, overdue monthly deductions or an outstanding loan amount.

**For chronic and critical illness:** The administrative fee will be no more than \$500.00. The actuarial discount amount will be determined by us based upon a number of factors, such as the insured's age and life expectancy on the effective date of the payment, and will take into account the present value of future anticipated premiums or monthly deductions, as applicable. This means that the payment will be less, and depending on the individual circumstances of the claim could be substantially less, than the acceleration amount.

Each acceleration amount must be at least \$4,500.00 and must be such that after acceleration a residual face amount of at least \$10,000.00 remains. The total of all acceleration amounts cannot exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and \$500,000.00. For chronic illness the maximum amount that can be accelerated in any 12 month period is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness. For critical and terminal illness, the maximum amount that can be accelerated is 95% of the eligible death benefit on the effective date of the payment.

## Effect of Payment on the Certificate

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, account value or cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount for chronic and critical illness will be more, and for terminal illness may be more, than the amount of the payment. Premiums or monthly deductions due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums or monthly deductions, if any, will be as if the certificate had been issued at the reduced face amount.

## Effect of Payment on Taxation and Eligibility for Public Assistance

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

## Examples of Accelerated Death Benefit Payments

The following examples are hypothetical and are intended only to demonstrate an accelerated death benefit payment and to show the relationship between certificate values before and after payment of an accelerated death benefit. These examples are based upon a 30 year term life insurance certificate, issued when the insured was age 45, with the maximum acceleration amount being accelerated. The amounts, including the accelerated death benefit payments, shown are based upon hypothetical certificate values at the time of acceleration, are not guaranteed, and assume that the claim has been approved when the certificate has been in effect for the number of years indicated. Actual amounts will vary and may be higher or lower depending on a number of factors, including but not limited to, the type of certificate, the actual certificate values at the time the claim is approved, the age of the insured and the length of time that the certificate has been in effect.

### Effect on Certificate Values

	<u>Before Acceleration</u>	<u>After Acceleration</u>		
		<u>Chronic Illness</u>	<u>Critical Illness</u>	<u>Terminal Illness</u>
Face Amount:	\$ 200,000.00	\$ 152,000.00	\$ 10,000.00	\$ 10,000.00
Annual Premium:	\$ 984.00	\$ 764.64	\$ 115.70	\$ 115.70

### Accelerated Death Benefit Payment Calculation (Claim approved when certificate has been in effect for 10 years.)

	<u>Chronic Illness</u>	<u>Critical Illness</u>	<u>Terminal Illness</u>
Acceleration Amount:	\$ 48,000.00	\$ 190,000.00	\$ 190,000.00
Payment Percentage:	15.022 %	15.022 %	100.00 %
Gross Payment Amount:	\$ 7,210.56	\$ 28,541.80	\$ 190,000.00
minus Administrative Fee:	\$ 300.00	\$ 300.00	\$ 0.00
minus Overdue Premium:	\$ 0.00	\$ 0.00	\$ 0.00
Accelerated Death Benefit Payment:	\$ 6,910.56	\$ 28,241.80	\$ 190,000.00

For chronic and critical illness the actuarial discount will generally be higher for claims approved in the early years of a certificate and lower in the later years. This could result in significantly lower accelerated death benefit payments in earlier years than in later years on the same certificate. To illustrate this, the following chart shows hypothetical payment amounts for a critical illness claim, on the same hypothetical term life insurance certificate issued when the insured was age 45, approved in different years.

Year	Acceleration Amount	Accelerated Death Benefit Payment	Year	Acceleration Amount	Accelerated Death Benefit Payment
2	\$190,000.00	\$ 18,383.71	15	\$190,000.00	\$ 32,714.44
5	\$190,000.00	\$ 22,301.09	20	\$190,000.00	\$ 34,996.29
7	\$190,000.00	\$ 24,814.62	25	\$190,000.00	\$ 29,112.53

The same effect occurs, although the values and amounts will be different, if the certificate is universal life or whole life insurance.

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### Notices (This page must be given to the proposed insured.)

For purposes of this Notice the following words and phrases are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and operations; "Producer" means the licensed individual who signed the Application as the producer; "You" and "Your" mean individually the proposed insured, and each child, if any, identified in the Application. If you have questions regarding your application, discuss them with your producer or contact us directly at 1-800-828-1540. If you have questions regarding privacy contact Foresters Chief Privacy Officer or regarding underwriting or MIB, Inc. contact Foresters Chief Underwriter. You can write to either at 789 Don Mills Road Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at P.O. Box 179 Buffalo, NY 14201-0179.

**Privacy** - Personal information we obtain about you is confidential. As permitted by privacy laws, information may be disclosed, without further authorization, between and among Foresters and authorized persons, to consumer reporting agencies hired to prepare consumer reports or consumer investigative reports, to companies to which you have applied for insurance coverage or benefits, and to those conducting bona fide actuarial, marketing or scientific studies or audits and the respective employees, agents, contractors and consultants of each of the aforementioned. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon request, we will provide more information about these procedures.

**Medical and Personal Information** - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. In some cases, we may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character and general reputation. They may also include personal characteristics, such as health, prescription history, finances, job and mode of living. The federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. You may request a personal interview with the agency and they will make a reasonable attempt to talk to you. It will include that information in its report. If we order a report, it may include information obtained through interviews with your neighbors, friends or others you know. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

**MIB, Inc.** - Information regarding your insurability will be treated as confidential. Foresters or authorized persons may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## Producer Report

### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Producer's name	Producer #	% of split

- Indicate the anticipated rating class: \_\_\_\_\_  
If underwriting approval is for a rating class other than as anticipated, Foresters will contact you and, if we do not receive direction otherwise, the certificate will be issued to maintain face amount.
- Should the certificate's issue date be adjusted to save the insurance age?  
If "Yes", additional premium may be required. ☐ Yes ☐ No
- Is the proposed insured you, your spouse/partner or your child/stepchild? ☐ Yes ☐ No
- In the Application, are you the owner, payer or beneficiary? ☐ Yes ☐ No
- Have you submitted an additional application to Foresters on a family member of the proposed insured or owner (if other than the proposed insured)?  
If "Yes", list the name(s) in the Producer Comments section below. ☐ Yes ☐ No
- Was a copy of the Buyer's Guide provided to the owner at the time of sale? ☐ Yes ☐ No
- Indicate in the chart below if age & amount requirements were ordered (only if applying for a medically underwritten product).

Age & Amount Requirements	Vendor	Date ordered
Vitals, paramed or medical (with or without lab tests)		

### Producer Comments (Can be used to provide additional information relevant to the Application and must be completed if needed to qualify statements in the Producer Certification section.)


We may require additional information for each "Yes" answer to a question in the Lifestyle, either Medical, or a Rider section. You can help speed up the Underwriting process by completing the questionnaire, from the list below, that is applicable to each "Yes" answer or if an applicable questionnaire is not available by providing details in the Additional Information section. Please refer to the Underwriting Guide for a list of all available questionnaires.

Alcohol Usage	Chest Pain	Cyst, Lump or Tumor
Diabetes	Drug and Substance Usage	Mental Health



# Life Insurance

*Buyer's Guide*



INSURANCE



# Life Insurance *Buyer's Guide*



*Prepared by the National Association of Insurance Commissioners*

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy

# Life Insurance *Buyer's Guide*

## *Before You Buy Life Insurance*

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### ***Understand What Life Insurance Is***

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website --

[www.insureuonline.org/insureu\\_type\\_life.htm](http://www.insureuonline.org/insureu_type_life.htm)

### ***If You Need Life Insurance, Decide How Much Coverage to Buy***

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

### ***If You Already Have Life Insurance, Assess Your Current Life Insurance Policy***

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.



# Life Insurance *Buyer's Guide*



## *Compare the Different Types of Insurance Policies*

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

- **Term Insurance vs. Cash Value Insurance.** Term insurance is intended to provide lower-cost coverage for a specific period of time (“a term”). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don’t build up cash values that you can use in the future.

- **Renewable Term vs. Non-renewable Term.** Most term life insurance coverage can be continued (“renewed”) at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you’ll lose the right to renew the policy at a certain age. A Non-renewable term policy can’t be continued. You’ll have to apply for a new policy if you still want coverage.

- **Whole Life vs. Universal Life.** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.

- **Variable Life vs. Non-variable Life.** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.



# Life Insurance *Buyer's Guide*

## ***Be Sure You Can Afford the Premium***

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company's investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you'd have to pay to keep your coverage.

## ***Understand the Application Process***

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you'll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn't require detailed health information will cost more and provide less coverage than one that does.

It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

## ***Choose a Beneficiary***

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy's death benefit. You'll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won't pay a minor. Instead, consider leaving the money to your estate or trust.

## ***Evaluate the Future of Your Policy***

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.





# Life Insurance *Buyer's Guide*



## *After You Buy Life Insurance*

### ***Read Your Policy Carefully***

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn't guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn't clear.

If you're not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

### ***Review Your Life Insurance Program Every Few Years***

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.



# Life Insurance *Buyer's Guide*

## Notes

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## ADDENDUM TO LIFE INSURANCE BUYER'S GUIDE

After you have decided which kind of life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index." It will be worth your time to try to understand how these indexes are used, but in any event, use them only for comparing the relative costs of similar policies. LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.

### What is Cost?

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called "guaranteed cost" or "nonparticipating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

### What are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash Values
3. Dividends

Cost Indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add

up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract and multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies.

1. **LIFE INSURANCE SURRENDER COST INDEX** - This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.
2. **LIFE INSURANCE NET PAYMENT COST INDEX** - This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non-participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non-participating policy will not change.

### How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

- (1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
- (2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a Shopper's Guide tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.



- (3) Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
- (4) In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.
- (5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for a while, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.



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# Foresters Advantage Plus II, Strong Foundation, Your Term & SMART UL

## Underwriting Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters Financial™ philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This manual is a guide intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.

## INDEX

Introduction .....	2
Product Information.....	2
Field Underwriting .....	2
Financial Underwriting Guidelines .....	3
Residence/Citizenship .....	4
Foreign Travel.....	4
Military .....	4
Occupation .....	4
Avocations .....	5
Beneficiary Designation.....	5
Temporary Insurance Agreement (TIA).....	5
Preferred Submissions Instructions.....	5
Non-medical Underwriting .....	6
Insurance Classes – Your Term, Advantage Plus II and SMART UL.....	7
Preferred Criteria - Advantage Plus II and SMART UL Medical.....	7
Preferred Criteria – Your Term .....	8
Build.....	9
Adult Build Charts (16+) Fully Underwritten .....	9
Adult Build Chart (16+) Non Medical.....	10
Juvenile Build Chart.....	11
Age & Amount Requirements .....	12
Age & Amount Requirements Charts.....	13
Approved Vendors.....	14
Accelerated Underwriting .....	15
Modified Coverage.....	15
File Incomplete or Postponed.....	15
Impairments.....	15
Reconsideration of Underwriting Action .....	15
Submitting Information.....	16
Underwriting Impairment Guide .....	17
Other Impairments.....	17
Medical Impairments .....	17
Medications .....	21
Certificate Change Information .....	22
Paid-Up Additions Rider Examples .....	23

## **INTRODUCTION**

You are an important part of the underwriting process and as participant in the sale, processing, underwriting and issue of our life insurance certificates we want you to be familiar with our underwriting philosophy and practices. Attention to these guidelines will help to speed up certificate issue and to explain underwriting decisions when the policy is placed.

The most important step in the underwriting process is accurate detailed answers to all questions on the application. It is important that the application show detailed health history for all proposed insureds to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious problems at time of claim.

## **PRODUCT INFORMATION**

Individual life insurance coverage is provided by Foresters Financial™, a trade name and trademark of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Road, Toronto, Ontario Canada, M3C 1T9) and its subsidiaries.

Underwriting guidelines, procedures and forms may vary by type of life insurance and state. Be sure to consult all materials relative to your specific product and state. By following the procedures outlined in this manual and the marketing guidelines you will maximize your percentage of issued life insurance applications.

## **FIELD UNDERWRITING**

As an appointed producer you are authorized to solicit, write applications and otherwise transact the business of insurance in any state where you are both properly licensed by the state and authorized by Foresters to conduct business.

As an appointed producer you may not solicit applications in any manner prohibited by or inconsistent with the provisions of Foresters rules, regulations, or policies. If you have any questions regarding any type of solicitation transaction please contact your agency or refer to Foresters "ezbiz" Solicitation Rules in the Contracting Section.

The following practices are not acceptable:

1. Applications altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state of the applicant, the producer's signature, or any changes to information deemed to be material to the issuance of the certificate, unless initialed by all parties to the contract (Agent, Owner and Proposed Insured).
2. Paper applications with a stamped signature rather than handwritten ink signatures.

Good Field Underwriting is critical to the success Insurance Operations and consists of more than just careful questioning of the proposed insured.

The following suggestions should help you and your clients in obtaining coverage as quickly as possible and on the most equitable basis:

1. Furnish complete information on past medical history to include date of first diagnosis, type of treatment, dates and physician information.
2. If medical history is involved, identify the disease or condition for which treatment was obtained.
3. Complete all underwriting questionnaires as appropriate.

Do not underestimate the proposed insured's knowledge of the diagnosed condition or the reason for the operation or treatment.

1. The writing producer is never authorized to disregard a proposed insured's answers, or to impose his or her judgment as to what is or is not important to record. The writing producer is never authorized to approve or alter an application for the proposed insured.
2. Only the Underwriting Team can make the final decision; therefore, never suggest or promise that coverage will be issued.



## FINANCIAL UNDERWRITING GUIDELINES

Income replacement and estate protection are two important factors in determining the total amount of insurance (applied for and in-force) the applicant is eligible for.

### Income Replacement

An income factor may be used to determine the total amount of insurance an applicant is eligible for.

AGE	MULTIPLIER OF EARNED INCOME
18 - 30	30
31 - 40	25
41 - 50	20
51 - 60	15
61 - 65	10
66 and up	5

Earned income includes income from salary, commissions and bonuses. It doesn't include investment, pending, interest, retirement or rental income.

### Estate Protection

This is generally meant to preserve the proposed insured's net worth by covering any federal, and if applicable, state estate or inheritance taxes. This is determined on a case by case basis. Factors used to determine the amount of coverage include:

- the value of the estate and the anticipated future value of the estate
- the state of residence and the anticipated estate taxes taking into consideration the federal exemption and current federal and, if applicable, state law.

### Non-income Earning Spouse

We evaluate the insurance needs for a non-income earning spouse on an individual basis. Some factors we consider are:

- the amount of household income
- the amount of coverage on the income earning spouse. The non-income earner should not have more coverage than the working spouse unless the working spouse is uninsurable
- The number of dependents

### Juvenile Underwriting

Most children and students do not need a significant amount of insurance since they do not have estates, pay taxes or have income to replace. When submitting applications on children or students, the following information will be required:

- Provide the amount of insurance each sibling, if any, has.
- An explanation will be required if the amount of insurance varies between siblings
- Amount of insurance in-force on the parents. Generally, a parent must have double the amount of insurance inforce than applied for on the child

In addition, when submitting applications for students or recent graduates, provide the following information:

- Area of study and expected graduation date
- Anticipated future earnings
- Family net worth

Some of the cases may not fit into the parameters above but we are willing to work with you to understand the special circumstances of each case. For complicated financial cases or when you cannot use the information above to justify the amount of insurance applied for or in-force, a Financial Needs Analysis along with a cover letter describing the financial need for your client will be beneficial.

## **RESIDENCE/CITIZENSHIP**

The applicant's primary residence must be in a state where the product is approved for sale, state of solicitation or residence. Check the product availability maps on our agent website <https://portal.foresters.biz/> for availability details.

Foresters will consider applicants between the ages of 18 and 70 years old with a valid Green Card and select Visa's. Please refer to the Immigration Guidelines document on the agent website for full details.

## **FOREIGN TRAVEL**

Travel in the course of business or pleasure will be considered up to and including 12 weeks. Underwriting foreign travel/residency will vary depending on international risks and how changes in political, security and health "environments" could impact the risk in that area. It is advisable to call Underwriting for a more accurate risk assessment as travel advisories are always changing.

Coverage is not available for applicants planning to reside in a foreign country indefinitely.

## **MILITARY**

Foresters welcomes applications from active duty military personnel (as long as the solicitation, application completion or sale did not occur on a military installation) and each case will be underwritten based on individual consideration and state laws. State regulations require the use of point of sale disclosure documents when selling to active duty military personnel. Insurance will not be offered to individuals who have been deployed or have received notice of deployment.

It is also important to note that Foresters is currently not registered to sell on military installations.

Individuals on "Active Duty" or full-time duty in the active military service of the United States, including members of the National Guard and Reserves, while serving under published orders for a period for 31 days or more are not eligible for riders that have a War Exclusion Clause, including ADR, and Waiver of Premium Benefit. Please complete a Military Questionnaire or provide the following details on the application:

- Branch of service
- Present duty status
- Current rank
- Length of present assignment
- Military occupational specialty
- Indicate whether supplemental or hazardous duty pay based on duties is being collected
- Indicate whether the insured will be transferred overseas, if so, where?
- Indicate whether the insured will be transferred to a new unit
- Indicate whether the insured or their unit will be alerted for duty (if presently in Reserve of National Guard)

## **OCCUPATION**

The occupation of a proposed insured is a major factor in their eligibility and many of those occupations may eliminate an applicant from qualifying for the basic product and possibly riders. Applicants with occupations that are exceptionally hazardous will be declined or rated, for example:

- Any occupation that involves working above certain heights
- Any occupation that involves handling explosives
- Any occupation that involves handling hazardous materials

## **AVOCATIONS**

Examples of recreational activities that may eliminate a proposed insured from Non-Medical Issue include:

- Scuba diving. The decision depends primarily on the level of certification and depths. Please have applicant complete Scuba and Skin Diving Questionnaire.
- Motorized racing (automobiles, motorcycles, boats). The decision depends on the level of competition, size and power of engine, etc.
- Hang-gliding, skydiving. Please have applicant complete Aerial Sports Questionnaire.
- Mountain/Rock Climbing. Please have applicant complete Climbing and Mountaineering Questionnaire.

## **BENEFICIARY DESIGNATION**

The beneficiaries must meet the insurable interest requirements under state insurance law. Please refer to Foresters "ezbiz" Beneficiary 101.

## **TEMPORARY INSURANCE AGREEMENT (TIA)**

The TIA is a temporary insurance agreement that allows the proposed insured to have coverage during the underwriting process. It is available to the applicants who, on the date the application is being signed, are more than 15 days old but have not had their 71<sup>st</sup> birthday and for face amounts applied for up to a maximum of \$1,000,000. The proposed insured must truthfully answer "No" to the 3 questions asked in the TIA agreement and provide their first month premium for the TIA to take effect. The maximum payout is the lesser of the face amount applied for or \$500,000

## **PREFERRED SUBMISSIONS INSTRUCTIONS**

- Preferred rates are only available on fully underwritten plans (see Product Guide for face amount minimums).
- Current testing and underwriting can only determine preferred status. Applicants cannot be expected to know if they qualify. All submissions will automatically be considered for preferred underwriting and issue based on the best insurance class available according to the preferred criteria (page 7).
- AVOID DELAYS AND DISSATISFACTION: Even if the proposed insured appears to qualify for preferred rates, they may not. Foresters underwriting strongly advises that the producer collect the standard non-tobacco or tobacco premium with the application or prepare the client for the possibility of a non-preferred decision.
- When ordering medical requirements, please ensure you select the correct company and location to ensure the completed information is received in a timely manner.

## NON-MEDICAL UNDERWRITING

Non-Medical underwriting requires answers to the Lifestyle Questions, Part 1: Medical Questions and Other Insurance questions on the application. A pharmacy, medical data and an MIB check will be run on every proposed insured. If the proposed insured does not qualify for non-medical rates, the application will be declined. In some situations a new application will be required for a fully underwritten product. Non-medical limits are based on the proposed insured's age nearest and total medically and non-medically underwritten insurance in force with Foresters and are as follows:

### STRONG FOUNDATION NON-MEDICAL ISSUE LIMITS

Age	Face Amount	
	Standard	Substandard
18 - 55	\$500,000	\$300,000
56 - 80	\$250,000	\$150,000

### SMART UL AND ADVANTAGE PLUS II NON-MEDICAL ISSUE LIMITS

Age	Face Amount
0 to 15	\$150,000
16 to 55	\$400,000
56 to 75	\$150,000

For Advantage Plus II, if either the 10-Year or 20-Year Term Rider is added at issue, the maximum rider benefit amount is:

For issue ages 18-55: \$400,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-up Additions Rider (if applicable), plus any other non-medical coverage currently inforce with Foresters.

For issue ages 56-75: \$150,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-Up Additions Rider (if applicable), plus any other non-medical coverage currently inforce with Foresters.

### Non-Medical Non Tobacco Definition:

Strong Foundation: Applicants who have not smoked cigarettes within the past 12 months. Allows use of cigar, pipe, chewing tobacco, nicotine patches, vape pens, marijuana and other substitutes.

SMART UL & Advantage Plus II: Applicants who have not used any product containing nicotine within the past 12 months. Allows use of marijuana but no vape pens (nicotine and non-nicotine vaping included).

## INSURANCE CLASSES –YOUR TERM, ADVANTAGE PLUS II AND SMART UL FULLY UNDERWRITTEN

Standard Tobacco	Applicants who have used any product containing nicotine within the past year.
Tobacco Plus	Applicants who have used any product containing nicotine within the past year and who meet all the Preferred Plus criteria listed below.
Standard Non-Tobacco	Applicants who have not used any product containing nicotine within the past 12 months.
Standard Plus Non-Tobacco	Applicants who have not used any product containing nicotine within the past 12 months and who meet all the Standard Plus criteria listed below.
Preferred Non-Tobacco	Applicants who have not used any product containing nicotine within the past 3 years and who meet all the Preferred criteria listed below.
Preferred Plus Non-Tobacco	Applicants who have not used any product containing nicotine within the past 5 years and who meet all the Preferred Plus Criteria listed below.
Substandard	Applicants who would require an extra premium or exclusion(s) for certain health conditions that are otherwise not insurable.

## PREFERRED CRITERIA – ADVANTAGE PLUS II AND SMART UL

	Preferred Plus Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco	Tobacco Plus
Tobacco Use*	No nicotine use for 5 yrs.	No nicotine use for 3 yrs.	No nicotine use for 1 yrs.	≤ 1 pack per day
Cholesterol Level	<220 (No previous history of treatment or medication)	<230 (No previous history of treatment or medication)	<260 (No previous history of treatment or medication)	<220 (No previous history of treatment or medication)
Cholesterol/HDL Ratio	<4.5 (No previous history of treatment or medication)	<5.0 (No previous history of treatment or medication)	<6.5 (No previous history of treatment or medication)	<4.5 (No previous history of treatment or medication)
Blood Pressure	<135/80 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<135/80 (No previous history of treatment or medication)
Height Weight	See Build Charts	See Build Charts	See Build Charts	See Build Charts
Family History: NO Death of a parent	<AGE 65 due to CAD, CVD or Cancer	<AGE 65 due to CAD, CVD or Cancer	<AGE 60 due to CAD, CVD or Cancer	<AGE 65 due to CAD, CVD or Cancer
Medical History	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment
Alcohol & Drug Abuse	No history	No history	No history	No history
DUI/DWI/Reckless Driving Moving Violations	0 for 5 yrs. <3 within 5 yrs.	0 for 5 yrs. <3 within 3rs.	0 for 5 yrs. <3 within 3yrs.	0 for 5 yrs. <3 within 5 yrs.
Avocation	No hazardous sport	No hazardous sport	No hazardous sport	No hazardous sport
Aviation (Commercial pilots excepted)	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft

\*For Medical products cigar use qualifies as a non-tobacco for standard, standard plus and preferred rates provided the use is admitted upfront, urinalysis is negative for nicotine and use is limited to 1 cigar per month up to a maximum of 12 cigars per year. Cigar use is not available for preferred plus rates.

## PREFERRED CRITERIA – YOUR TERM

	Preferred Plus Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco	Tobacco Plus
Tobacco Use*	No nicotine use for 5 yrs.	No nicotine use for 3 yrs.	No nicotine use for 1 yrs.	≤ 1 pack per day
Cholesterol Level	<220 (No previous history of treatment or medication)	<230 (No previous history of treatment or medication)	<260 (No previous history of treatment or medication)	<220 (No previous history of treatment or medication)
Cholesterol/HDL Ratio	<4.5 (No previous history of treatment or medication)	<5.0 (No previous history of treatment or medication)	<6.5 (No previous history of treatment or medication)	<4.5 (No previous history of treatment or medication)
Blood Pressure	<135/80 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<135/80 (No previous history of treatment or medication)
Height Weight	See Build Charts	See Build Charts	See Build Charts	See Build Charts
Family History:	No Death or diagnosis of a parent or sibling <AGE 65 due to CAD, CVD or Cancer	No death of a parent <AGE 65 due to CAD, CVD or Cancer	No death of a parent <AGE 60 due to CAD, CVD or Cancer	No Death or diagnosis of a parent or sibling <AGE 65 due to CAD, CVD or Cancer
Medical History	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment
Alcohol & Drug Abuse	No history	No history	No history	No history
DUI/DWI/ Reckless Driving Moving Violations	0 for 5 yrs. <2 within 5 yrs.	0 for 5 yrs. <3 within 3rs.	0 for 5 yrs. <3 within 3yrs.	0 for 5 yrs. <2 within 5 yrs.
Avocation	No hazardous sport	No hazardous sport	No hazardous sport	No hazardous sport
Aviation (Commercial pilots excepted)	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft

\*For Fully Underwritten products cigar use qualifies for non-smoker standard, standard plus and preferred rates provided the use is admitted upfront, urinalysis is negative for nicotine and use is limited to 1 cigar per month up to a maximum of 12 cigars per year. Cigar use is not available for preferred plus rates.

## BUILD

### OVERWEIGHT

Of significant importance in evaluating one's insurability is the relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Obesity may also be associated with other disorders such as diabetes and other endocrine disorders.

### UNDERWEIGHT

Underweight generally is of less significance than overweight concerning long-term disabilities and illnesses, however, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, or a chronic underlying disease. Frequently, thin individuals have a low resistance to acute illnesses.

### WEIGHT REDUCTION

When weight reduction has been accomplished, and the weight has been stable for one year, full credit will be given for weight loss. If there has been weight loss and the weight has not been stable for a period of 12 months, half credit will be given for the weight lost. Example: Female 5'7", 231lbs; lost 36 lbs within 2 months. If current weight is 195 lbs, allow ½ credit by adding 18 lbs, for a total of 213 lbs, before referencing the appropriate build table.

## ADULT BUILD CHARTS (16+) – Fully underwritten

Preferred Plus/ Preferred Smoker Fully Underwritten		Preferred Fully Underwritten		Standard Plus Fully Underwritten		Standard Fully Underwritten	
Height (Ft)	Maximum Weight ( lbs)	Height (Ft)	Maximum Weight ( lbs)	Height (Ft)	Maximum Weight ( lbs)	Height (Ft)	Maximum Weight ( lbs)
4'8	118	4'8	125	4'8	143	4'8	162
4'9	122	4'9	130	4'9	150	4'9	168
4'10	126	4'10	135	4'10	155	4'10	174
4'11	130	4'11	137	4'11	160	4'11	180
5'0	144	5'0	152	5'0	167	5'0	186
5'1	149	5'1	158	5'1	175	5'1	193
5'2	152	5'2	162	5'2	180	5'2	199
5'3	157	5'3	166	5'3	185	5'3	206
5'4	161	5'4	172	5'4	190	5'4	211
5'5	166	5'5	178	5'5	195	5'5	219
5'6	170	5'6	182	5'6	200	5'6	226
5'7	176	5'7	190	5'7	205	5'7	233
5'8	180	5'8	195	5'8	210	5'8	240
5'9	184	5'9	200	5'9	215	5'9	247
5'10	190	5'10	205	5'10	222	5'10	254
5'11	196	5'11	210	5'11	227	5'11	261
6'0	202	6'0	220	6'0	234	6'0	269
6'1	206	6'1	225	6'1	242	6'1	276
6'2	211	6'2	230	6'2	247	6'2	284
6'3	216	6'3	240	6'3	252	6'3	292
6'4	221	6'4	244	6'4	258	6'4	299
6'5	227	6'5	251	6'5	264	6'5	307
6'6	244	6'6	260	6'6	270	6'6	315
6'7	249	6'7	265	6'7	276	6'7	323
6'8	254	6'8	270	6'8	281	6'8	332
6'9	259	6'9	273	6'9	285	6'9	340



**ADULT BUILD CHART (16+) – Non Medical**

These are the minimum and maximum builds that will be considered for non-medical underwriting. The maximum weights assume the applicant has no other ratable impairments. Only use this chart if the proposed insured has no medical impairments other than height and weight.

Minimum Weight (lbs)	Height (ft)	Maximum Weight (lbs)
73	4'8	189
76	4'9	196
78	4'10	203
81	4'11	210
84	5'0	217
87	5'1	224
90	5'2	232
93	5'3	239
96	5'4	247
99	5'5	255
102	5'6	263
105	5'7	271
108	5'8	279
111	5'9	287
114	5'10	296
118	5'11	304
121	6'0	313
125	6'1	322
128	6'2	330
131	6'3	339
135	6'4	349
139	6'5	358
142	6'6	367
146	6'7	377
150	6'8	386
153	6'9	396

\*\*For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 7:30PM EST, Monday to Friday.

## JUVENILE BUILD CHART (Age 0-15)

Juvenile Build Chart		
Nearest Age (Years)	Length Range (Inches)*	Weight Range (Pounds)*
0	18-30	4-33
1	24-37	11-46
2	29-40	16-52

\*Final underwriting decision will be based on actual height and weight

Nearest Age (Years)	*BMI Range
3	13.5-26.1
4	13.2-25.3
5	13.0-25.6
6	12.9-26.4
7	12.9-27.6
8	12.9-29.0
9	12.9-30.5
10	13.1-32.2
11	13.4-31.4
12	13.7-32.8
13	14.1-34.2
14	14.6-35.4
15	15.1-36.6

\*BMI – Body Mass Index calculation: (weight in pounds /(height x height in inches) x703

[Juvenile BMI Calculator](#)

## **AGE & AMOUNT REQUIREMENTS**

(Your Term, Advantage Plus II & Smart UL Medically Underwritten)

To help your underwriter with the evaluation process you are responsible for ordering requirements from a third party provider (See Approved Vendors). A representative from the selected third party provider will call your client to schedule an appointment to complete the necessary requirements (outlined in the appropriate age and amount requirement charts).

The risk appraisal is based on information obtained from the following sources:

- Application
- Attending Physician's Statements (APS)
- Blood Profile
- Department of Motor Vehicle (MVR)
- ECG or Stress Test
- Inspection Report
- Medical Examination
- MIB Inc.
- Paramedical Examination
- Pharmaceutical Records
- Special Questionnaires
- Urinalysis (included with Blood Profile unless otherwise stated)
- Vitals
- Other data sources, as available

## **AGE & AMOUNT REQUIREMENTS CHARTS**

(Your Term, Advantage Plus II & Smart UL Medically Underwritten)

It is important to note the following:

- At ages 75 and up, a completed Activities of Daily Living Questionnaire (ADLQ) is required with the application form submission.
- For additional insurance (within 12 months) age and amount requirements will be based on the total insurance inforce and applied for with all companies.
- Additional requirements may be requested by the underwriter to obtain details of declared histories

## AGE & AMOUNT REQUIREMENTS CHARTS

### YOUR TERM

Age	100,000-200,000	200,001-250,000	250,001-499,999	500,000-999,999	1,000,000-1,500,000	1,500,001-1,999,999	2,000,000-2,999,999	3,000,000+
18 to 40	V/B	V/B	V/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
41 to 45	V/B	V/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
46 to 50	V/B	V/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
51 to 55	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
56 to 60	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
61 to 65	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
66 + **	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*

\* Inspection Reports will be ordered by Foresters.

\*\* Automatic APS at age 75 and above

### SMART UL

Age	25,000-49,999	50,000-99,999	100,000-150,000	150,001-250,000	250,001-499,999	500,000-999,999	1,000,000-1,999,999	2,000,000-2,999,999	3,000,000+
0-4	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
5-15	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
16-40	NM	NM	V/B	V/B	V/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
41-45	NM	NM	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
46-50	NM	NM	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
51-55	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
56-60	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
61-65	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
66-70	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
71-75**	NM	P/B	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
76-85	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B/E	APS/P/B/E/I*	APS/P/B/E/I*

\*Inspection Reports will be ordered by Foresters.

\*\* Automatic APS at age 75 and above

### ADVANTAGE PLUS II

For Advantage Plus II, in order to determine age and amount requirements, add the following together; basic Advantage Plus II face amount, plus any term rider, plus the amount of PUAR using the chart below. If GIR is also applied for add on amount equal to the lesser of the original face amount or \$50,000. For examples, refer to the last page of this guide.

Age	25,000-49,999	50,000-99,999	100,000-150,000	150,001-250,000	250,001-499,999	500,000-999,999	1,000,000-1,999,999	2,000,000-2,999,999	3,000,000+
0-4	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
5-15	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
16-40	NM	NMU	V/B	V/B	V/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
41-45	NM	NMU	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
46-50	NM	NMU	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
51-55	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
56-60	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
61-65	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
66-70	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
71-75**	NM	P/B	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
76-85	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B/E	APS/P/B/E/I*	APS/P/B/E/I*

\*Inspection Reports will be ordered by Foresters.

\*\* Automatic APS at age 75 and above

For the Single Payment or Flexible Payment Paid-up Additions Rider, applications are underwritten on an insurance amount determined by the factors shown in the table below

Underwriting Age & Amount Tables for Paid-up Additions Rider		
Age at Rider Effective Date	Flexible PUA Factor	Single PUA Factor
18-35	15	6
36-50	10	3
51-75	5	2

The applicant's applied for maximum annual payment amount is multiplied by the appropriate factor to determine age and amount requirements. The expense load is not deducted from the payment when determining this amount. Any increase to this flexible payment will require underwriting on the amount in excess of any previously approved amounts.

A PUA rider can only be added to a Medical version of an Advantage Plus II certificate that is standard or rated up to an including Table F +150%.

#### LEGEND FOR CODES:

Code	Requirement	Validity
APS	Attending Physicians Statement (Ordered by Foresters)	n/a
B	Blood profile (includes a urinalysis)	12 months
CL	Cover Letter – Outlining purpose of coverage	12 months
E	Electrocardiogram (ECG)	12 months
I*	Inspection Report	12 months
NM*	Non-Medical	12 months
NMU*	Non-Medical Underwritten	12 months
P	Paramedical (Nurse)	12 months
V	Vital Signs	12 months

\*Requirements are good for 12 months, for non-rated cases with a face amount of \$500,000 or less and for ages 60 or less; otherwise requirements are good for 6 months.

\*NM (Non Medical Simplified Issue): Applicant either qualifies, or not, based on the answers to the application and medical questions.

\*All other age and amount requirements indicate full underwriting.

\*Inspection Reports will be ordered by Foresters.

#### APPROVED VENDORS

NAME	CONTACT INFORMATION
APPS	<a href="http://www.appslive.com">www.appslive.com</a> , or call 1-800-727-2101 for the contact number for your state.
ExamOne	<a href="http://www.examone.com">www.examone.com</a> or call 1-800-768-2058 for contact information for the servicing office in your area.

**In order to ensure the completed results are received promptly at Foresters, please ensure you select the correct company name when placing your order with these vendors.**

## **ACCELERATED UNDERWRITING**

Lab tests, medical exams, medical records, and tele-med interviews are not required making Accelerated Underwriting a great option for healthier clients within medically underwritten business.

Eligibility guidelines include:

- Issue ages 18 to 55
- Face amounts from \$100,000 up to \$1,000,000
- Available for Your Term, Smart UL and Advantage Plus II
- Request acceleration in the producer section of the application
- DO NOT order parameds

Check our agent website <https://portal.foresters.biz/> for details

## **MODIFIED COVERAGE**

It may be necessary to issue coverage with an extra premium or exclude or deny coverage to an applicant due to health or other history. Final disposition regarding an application is the decision of the Underwriter. It is possible that two applicants with similar conditions could result in a significantly different final action based on multiple factors.

## **FILE INCOMPLETE OR POSTPONED**

Incompletion occurs when the required age and amount requirements are not ordered within 28 days after the application date. However, once received, the file may be considered for reopening and a certificate issued if the applicant is insurable.

Postponements are applied in immediate high-risk situations where it is likely that a satisfactory judgment may be made at a later date. The Underwriter will provide the approximate date and/or prerequisites for reconsideration.

Some impairments will require a waiting period before being considered for life insurance. This is not a complete list:

- Cancer: one or more years
- Coronary Artery Disease (includes angina, heart attack, bypass surgery and angioplasty): minimum six months
- Uninvestigated symptoms, symptoms currently under investigation, until investigation is complete

## **IMPAIRMENTS**

Some medical impairments cannot be considered for coverage. Please refer to the attached Impairment Guide.

Certain combinations of impairments are often uninsurable. The following are some examples:

- Chronic kidney disease with high blood pressure
- Depressive and/or anxiety problems in combination with alcohol abuse
- Diabetes in combination with coronary artery disease (CAD), cardiovascular disease (CVD), or kidney disease.

## **RECONSIDERATION OF UNDERWRITING ACTION**

Certain medical impairments that resulted in a substandard premium may be reconsidered when there has been an improvement in health status. A reconsideration of the rating may be reviewed upon completion of a change application and the review of any deemed underwriting requirements. A reconsideration date may be offered in some situations at the time of initial underwriting.

## SUBMITTING INFORMATION

If all the available information is submitted with the application, it is more likely that a decision can be made with a single review.

For simplified issue cases, Foresters requires additional information for each "Yes" answer in the Lifestyle and Medical Questions sections. You can help speed up the Underwriting process by completing, at the time of the application, the Underwriting Questionnaire that is applicable to each "Yes" answer. The following questionnaires are the most common and should cover most of your cases:

- Alcohol Usage
- Chest Pain
- Cyst, Lump or Tumor
- Diabetes
- Drug and Substance Usage
- Mental Health
- Respiratory Disorders

For all other "Yes" answers, you can provide the following details in the "Additional Information" section of the application:

- Diagnosis
- Date first diagnosed
- Treatment
- Prescribed medications and equipment
- Medical facilities
- Dates of hospitalization and duration of each stay
- Physicians' names, addresses and telephone numbers (if different from question 19 in the application)

The full list of Foresters questionnaires is available for those who wish to use them, but you may not need them if complete details are provided in the "Additional Information" section (*Impairments with available questionnaires are noted with a "Q" in the Medical Impairment section*).

- Activities of Daily Living (required for ages 75+)
- Aerial Sports
- Arrhythmia/Atrial Fibrillation/Irregular Heartbeat
- Arthritis
- Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder
- Aviation
- Back and Neck
- Benign Prostate
- Climbing & Mountaineering
- Digestive System Disorders
- Epilepsy and Seizure Disorder
- Foreign Travel
- Hazardous Sports
- Heart Murmur
- High Blood Pressure/Hypertension
- Kidney and Urinary Disorders
- Lupus
- Military
- Prostate Cancer
- Respiratory Disorders
- Scuba and Skin Diving
- Sleep Apnea/Sleep Disorder
- Tobacco

In the event of insufficient/no details provided on the application for a "Yes" answer or of a discrepancy between information from MIB/Pharmacy checks and the application, Foresters will contact the producer for further information and may request to have a questionnaire completed.

All questionnaires can be found in the "Order Forms, Apps & Brochures" section of Foresters producer website under "Underwriting & Questionnaires".



## UNDERWRITING IMPAIRMENT GUIDE

Although clients may qualify for non-Medical products, if ratable up to 200% mortality (+100, or 4 tables or table D), the impairments listed below as “decline” should not be submitted for non-Medical.

The following guide applies to single impairments. Individuals with multiple impairments may not qualify.

### OTHER IMPAIRMENTS

Impairment	Guideline	Decision
Criminal Activity	If on probation /parole, incarcerated or criminal charges pending If no jail time served, individual consideration 1 year after end of probation	Decline for Non Medical and Fully-Underwritten
	If jail time has been served, consider 5 years after parole	Decline for Non Medical and Fully-Underwritten
Driving Record (Assumes no jail time or probation, otherwise see Criminal Activity above)	Single DUI within 12 months/2 DUI, last within 5 years	Decline for Non Medical /Call Risk Assessment Line for Fully-Underwritten
	More than 2 DUI	Call Risk Assessment Line

### MEDICAL IMPAIRMENTS

Impairment	Criteria	Life (Non-Medical)
ADL assistance required		Decline
AIDS / HIV +ve		Decline
Alcoholism Alcohol Usage Q	Within 5 years	Decline
	After 5 years, without relapse, no current use	Accept
Alzheimer's / Dementia		Decline
Amputation	Caused by injury	Accept
	Caused by disease	Decline
Anemia	Iron deficiency	Accept
Aneurysm		Decline
Angina	See Heart Disease	Decline
Angioplasty	See Heart Disease	Decline
Aortic Insufficiency		Decline
Aortic Stenosis		Decline
Arrhythmia		Decline
Artery Blockage		Decline
Arthritis Arthritis Q	Osteoarthritis	Accept
	Rheumatoid – Mild with no limitations	Accept
	Rheumatoid – Moderate or severe (Rx include Humira, Embrel, Prednisone)	Decline
Asthma Ages 6-75	Mild/Moderate	Accept
	Severe-Hospitalization	Decline
Respiratory Disorders Q		Decline
Autism		Decline
Blood Pressure High Blood Pressure Q	Controlled	Accept
Bronchitis	Acute	Accept
	Chronic	Decline
By-Pass Surgery	See Heart Disease	Decline
Build	Weight is above or below the Build Chart on page 10	Decline

Impairment	Criteria	Life (Non-Medical)
Cancer Cyst, Lump, Tumor Q	Basal Cell Carcinoma (Skin)	Accept
	Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment	Accept
	All other cancers including Hodgkin's Lymphoma	Decline
Cerebral Palsy		Decline
Chronic Bronchitis	See COPD	Decline
Chronic Obstructive Lung Disease COPD (Strong Foundation)	Smoker	Decline
Respiratory Q	Non Smoker, mild COPD, no oxygen, no steroids or serious COPD medications. Little to no shortness of breath(SOB)on exertion; able to climb at least 1 flight of stairs with little to no SOB	Accept
Chronic Obstructive Lung Disease COPD (Advantage Plus II and Smart UL)		Decline
Cirrhosis of Liver		Decline
Circulatory Surgery		Decline
Colitis-Ulcerative Digestive Systems Disorders Q	Mild to moderate, intermittent	Accept
Congestive Heart Failure		Decline
Crohn's Disease Digestive Systems Disorders Q	>5 years in remission	Accept
CVA /Stroke /TIA		Decline
Cystic Fibrosis		Decline
Depression/Anxiety Mental Health Q	Mild > age 25, onset more than 1 year or longer, no hospitalization or time off work	Accept
	Severe, major depression, bi-polar disease, schizophrenia	Decline
Diabetes – <b>Type 2 (Advantage Plus II or Smart UL)</b> Treated with non insulin medications or diet, good control, non-smoker or <1 pack/day and no diabetic complications.  For consideration of build and diabetes refer to <a href="#">Diabetes Ratings for Nonmed Business- Advantage Plus II, Foresters Term or Smart UL</a>	Current age 20-29, duration since diagnosis < 5 yrs Current age 30+ any duration since diagnosis	Accept Based on results of Rating Worksheet
Diabetes <b>Type 1 or Type 2 (Strong Foundation Only)</b>  For consideration of build and diabetes refer to the <a href="#">Strong Foundation Diabetes Ratings Calculator</a>	Individual consideration based on A1C, age, duration and build with no diabetic complications	Individual Consideration
Diabetes <b>Type 1 or Type 2 (Advantage Plus II, Smart UL)</b> Treated with Insulin; or any product with poor control, or complications such as heart disease, kidney disease, peripheral vascular disease, neuropathy, retinopathy or build and diabetes combination that exceeds limits. Refer to <a href="#">Diabetes Ratings for Nonmed Business- Advantage Plus II, Foresters Term or Smart UL</a>	Any age or duration	Decline
Diverticulitis/Diverticulosis Digestive System Disorders Q		Accept

Impairment	Criteria	Life (Non-Medical)
Down's Syndrome		Decline
Drug Use ( other than marijuana)		Decline
Drug use – Age 18 and up Marijuana (recreational)	Up to 6 days per week Daily Use	Accept Individual consideration may be given
Marijuana (medical)	Depends on reason for use	Individual consideration will be given
Drug and Substance Usage Q		
Emphysema	See COPD	Decline
Epilepsy / Seizure Epilepsy and Seizure Q	Controlled on meds, no seizures for 2 years, no complications	Accept
Fibromyalgia	No depression, working full-time	Accept
Gallbladder Disorders		Accept
Gastric Bypass Digestive Systems Disorders Q	After 1 year, weight stabilized	Accept
Gastritis		Accept
Gout		Accept
Heart Blockage		Decline
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline
Heart Murmur Heart Murmur Q	"innocent", no symptoms, no treatment	Accept
Other Heart Murmur		Decline
Heart Surgery/Procedure		Decline
Heart Valve Disease/Surgery		Decline
Height and Weight	See Build	See Build
Hemophilia		Decline
Hepatitis	A , recovered B or C	Accept Decline
Hodgkin's Disease		Decline
Hypertension High Blood Pressure Q	Controlled	Accept
Hysterectomy	Non cancer	Accept
Kidney Disease Kidney & Urinary Disorders Q	Stones, acute infection Other chronic kidney disease	Accept Decline
Leukemia		Decline
Liver disease		Decline
Lou Gehrig's Disease (ALS)		Decline
Lupus Erythematosus Lupus Q	Discoid Systemic	Accept Decline
Marfan's Syndrome		Decline
Marijuana – Age 18 and up Recreational	Up to 6 days per week Daily Use	Accept Individual consideration may be given
Medical Drug and Substance Usage Q	Depends on reason for use	Individual consideration will be given
Mitral Insufficiency		Decline
Mitral Stenosis		Decline
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Narcolepsy Sleep Apnea/Sleep Disorders Q	Occasional Episodes	Accept
Nursing Home/Skilled Nursing facility or Psychiatric Facility Resident		Decline
Oxygen Use		Decline

Impairment	Criteria	Life (Non-Medical)
Pacemaker		Decline
Pancreatitis Digestive System Disorders Q	Single attack , acute >1 year ago, non alcohol related, no complications	Accept
	Alcohol related, chronic	Decline
Paralysis	Paraplegia and Quadriplegia	Decline
Parkinson's Disease		Decline
Peripheral Vascular or Arterial Disease (PVD, PAD)		Decline
Prostate Disorder Benign Prostate Q	Infection, inflammation	Accept
Sarcoidosis	Localized, non-pulmonary	Accept
	Pulmonary	Decline
Sleep Apnea Sleep Apnea/Sleep Disorders Q	Treated and controlled	Accept
Spina Bifida		Decline
Splenectomy	Due to trauma	Accept
Stroke/ CVA/ TIA		Decline
Suicide Attempt		Decline
Thyroid Disorders	Treated, no symptoms	Accept
Transient Ischemic Attack (TIA)		Decline
Tuberculosis	Treatment completed, inactive	Accept
Ulcer/GERD Digestive System Disorders Q		Accept
Weight	See Build	See Build
Weight Loss	Unexplained	Decline
Wheelchair Use	Due to chronic illness or disease (includes injury or disability resulting in the permanent and ongoing use of a wheelchair)	Decline

\*\*For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 7:30PM EST, Monday to Friday.

## MEDICATIONS

This list is not exhaustive but includes medications that are not eligible for non-medical coverage.

Medications	Indication
Abilify	Psychotic Disorder
Amiodarone HCL	Arrhythmia
Anastrozole	Cancer
Anoro Ellipta	Serious COPD
Antabuse	Alcohol/Drugs
Aricept	Dementia/Cognitive Disorder
Arimidex	Cancer
Benlysta	Systemic Lupus
Bevespi Aerosphere	Serious COPD
Bidil	CHF
Calcitriol	Kidney Disease/Failure
Carbidopa-Levodopa	Parkinson's
Casodex	Cancer
Clopidogrel	Heart Disease, Stroke/TIA, PVD/PAD
Daliresp	Serious COPD
Digoxin	Heart Failure/Arrhythmias
Donepezil HCL	Dementia/Cognitive Disorder
Effient	Heart Disease, Stroke/TIA, PVD/PAD
Exelon	Dementia/Cognitive Disorder
Femara	Cancer
Geodon	Psychotic Disorder
Hydralazine	Severe Hypertension
Hydrea	Cancer
Inspira	CHF
Isosorbide	Angina
Lanoxin	Heart Failure/Arrhythmias
Lithium	Bi-polar Disorder
Lupron	Cancer
Methyldopa	Severe Hypertension
Namenda	Anti-Dementia
Nitrostat	Angina/Chest pain
Pegasys	Hepatitis
Plavix	Heart Disease, Stroke/TIA, PVD/PAD
Pletal	Heart Disease, Stroke/TIA, PVD/PAD
Ranexa	Angina/Chest pain
Ribavirin	Hepatitis
Rilutek	ALS
Risperdone	Psychotic Disorder
Sensipar	Kidney Disease/Failure
Serzone	Psychotic Disorder
Sinemet	Parkinson's
Stiolto Respimat	Serious COPD
Tamoxifen	Cancer
Trelegy Ellipta	Serious COPD
Utibron Neohaler	Serious COPD
Zemplar	Kidney Disease/Failure
Zyprexa	Psychotic Disorder

## **CERTIFICATE CHANGE INFORMATION**

### OVERVIEW

These types of changes include requests from the applicant or producer to change the coverage either by increasing or decreasing benefits; adding or deleting benefits, adding or deleting family members or reinstating coverage that has lapsed. Changes that increase Foresters liability require underwriting approval.

### UNDERWRITING POLICY CHANGES

All medical history is reviewed including claims information on file. Current underwriting guidelines are followed and insurability requirements must be met.

As with New Business applications, the underwriting review process may include requests for information through Attending Physicians Statement, Exam, Blood Profile, Inspection Report, Motor Vehicle Report (MVR), or MIB Inc.

- Benefit changes - If current guidelines would require modification to coverage with a rating, it is normal underwriting procedure to deny a benefit change to avoid compromising current benefits.

### 90-DAY CHANGES

Changes made to certificates within 90-days of issue. Changes could include:

- Increasing or decreasing certificate face amount
- Increasing or decreasing rider coverage amount
- Adding or removing riders (e.g. Accidental Death Rider)
- Changing the plan type (e.g. changing from a 20-year term to a 15-year term)

To request changes within 90-days of certificate issue, we require the following:

- The original certificate issue package to be returned.
- A signed letter from the owner, advising of the requested changes.
- If the request is for an increase in coverage (e.g. face amount increase or addition of a rider), a check from the owner for the difference in premium.

Note: These changes are effective as of the original certificate issue date. Therefore, ensure that the check will cover the difference in premium from the original issue date to the date the request is being submitted.

After the change has been completed, a new certificate issue package will be provided to you for delivery to the owner. The New Business delivery processes should then be followed.

### POST 90 DAY CHANGES

Changes made to certificates beyond the 90 day change period can include:

- Decrease in certificate face amount
- Decrease in rider coverage amount
- Addition or removal of riders
- Change to non-tobacco premium basis
- Reduction or removal of rating

To request changes beyond the 90 day change period, we require the following:

- A properly completed and signed Application for Change.

## PAID-UP ADDITIONS RIDER EXAMPLES

Example 1: Flexible Payment Paid-up Additions Rider (PUAR) applied for at issue

Application Details		Riders	
Age:	35	Guaranteed Insurability Rider (GIR):	\$50,000
Face Amount:	\$300,000	20-Year Term Rider:	\$25,000
Plan:	Paid-up at 100	Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$1,200
		Flexible Payment PUAR Factor:	15

Total amount of insurance underwritten for:

Base Face + Term Rider + GIR + (PUAR maximum annual payment amount x factor)

$\$300,000 + \$25,000 + \$50,000 + (\$1,200 \times 15) =$

$\$300,000 + \$25,000 + \$50,000 + \$18,000 =$

$\$393,000$

*Age & Amount Requirements will be the requirements for the \$250,001-\$499,999 range.*

Example 2: Single Payment Paid-up Additions Rider (PUAR) applied for at issue

Application Details		Riders	
Age:	18	Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$50,000
Face Amount:	\$300,000	Single Payment PUAR Factor:	6
Plan:	Paid-up at 100		

Total amount of insurance underwritten for:

Base Face + (PUAR maximum annual payment amount x factor)

$\$300,000 + (\$50,000 \times 6) =$

$\$300,000 + \$300,000 =$

$\$600,000$

*Age & Amount Requirements will be the requirements for the \$500,000-\$999,999 range.*

Example 3: Flexible Payment and Single Payment Paid-up Additions Rider (PUAR) applied for at issue

Application Details		Riders	
Age:	70	*10-Year Term Rider:	\$150,000
Face Amount:	\$100,000	Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$3,000
Plan:	Paid-up at 100	Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$10,000
		Flexible Payment PUAR Factor:	5
		Single Payment PUAR Factor:	2

-Total amount of insurance underwritten for:

Base Face + 10-Year Term Rider + (Flexible PUAR maximum annual payment amount x factor) + (Single PUAR maximum annual payment amount x factor)

$\$100,000 + \$150,000 + (\$3,000 \times 5) + (\$10,000 \times 2) =$

$\$100,000 + \$150,000 + \$15,000 + \$20,000$

$=\$285,000$

*Age & Amount Requirements will be the requirements for the \$250,001-\$499,999 range.*



APPENDIX A

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

(This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.)

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☐ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

3. The existing policy or contract is being replaced because
- 

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. (Applicants must initial only if they do not want the notice read aloud.)

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## IMPORTANT NOTICE:

**To be read aloud to the applicant unless he or she has initialed the preceding page indicating he or she does not want this notice read aloud.**

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### PREMIUMS:

- Are they affordable?
- Could they change?
- You're older -- are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

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## HIV Antibody Test Information Form for Insurance Applicant

### AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts with any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. Infected persons have a 25 percent to 50 percent chance of developing AIDS over the next 10 years.

**What are the Symptoms?** Most people infected with the AIDS virus have no symptoms and feel well. Some develop symptoms that may include:

- Fever, including "night sweats"
- Weight loss for no known reason
- Swollen lymph glands in the neck, underarm, or groin area
- Fatigue or tiredness
- Diarrhea
- White spots or unusual blemishes in the mouth.

These symptoms are also symptoms of many other illnesses. They may be symptoms of AIDS only if they are not explained by other illness. Anyone with these symptoms for more than two weeks should see a doctor.

The HIV antibody test:

Before consenting to testing, please read the following important information:

1. a) **"ELISA"** test means an enzyme-linked immunosorbent assay serologic test which has been licensed by the federal Food and Drug Administration to detect antibodies to the human immunodeficiency virus.  
b) **"Positive ELISA test"** means an ELISA test performed in accordance with the manufacturer's specifications which is reactive on an initial testing and on at least one of two additional tests of the same serum or plasma specimen.  
c) **"Western Blot Assay"** means an assay which uses reagents consisting of HIV antigens separated by polyacrylamide gel electrophoresis and then transferred to nitro-cellulose paper to detect antibodies to the human immunodeficiency virus.  
d) **"Reactive Western Blot Assay"** means an Assay which is reactive according to the standards of performance and results specified in the manufacturer's federal Food and Drug Administration approved product circular for the Western Blot Assay reagents and laboratory apparatus.  
e) **"HIV antibody test"** means an ELISA test or a Western Blot Assay, or both.
2. **Purpose.** This test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
3. **Positive test results.** If you test positive, you should seek medical follow-up with your personal physician. If your test is positive, you may be infected with HIV.
4. **Accuracy.** An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100 percent accurate. Possible errors include:  
a) **False positives:** The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.  
b) **False negatives:** The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4 to 12 weeks for a positive test result to develop after a person is infected.
5. **Side effects.** A positive test result may cause you significant anxiety. A positive test may result in uninsurability for life, health, or disability insurance policies you may apply for in the future. Although prohibited by law, discrimination in housing, employment, or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
6. **Disclosure of results.** A positive test result will be disclosed to you. You may choose to have information about your HIV test results communicated to you through your physician, the State Health Department, or through a local community-based organization.
7. **Confidentiality.** Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to the Medical Information Bureau, a national insurance data bank. Your insurance agent will provide you with additional written information about this subject at your request.
8. **Prevention.** Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.

# The Independent Order of Foresters ("Foresters")

## A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

F. 877 329 4631

U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179

T. 800 828 1540

foresters.com

Foresters  
Financial

## Notice and Consent for Blood and Body Fluid Testing

To evaluate your insurability, we have requested that you provide samples of your blood and/or other body fluids for testing and analysis. Depending on your age, your medical history and the amount or the type of insurance applied for, you may be asked to provide a sample of blood and/or other body fluids, such as urine and saliva for testing and analysis. All tests will be performed by a licensed laboratory. By signing and dating this form, you agree that the testing may be done and that underwriting decisions will be based on the test results.

The tests to be performed will include a determination of the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV test performed is actually a series of tests designed to determine the presence of these antibodies or antigens. If you have been infected with the HIV virus which causes AIDS, your body may have produced HIV antibodies which try to get rid of the infection.

Instead of providing a blood sample for initial testing purposes, you may be requested to first provide only a sample of your body fluids (e.g. urine or saliva) for testing. This sample of other body fluids will be tested for evidence of HIV antibodies, kidney disorders, diabetes, and foreign substances such as nicotine and cocaine. If this HIV test is abnormal (positive) or other abnormalities are ascertained, you then will be requested to provide a blood sample for full blood series testing including a confirmatory HIV blood test. Other blood tests which may be performed include determinations of blood cholesterol and related lipids (fats), and screening for diabetes, liver and kidney disorders.

**Testing Considerations:** Many public health organizations have recommended that before taking an HIV related test, a person seek counseling to become informed concerning the implications of such test. You may wish to consider counseling, at your expense, prior to being tested.

**Meaning of a Positive Test Result:** The HIV test is extremely reliable. In very rare instances, however, the test result may be abnormal (positive) in persons who are not infected with the virus. Additionally, the test result may occasionally be normal (negative) in persons who are infected with HIV, especially when the infection occurred within the previous 3 - 6 months.

While abnormal HIV test results do not mean that you have AIDS, they do mean that you are at significantly increased risk of developing AIDS or AIDS-related conditions and you may wish to consider further independent testing. Federal authorities say that persons who are HIV positive should be considered infected with the AIDS virus and capable of infecting others. An abnormal (positive) HIV blood test result or other significant blood or body fluid abnormalities will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

**Disclosure of Test Results:** All test results will be treated confidentially. The results of the test will be reported by the laboratory to us. The test results may be disclosed to employees of the IOF who have the responsibility to make underwriting decisions on behalf of us or to outside legal counsel who need such information to effectively represent us with regard to your application for insurance. The results also may be reported to our affiliates or reinsurers in connection with insurance you have applied for. In addition, if you are refused insurance because your HIV blood test is abnormal (positive), a generic code signifying non-specific blood abnormality will be reported to the Medical Information Bureau, Inc. ("MIB") as described in the notice given to you at the time of application. More specific non-HIV reports may be made to MIB in connection with testing. Test results will not otherwise be disclosed except as required by law or as authorized by you. You have the right to request the names of those specific individuals or organizations.

**Notification of Test Results:** If your HIV test results are normal, no notification will be sent to you. If your HIV tests are abnormal, we will contact you, your legal guardian, or the person authorized by you below. In the absence of such designation - the State Department of Health will be sent the results. Other abnormal test results which, in our opinion, are potentially significant to your health or insurability will be similarly communicated.

If you wish to preauthorize another person for notification of abnormal test results, please provide the name and address below. We encourage you to authorize a physician or other health care provider for the purpose of discussing test results:

**Name and Address of Physician or Health Care Provider (Please Print):** \_\_\_\_\_

**Informed Consent:** I have read and I understand this NOTICE AND CONSENT FOR BLOOD AND BODY FLUID TESTING. I voluntarily consent to the withdrawal of blood from me by needle, the testing of that blood and body fluid as described above, and the disclosure of the test results as described above, including disclosure to the person, if any, indicated above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my physician or health care provider for further information and counseling if the HIV test result is abnormal. I have been given a copy of the state Hotline phone numbers and addresses (if available). I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be valid as the original.

\_\_\_\_\_  
Name of Proposed Insured

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Signature of Proposed Insured (Parent/Guardian)

\_\_\_\_\_  
State of Residency

\_\_\_\_\_  
Date Signed by Proposed Insured (Parent/Guardian)

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**Foresters**   
Financial

**Consent for Electronic Delivery of Insurance Contract and Related Documents**

('you' and 'your' means the Owner identified below)

If your application for insurance is approved, Foresters Financial™ provides you with the opportunity to receive an electronic or paper copy of your Welcome Package.

**How would you like Foresters to deliver your Welcome Package (which includes your insurance contract)?**

Select one of the options below.

**☐ Electronic copy**

By selecting "**Electronic copy**," you are providing your consent to receive your Welcome Package by secure email, at the email address shown below, instead of receiving it in paper. You are also confirming this is your own valid email address.

My email address is: \_\_\_\_\_

**☐ Paper copy**

By selecting "**Paper copy**," you are providing your consent to receive your Welcome Package in paper, sent to the address listed on the application or delivered to you by the agent who assisted with this application.

You also reviewed, understand and agree that the Terms & Conditions below applies to the selection above, which includes information about the number of pages and that a fee may apply if a duplicate copy, in paper is requested, in the future, for some or all of the Applicable Documents.

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signed Date (mmm/dd/yyyy)

**Terms & Conditions**

Foresters Welcome Package includes your insurance contract and may also include additional document(s) for your review, signature and return to Foresters (collectively "Applicable Documents").

Your Welcome Package can also be provided, either electronically and/or in paper, to the agent who assisted with this application.

A request for a duplicate copy, in paper, may require payment of an administrative fee (currently \$25, subject to change) and it will be mailed to you within a reasonable period of receipt of payment by Foresters. Payment can be made by check payable to Foresters Financial or by online banking.

If you selected "Electronic copy":

The email will show in your inbox as Foresters Contract sent from [contractdeliveries@foresters.com](mailto:contractdeliveries@foresters.com).

The Applicable Documents will be in PDF format which will require Adobe Reader to open. If you do not have that software, the free version can be downloaded from: <https://get.adobe.com/reader/otherversions/>

You can save or print the Applicable Documents. The number of pages to print can be as much as or more than 50 pages.

Foresters Financial, Foresters, and Helping Is Who We Are are trade names and/or trademarks of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Rd, Toronto, Canada M3C 1T9) and its subsidiaries.

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**Foresters**  
Financial

### Illustration Certification

This certification is to be used if an illustration conforming to the insurance product as applied for in the application was NOT provided to the prospective owner at the time of application. If an illustration conforming to the insurance product as applied for in the application was provided to the prospective owner, a signed copy of that illustration must be submitted with the application and this form should not be completed.

Proposed Insured's Name: \_\_\_\_\_ Plan Applied For: \_\_\_\_\_

Prospective Owner's Name: \_\_\_\_\_ Producer's Name: \_\_\_\_\_  
(if other than proposed insured)

### Producer's Certification *(Check the one box that applies.)*

☐ No illustration was used in the sale of the insurance product applied for in the application and no illustration was provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

☐ An illustration that does not conform to the insurance product applied for in the application was used in the sale of that insurance product. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

☐ A computer screen illustration, which complies with state requirements, was displayed to the prospective owner in the sale of the insurance product applied for in the application. The illustration was based upon the following information:

Plan Applied For:		Face Amount: \$	
Premium Amount: \$	Premium Mode: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually		
Sex: <input type="radio"/> Male <input type="radio"/> Female	Issue Age:	Insurance Class: <input type="radio"/> Tobacco <input type="radio"/> Non-Tobacco	
Dividend Option: <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash		<input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums	
Rider(s) (name and benefit amount):			

#### Universal Life Only

Death Benefit: <input type="radio"/> Level <input type="radio"/> Increasing	Guaranteed Interest Rate: %	Current Interest Rate (Non-Guaranteed): %
Life Insurance Qualification Test: <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)		

A copy of the computer screen illustration was NOT provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date (mmm/dd/yyyy)

### Prospective Owner's Certification

I acknowledge that I have not been provided with a copy of an illustration conforming to the insurance product applied for in the application. I understand that an illustration conforming to the insurance contract, if any, issued as a result of the application will be provided to me no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
Prospective Owner's Signature

\_\_\_\_\_  
Date (mmm/dd/yyyy)

*Two copies of this form should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.*



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U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179

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**Foresters**  
Financial

### Illustration Certification

This certification is to be used if an illustration conforming to the insurance product as applied for in the application was NOT provided to the prospective owner at the time of application. If an illustration conforming to the insurance product as applied for in the application was provided to the prospective owner, a signed copy of that illustration must be submitted with the application and this form should not be completed.

Proposed Insured's Name: \_\_\_\_\_ Plan Applied For: \_\_\_\_\_

Prospective Owner's Name: \_\_\_\_\_ Producer's Name: \_\_\_\_\_  
(if other than proposed insured)

### Producer's Certification *(Check the one box that applies.)*

☐ No illustration was used in the sale of the insurance product applied for in the application and no illustration was provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

☐ An illustration that does not conform to the insurance product applied for in the application was used in the sale of that insurance product. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

☐ A computer screen illustration, which complies with state requirements, was displayed to the prospective owner in the sale of the insurance product applied for in the application. The illustration was based upon the following information:

Plan Applied For:		Face Amount: \$	
Premium Amount: \$	Premium Mode: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually		
Sex: <input type="radio"/> Male <input type="radio"/> Female	Issue Age:	Insurance Class: <input type="radio"/> Tobacco <input type="radio"/> Non-Tobacco	
Dividend Option: <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash <input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums			
Rider(s) (name and benefit amount):			

#### Universal Life Only

Death Benefit: <input type="radio"/> Level <input type="radio"/> Increasing	Guaranteed Interest Rate: %	Current Interest Rate (Non-Guaranteed): %
Life Insurance Qualification Test: <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)		

A copy of the computer screen illustration was NOT provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date (mmm/dd/yyyy)

### Prospective Owner's Certification

I acknowledge that I have not been provided with a copy of an illustration conforming to the insurance product applied for in the application. I understand that an illustration conforming to the insurance contract, if any, issued as a result of the application will be provided to me no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
Prospective Owner's Signature

\_\_\_\_\_  
Date (mmm/dd/yyyy)

*Two copies of this form should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.*