

Life

New Business

# Life underwriting requirements guidelines

## Includes financial guidelines and preferred criteria

This guide is for traditionally underwritten applications—for our accelerated underwriting requirements, please refer to the WriteAway® Field Guide.

NORTH AMERICAN®

A Sammons Financial Company

North American Company for Life and Health Insurance®

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## Underwriting and New Business overview

North American uses a common sense approach to underwriting to help ensure that our decisions are fair to the proposed insured, deliverable by the producer, and profitable for the company. Our staff of highly skilled underwriters are dedicated to making it easy to do business with us.

To accomplish our objectives, North American New Business and Underwriting offer the following:

- **Skilled underwriting and medical experience**
- **A holistic approach to evaluating impairments**
  - We use a common sense approach to underwriting.
  - Favorable and unfavorable risk factors are balanced on a case-by-case basis to deliver the best risk class possible.
- **Competitive turnaround:**
  - We commit to highly competitive turnaround times from receipt of application to approval.
- **Process**
  - Paperwork (other than 1035 Exchange forms and premium remittance) will be processed using fax copies or uploaded securely at northamericancompany.com.

## Connect 24/7 with our secure producers website

Access our agent website through northamericancompany.com for the most up-to-date information on your cases.

- Pending business provides hourly updates on your pending cases.
- Policy data center provides daily updates on your in-force business.
- Forms Factory provides you with the most current state required forms for policy application and policy changes, which can be completed online and printed from your computer.

## Submission of documents

Documents can be submitted via mail, fax, secure email, or uploaded through the Life Document Upload tool located at northamericancompany.com. Documents received via email that are not sent securely will not be to accepted or processed.

### Regular mail

North American
P.O. Box 5089
Sioux Falls, SD 57117-5089

### Overnight mail

North American
One Sammons Plaza
Sioux Falls, SD 57193-0001



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## General guidelines

- Requirements are based on the total face amount of current applications and all amounts in-force with North American in the past two years. Requirements are also ordered based on the actual age of the proposed insured on the date of the application.
- North American reserves the right to require a paramedical and other testing on any person proposed for coverage.
- Paper applications must be completed in ink. Any changes and corrections must be initialed and dated by the proposed insured/owner.
- All paperwork may be faxed to the appropriate team fax number, uploaded to northamericancompany.com directly via the Life Document Upload tool, or mailed. Premium checks and original 1035 forms are to be sent through the mail. Please contact your Case Manager for questions regarding state form requirements.
- Use the agent's transmittal report, or a cover letter to provide supporting information. This will help expedite application processing, policy issue and commission payment.
- The maximum participation limit for Waiver of Premium and Accidental Death Benefit (ADB) with ALL companies is:
  - $250,000 on ADB (ADB amounts are not included in determining underwriting requirements).
  - $5,000,000 on Waiver of Monthly Deductions and Waiver of Term Premium for Disability Products.
- A statement of good health will typically be required if the face amount of coverage is increased.
- A statement of good health will also be required if the latter of the health questions on the application or paramedical is over 60 days, when the policy is placed in-force. The time period runs from the date the requirements are completed until the date the policy is put in-force.
- Applications are good for 180 days but must be received in the administrative office within 90 days of being signed.

## Substandard ratings

Table ratings are available for both medical and non-medical reasons and vary by issue age. We allow the following maximum table rating or equivalent maximum flat extras:

| Issue age | Maximum table rating | Maximum flat extra |
|---|---|---|
| 0 - 17 | Table 4 | $6.00 per thousand |
| 18 - 70 | Table 8 | $12.00 per thousand |
| 71 - 75 | Table 6 | $9.00 per thousand |
| 76 - 79 | Table 4 | $6.00 per thousand |

### Non-medical flat extras (all products)

- May be applied to the standard non-tobacco and standard tobacco rates.

### Medical flat extras (all products)

- May be applied to the standard non-tobacco and standard tobacco rates.
- Temporary flat extras are non-commissionable.

## Temporary Life Insurance Agreement

The Temporary Life Insurance Agreement (TIA) provides a solid guarantee for your clients because they have coverage in place as long as the conditions in the agreement have been met.

- If the applicant elects to have coverage under the Temporary Life Insurance Agreement, the TIA form MUST be completed at the time of the application, bearing the same date as the application signed date, and submitted with the application (no exceptions).
- We must receive an appropriate payment with the application when submitting TIA.

## Requirements shelf life

| Requirement | All ages and ratings |
|---|---|
| Paramedical | Up to 12 months |
| Blood and urine | Up to 12 months |
| EKG | Up to 12 months |
| Financial Requirements | Up to 12 months |
| Prescription report | Up to 6 months |

## SimpleSubmit® information

### How do I schedule the paramedical exam?

There are two ways to schedule the paramedical exam.

1. Use the online scheduling tool within SimpleSubmit. Please note: When using SimpleSubmit, APPS-Portamedic and Exam One are currently the only paramedical vendors available through the online tool.

2. Use your own examiner. You can elect to bypass the online scheduling tool and schedule the paramedical exam with a vendor of your choice from the approved vendors (see page 6). Please note: **YOU MUST ADVISE THE EXAMINER TO COMPLETE THE PARAMED EXAM WHICH INCLUDES THE HEALTH AND LIFESTYLE QUESTIONS**

For additional information on the SimpleSubmit e-app - refer to the SimpleSubmit Agent Guide.

### How does the SimpleSubmit process differ from traditional underwriting?

SimpleSubmit allows you to gather basic client information and signatures electronically. For ages 17 and under, the medical and lifestyle questions are asked during the SimpleSubmit process. For ages 18 and up, your client will answer the medical and lifestyle questions during the paramedical exam, physical measurements, and lab sample collection.

### Can I use SimpleSubmit for all applications?

You will not be able to use SimpleSubmit for all applications. The instances when you must still use a paper application are as follows:

- Policy change conversions, reinstatements, face amount increases, adding riders, benefits and class/rate changes

## WriteAway® underwriting

1. Please refer to the WriteAway field guide for full guidelines regarding acceptable product parameters, medical history, and process details.

2. If your applicant qualifies for the WriteAway process, please do not set up paramedical exams. If your client requires an abbreviated exam after underwriting review, the administrative office will order the exam.

3. WriteAway applications may be monitored post-issue to confirm the disclosures. A policy may be rescinded if information reveals a material misrepresentation in the application submitted.

4. For any other questions, please contact the administrative office.

## Electronic signatures

Acceptable electronic signatures for New Business and Policy Change:

- North American's SimpleSubmit e-app
- DocuSign
- RightSignature

## Approved paramedical facilities for all applications

These paramedical facilities provide a full range of services throughout the United States. Examiners associated with approved paramedical organizations will be aware of North American requirements for the age and amount applied for. Advise your local examiner of the total amount of life insurance *applied for and in-force with North American in the past two years*, and to use the actual age of the applicant at the time of the application so requirements are completed accordingly. They will have the necessary supplies including the kits for blood and urine. Call the number or visit the website for the paramedical services listed below.

| Paramed Providers | Telephone | Website |
|---|---|---|
| APPS/Portamedic | 800-727-2101 | www.appslive.com |
| ExamOne | Online orders only | www.examone.com |
| Medipro Direct | 877-268-1021 | www.mediprodirect.com |
| **Approved lab** (blood and urine) | | |
| Clinical Reference® Laboratory | 800-882-1922 | www.crlcorp.com |
| **Approved APS provider** | | |
| Parameds.com | 718-575-2000 | www.parameds.com |

## Preparing the applicant for a paramedical visit

In order to obtain accurate information, it is recommended that the applicant:

- Limit coffee and smoking one hour prior to the appointment.
- Drink a glass of water one hour prior to the appointment.
- Refrain from drinking alcoholic beverages for at least 12 hours prior to the appointment.
- Provide names and dosages of current medications.
- Provide any history of problems associated with providing a blood sample.
- Have available names, addresses, and phone numbers of any doctors or clinics visited in the last five years.
- Have details of past and current injuries, conditions, and treatments.

| Medical Record Guidelines | | | | | | |
|---|---|---|---|---|---|---|
| | 0 to 250,000 | 250,001 to 500,000 | 500,001 to 999,999 | 1,000,000 to 2,000,000 | 2,000,001 to 2,999,999 | 3,000,000 and up |
| *< 1 year* | For Cause | For Cause | For Cause | Required in all cases | Required in all cases | Required in all cases |
| *1 to 17* | For Cause | For Cause | For Cause | 24 months | 24 months | 24 months |
| *18-40* | For Cause | For Cause | For Cause | For Cause | For Cause | 24 months |
| *41-50* | For Cause | For Cause | For Cause | For Cause | For Cause | 24 months |
| *51-60* | For Cause | For Cause | For Cause | For Cause | 24 months | 24 months |
| *61-70* | For Cause | For Cause | For Cause | 24 months | 24 months | Required in all cases |
| *71 +* | Required in all cases | Required in all cases | Required in all cases | Required in all cases | Required in all cases | Required in all cases |

Attending Physician Statements may be required on any amount and age at the underwriter's discretion.

## Key

| | |
|---|---|
| **24 months** | An APS or electronic health record will be ordered by the administrative office if the applicant has been seen within 24 months. |
| **For Cause** | The underwriter will make every effort to use the application and prescription report to assess the risk. If there is no prescription report available, other sources of information may be utilized. |
| **Required in all cases** | It is our expectation that these applicants have regular medical care, including health screenings. Therefore if not seen by a physician within 12 months, we will not be able to proceed with the case. |
| **For ages 1-70** | If there is no MD visit and there is an APS required, within the time frame noted above, cases may be considered on an individual basis. Other sources of information may be utilized. |

Requirements are based on the actual age of the proposed insured on the date of the application. When determining the underwriting requirements, use the total amount of life insurance applied for and in-force with North American in the past two years.

## Traditional App Age/Face Requirements

| Face Amount | Ages 0-17 | Ages 18-40 | Ages 41-50 | Age 51-70 | Age 71+ |
|---|---|---|---|---|---|
| **$0 to $500,000** | • MVR (16 and up) | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physcial Measurements<br>• SQ<br>• MVR |
| **$500,001 to $999,999** | • MVR (16 and up)<br>• Contact Underwriting for requirements | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR" | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• EKG<br>• SQ<br>• MVR |
| **$1,000,000 to $2,000,000** | • MVR (16 and up)<br>• Contact Underwriting for requirements | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• EKG<br>• SQ |
| **$2,000,001 to $2,999,999** | • MVR (16 and up)<br>• Contact Underwriting for requirements | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR" | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• EKG<br>• SQ<br>• Financial Supplement |
| **$3,000,000 to $5,000,000** | • MVR (16 and up)<br>• Contact Underwriting for requirements | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• Financial Supplement | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• Financial Supplement | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• Financial Supplement | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• EKG<br>• SQ<br>• Financial Supplement" |
| **$5,000,001 to $10,000,000** | • MVR (16 and up)<br>• Contact Underwriting for requirements | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• Financial Supplement | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• Financial Supplement | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• EKG<br>• MVR<br>• Financial Supplement | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• EKG<br>• SQ<br>• Financial Supplement |
| **$10,000,001+** | • MVR (16 and up)<br>• Contact Underwriting for requirements | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• Third Party Financial Report | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• EKG<br>• MVR<br>• Third Party Financial Report | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• EKG<br>• MVR<br>• Third Party Financial Report | • Paramed<br>• Labs - Blood HOS<br>• Physical Measurements<br>• MVR<br>• EKG<br>• SQ<br>• Financial Supplement |

*Prescription Report (Rx), EIR (electronic inspection), Predictive Risk Models and MVR (motor vehicle report) are ordered by the administrative home office. Prescription Reports and Predictive Risk Models are ordered on most proposed insureds.*

## Abbreviations

**MVR:** Motor Vehicle Report

**EKG:** Electrocardiogram

**SQ:** Senior Questionnaire

**HOS:** Urine



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## Tobacco use definitions

Please refer to the preferred criteria, product feature cards, and plan description for rate classes available.

### Non-tobacco

Must not have used tobacco or nicotine-based products (including cigarettes, e-cigarettes, vapor products, pipe, snuff, chewing tobacco, nicotine gum or patches and any other nicotine products) in any form within the last 12 months. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine test contains no nicotine by-products.

### Tobacco

Any admitted or non-admitted tobacco or nicotine-based products (including cigarettes, e-cigarettes, vapor products, pipe, snuff, chewing tobacco, nicotine gum or patches and any other nicotine products) in any form within the last 12 months or any nicotine by-products in the urine test.

## Marijuana users

Users qualify for non-tobacco rates.

- Preferred is available if using marijuana two times per month or less and they otherwise qualify.
- Preferred Plus is available if using marijuana two times per year or less and they otherwise qualify.
- Coverage is typically not available for applicants younger than age 21 using recreational marijuana.
- Personal or business coverage is not available to applicants involved in administrative duties, growing, distribution, or sales associated with the marijuana industry. However, we will consider applicants involved or associated with hemp, hemp oil, and CBD oil businesses.
- Hemp oil and CBD oil users will be underwritten based on the medical condition.

## Foreign nationals

U.S. residence for at least the past two years with the intent to remain the in U.S. is typically required in order to be considered for coverage. We will review applicants with less than two years residence in the U.S. on a case-by-case basis.

We require that the proposed insured have a green card or one of the following visa types:

- E1, E2, E2C, E3, EB5
- G1, G2, G3, G4, G5
- H1B, H1C, H4
- J1, J2
- K1, K3
- L1, L2
- M1, M2
- O1, O2, O3
- P1, P2, P3, P4
- R1, R2
- T1, T2, T4, and TN/TN-1
- U1, U2, U4
- V1

**We require valid social security card number or an individual taxpayer identification number (ITIN).** ***Note: We will only allow an ITIN if the applicant has an acceptable visa type.*** We may require a copy of the visa and other supporting documentation. The final underwriting decision will depend on the frequency and location of the travels (depending on the state regulations).

Contact Underwriting if the proposed insured is:

- Making longer trips
- Traveling to Afghanistan, Burundi, Central African Republic, Chad, Iraq, North Korea, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, and Yemen.

If traveling to hazardous areas, facultative reinsurance may be required.

**Expired Visa Holder, Employment Authorization Document (EAD) and other foreign risks** are considered on a case-by-case basis. Contact your Underwriter for assistance.

## Foreign residence and travel

U.S. citizens ages 18 and older who are making short trips out of the country for business, pleasure, or educational purposes to non-hazardous areas are usually acceptable risks.

Contact Underwriting if the proposed insured is:

- Under age 18
- Making longer trips
- Traveling to Afghanistan, Burundi, Central African Republic, Chad, Iraq, North Korea, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, and Yemen.

If traveling to hazardous areas, facultative reinsurance may be required. No coverage is typically available for occupations involving politicians, public figures/celebrities, missionaries, government leaders, journalists, judicial personnel, police, military, security personnel/bodyguards, trade union officials, aviation, arms dealers, diplomats, foreign aid/relief workers who participate in foreign travel. May vary by state.

# Ages 70 and under – all products
## Super preferred and preferred underwriting criteria

| Criteria | Super preferred | Preferred non-tobacco | Preferred tobacco |
|---|---|---|---|
| **Tobacco use** | Must not have used any tobacco or nicotine-based products (including patches, electronic cigarettes, cigarettes, and nicotine gum) within the last five years. Occasional cigar (up to 12 per year) is allowed if admitted on the application and the urine contains no nicotine. See page 8 for tobacco definitions. | Must not have used any tobacco or nicotine-based products (including patches, electronic cigarettes, cigarettes, and nicotine gum) within the last three years. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine. See page 8 for tobacco definitions. | All forms of tobacco and nicotine-based products are allowed. |
| **Alcohol/drug** | No history of alcohol or drug abuse or treatment in 10 years. | No history of alcohol or drug abuse or treatment in 7 years. | |
| **Aviation** | Non-ratable pilots for major airlines only, or aviation exclusion rider. | Non-ratable commercial and private pilots are acceptable. | |
| **Blood pressure** | 135/85 Treatment allowed | 140/90 Treatment allowed | |
| **Cholesterol** | Cholesterol 300 or less and cholesterol/HDL ratio up to 5. The minimum cholesterol must be 125 and above. | Cholesterol 300 or less and cholesterol/HDL ratio up to 6. The minimum cholesterol must be 125 and above. | |
| **Citizenship/ Residence** | Has U.S. citizenship, permanent residence (Green Card holder) or meets our foreign nationals guidelines. | | |
| **Driving record** | No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years. | | |
| **Family history** | No death of natural parent or sibling from heart disease or familial cancer prior to age 60 including ovary, colon, melanoma, breast, and prostate. In addition, we will disregard ovary, breast, and prostate if the proposed insured is the opposite gender. | No death of natural parent from heart disease or familial cancer prior to age 60 including ovary, colon, melanoma, breast and prostate. In addition, we will disregard ovary, breast, and prostate if the proposed insured is the opposite gender. | |
| **Foreign travel** | No travel to countries or areas that are politically unstable or underdeveloped (may vary by state). | | |
| **Hemoglobin A1C** | Normal range | | |
| **Personal history** | No history of cancer (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, heart disease, or other significant health problems. | No history of cancer* (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, heart disease, or other significant health problems. *Some cases of cancer may qualify for Preferred. | |
| **Physical measurements** | Weight within range shown in Super preferred build chart. | Weight within range shown in Preferred build chart. | |
| **Ratings** | Less than 25 debits for medical impairments without the use of credits. | | |
| **Recreation** | No participation in hazardous sports within past 24 months with no future plans to participate in hazardous sports. Non-technical scuba (130 feet maximum) acceptable. | Non-ratable hazardous sports are acceptable. | |

*Cancer cases that may qualify for preferred are considered on a case-by-case basis by the underwriter. The specific criteria are listed on page 12 of this guide.

# Ages 16-70 – all products

## Build chart height and weight requirements

These charts do not apply to juveniles ages 15 and under. Juveniles ages 16-17 have a maximum allowable table rating of Table 4. Preferred classes are not available until age 18. The below rated build chart is to provide you a starting point for your applicants. The final rating is dependent on the overall medical history.

| | All Genders | Super Preferred | Preferred | Standard |
|---|---|---|---|---|
| Height | Minimum | Maximum | Maximum | Maximum |
| 4' 10" | 91 | 137 | 146 | 185 |
| 4' 11" | 94 | 141 | 151 | 192 |
| 5' 0" | 97 | 146 | 156 | 198 |
| 5' 1" | 100 | 151 | 161 | 205 |
| 5' 2" | 104 | 156 | 167 | 212 |
| 5' 3" | 107 | 161 | 172 | 219 |
| 5' 4" | 110 | 166 | 177 | 226 |
| 5' 5" | 114 | 171 | 183 | 233 |
| 5' 6" | 118 | 176 | 189 | 240 |
| 5' 7" | 121 | 181 | 194 | 248 |
| 5' 8" | 125 | 187 | 200 | 255 |
| 5' 9" | 128 | 192 | 206 | 263 |
| 5' 10" | 132 | 198 | 212 | 270 |
| 5' 11" | 136 | 203 | 218 | 278 |
| 6' 0" | 140 | 209 | 224 | 286 |
| 6' 1" | 144 | 215 | 230 | 294 |
| 6' 2" | 148 | 221 | 236 | 302 |
| 6' 3" | 152 | 227 | 243 | 311 |
| 6' 4" | 156 | 233 | 249 | 319 |
| 6' 5" | 160 | 239 | 256 | 327 |

## Table ratings for build (ages 16-70)

| | All Genders | | | | | |
|---|---|---|---|---|---|---|
| Height | Table 2 weight | Table 3 weight | Table 4 weight | Table 5 weight | Table 6 Weight | Table 8 weight |
| 4' 10" | 186 | 193 | 203 | 208 | 212 | 222 |
| 4' 11" | 193 | 200 | 210 | 215 | 220 | 230 |
| 5' 0" | 199 | 207 | 217 | 222 | 227 | 238 |
| 5' 1" | 206 | 214 | 224 | 230 | 235 | 246 |
| 5' 2" | 213 | 221 | 232 | 237 | 243 | 254 |
| 5' 3" | 220 | 228 | 239 | 245 | 251 | 262 |
| 5' 4" | 227 | 235 | 247 | 253 | 259 | 270 |
| 5' 5" | 234 | 243 | 255 | 261 | 267 | 279 |
| 5' 6" | 241 | 250 | 263 | 269 | 275 | 288 |
| 5' 7" | 249 | 258 | 271 | 277 | 284 | 296 |
| 5' 8" | 256 | 266 | 279 | 286 | 292 | 305 |
| 5' 9" | 264 | 274 | 287 | 294 | 301 | 314 |
| 5' 10" | 271 | 282 | 296 | 303 | 310 | 324 |
| 5' 11" | 279 | 290 | 304 | 311 | 319 | 333 |
| 6' 0" | 287 | 298 | 313 | 320 | 328 | 342 |
| 6' 1" | 295 | 306 | 322 | 329 | 337 | 352 |
| 6' 2" | 303 | 315 | 331 | 338 | 346 | 362 |
| 6' 3" | 312 | 324 | 340 | 348 | 356 | 372 |
| 6' 4" | 320 | 332 | 349 | 357 | 365 | 382 |
| 6' 5" | 328 | 341 | 358 | 366 | 375 | 392 |



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# Ages 71+ -all products
## Super preferred and preferred underwriting criteria

| Criteria | Super preferred | Preferred non-tobacco | Preferred tobacco |
|---|---|---|---|
| **Tobacco use** | Must not have used any tobacco or nicotine-based products (including patches, electronic cigarettes, cigarettes, and nicotine gum) within the last five years. Occasional cigar (up to 12 per year) is allowed if admitted on the application and the urine contains no nicotine. See page 8 for tobacco definitions. | Must not have used any tobacco or nicotine-based products (including patches, electronic cigarettes, cigarettes, and nicotine gum) within the last three years. Occasional cigar (up to 24 per year) is allowed if admitted on the application and the urine contains no nicotine. See page 8 for tobacco definitions. | All forms of tobacco and nicotine-based products are allowed. |
| **Alcohol/drug** | No history of alcohol or drug abuse or treatment in 10 years. | No history of alcohol or drug abuse or treatment in 7 years. | |
| **Aviation** | No participation in past 12 months or plans to participate in the future. | | |
| **Blood pressure** | 140/85 Treatment allowed. | 150/90 Treatment allowed. | |
| **Cholesterol** | Cholesterol 300 or less and cholesterol/HDL ratio up to 5.5. The minimum cholesterol must be 125 or higher. | Cholesterol 300 or less and cholesterol/HDL ratio up to 6.5. The minimum cholesterol must be 125 or higher. | |
| **Citizenship/ Residence** | Has U.S. citizenship, permanent residence (Green Card holder) or meets our Foreign Nationals guidelines. | | |
| **Driving record** | No more than two moving violations in the past three years; no DWI, DUI, or reckless driving conviction or non-administrative license suspension in the past five years. | | |
| **Family history** | Not applicable | | |
| **Foreign travel** | No travel to countries or areas that are politically unstable or underdeveloped (may vary by state). | | |
| **Hemoglobin A1C** | Normal range | | |
| **Personal history** | APS demonstrating regular health care. No history of cancer (excluding non-melanoma skin cancers), heart disease or stroke. | APS demonstrating regular health care. No history of cancer* (excluding non-melanoma skin cancers), heart disease or stroke. **Some cases of cancer may qualify for Preferred.* | |
| **Physical measurements** | Weight within range shown in Super preferred build chart and stable for the past one year. | Weight within range shown in Preferred build chart and stable for the past one year. | |
| **Ratings** | Less than 25 debits for medical impairments without the use of credits. | | |
| **Recreation** | No participation in hazardous sports within past 24 months with no future plans to participate in hazardous sports. Non-technical scuba (130 feet maximum) acceptable. | Non-ratable hazardous sports are acceptable. | |

# Ages 71+ -all products
## Super preferred and preferred underwriting criteria additional requirements

| Criteria | Super preferred | Preferred non-tobacco | Preferred tobacco |
|---|---|---|---|
| **Cognitive function** | No evidence of cognitive impairment. | | |
| **Falls** | No history of unexplained falls within the past two years. | | |
| **Kidney function** | Normal range | | |
| **Serum albumin** | Normal range | | |
| **Physical/ social activity** | Physically active including but not limited to travel, exercise, and social activities. Independent in all ADL's** and IADL's***. | | |

*Cancer cases that may qualify for preferred are considered on a case-by-case basis by the underwriter. The specific criteria are listed below.

# Preferred cancer case criteria for all ages
## No other cancer histories are eligible for preferred unless listed below.

| Cancer type | Criteria |
|---|---|
| **Thyroid** | Diagnosed age 44 or younger. Treated more than 10 years ago. Treated by surgery only. Available only for early stage and certain pathology types with no recurrence. |
| **Prostate** | Diagnosed age 70 or over. Treated more than 5 years ago. Treated by removal of prostate only. Available only for early stage with no recurrence. |
| **Cervix** | No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage with no recurrence. |
| **Uterus** | No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage with no recurrence. |
| **Testicle** | No age requirement. Treated more than 10 years ago. Treated by surgery only. Available only for early stage and certain pathology types with no recurrence. |
| **Melanoma in situ** | No age requirement. Treated by surgery more than 5 years ago. Current dermatology visit favorable. |

# Ages 71+ -definitions

| **Activities of Daily Living (ADL) | |
|---|---|
| 1. Hygiene | Bathing, grooming, shaving and oral care |
| 2. Continence | Ability to maintain control of bowel and bladder functions |
| 3. Dressing | Ability to put on and take off all items of clothing |
| 4. Eating | Ability to feed oneself |
| 5. Toileting | Ability to use a restroom |
| 6. Transferring | Actions such as going from a seated to standing position and getting in/out of bed |

| ***Instrumental Activities of Daily Living (IADL): |
|---|
| 1. Finding and utilizing resources (looking up phone numbers, using a telephone, making and keeping doctor appointments). |
| 2. Driving or arranging travel (either by public transportation such as paratransit, or private car). |
| 3. Preparing meals (opening containers, using kitchen equipment). |
| 4. Shopping (getting to stores and purchasing necessities like food or clothing). |
| 5. Doing housework (doing laundry, cleaning up spills and maintaining a clean living space). |
| 6. Managing medication (taking prescribed dosages at correct times and keeping track of medications). |
| 7. Managing finances (basic budgeting, paying bills and writing checks). |


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# Ages 71+ – all products

## Build chart height and weight requirements

The below rated build chart is to provide you a starting point for your applicants. The final rating is dependent on the overall medical history.

| | All Genders | Super Preferred | Preferred | Standard |
|---|---|---|---|---|
| Height | Minimum | Maximum | Maximum | Maximum |
| 4' 10" | 91 | 143 | 153 | 185 |
| 4' 11" | 94 | 148 | 158 | 192 |
| 5' 0" | 97 | 153 | 163 | 198 |
| 5' 1" | 100 | 158 | 169 | 205 |
| 5' 2" | 104 | 164 | 175 | 212 |
| 5' 3" | 107 | 169 | 180 | 219 |
| 5' 4" | 110 | 174 | 186 | 226 |
| 5' 5" | 114 | 180 | 192 | 233 |
| 5' 6" | 118 | 186 | 198 | 240 |
| 5' 7" | 121 | 191 | 204 | 248 |
| 5' 8" | 125 | 197 | 210 | 255 |
| 5' 9" | 128 | 203 | 216 | 263 |
| 5' 10" | 132 | 209 | 222 | 270 |
| 5' 11" | 136 | 215 | 229 | 278 |
| 6' 0" | 140 | 221 | 235 | 286 |
| 6' 1" | 144 | 227 | 242 | 294 |
| 6' 2" | 148 | 233 | 249 | 302 |
| 6' 3" | 152 | 240 | 256 | 311 |
| 6' 4" | 156 | 246 | 263 | 319 |
| 6' 5" | 160 | 253 | 270 | 327 |

**Table ratings for build**

| | All Genders | | | | |
|---|---|---|---|---|---|
| Height | Table 2 weight | Table 3 weight | Table 4 weight | Table 5 weight | Table 6 weight |
| 4' 10" | 186 | 193 | 203 | 208 | 212 |
| 4' 11" | 193 | 200 | 210 | 215 | 220 |
| 5' 0" | 199 | 207 | 217 | 222 | 227 |
| 5' 1" | 206 | 214 | 224 | 230 | 235 |
| 5' 2" | 213 | 221 | 232 | 237 | 243 |
| 5' 3" | 220 | 228 | 239 | 245 | 251 |
| 5' 4" | 227 | 235 | 247 | 253 | 259 |
| 5' 5" | 234 | 243 | 255 | 261 | 267 |
| 5' 6" | 241 | 250 | 263 | 269 | 275 |
| 5' 7" | 249 | 258 | 271 | 277 | 284 |
| 5' 8" | 256 | 266 | 279 | 286 | 292 |
| 5' 9" | 264 | 274 | 287 | 294 | 301 |
| 5' 10" | 271 | 282 | 296 | 303 | 310 |
| 5' 11" | 279 | 290 | 304 | 311 | 319 |
| 6' 0" | 287 | 298 | 313 | 320 | 328 |
| 6' 1" | 295 | 306 | 322 | 329 | 337 |
| 6' 2" | 303 | 315 | 331 | 338 | 346 |
| 6' 3" | 312 | 324 | 340 | 348 | 356 |
| 6' 4" | 320 | 332 | 349 | 357 | 365 |
| 6' 5" | 328 | 341 | 358 | 366 | 375 |

For ages 71 and older, weight must be stable for the past one year.

# Personal coverage

## Financial underwriting guidelines

Personal insurance includes coverage meant to be income replacement and/or to maintain an estate. Purposes of personal insurance include mortgage redemption, debt repayment, funds for final expenses and burial, family maintenance, estate and inheritance taxes, educational funds and charitable bequests.

### Income replacement

**Formulas and guidelines**

**Maximum coverage**

| Ages | Factor times earned income |
|---|---|
| 20 - 30 | 30 |
| 31 - 40 | 25 |
| 41 - 50 | 20 |
| 51 - 60 | 15 |
| 61 - 70 | 10 |
| 71 & up | 5 |

**Information required**

**Gross annual earned income***

Risk amounts $3,000,000 and up through age 70 and $2,000,0001 and up ages 71 and above require a financial supplement.

Risk amounts $10,000,001 and up requires a third-party financial verification.

*Earned income includes salary, wages, tips, regular bonus, regular commission, deferred compensation, and other employee benefits that are the direct result of the proposed insured's effort and abilities that will cease at their death. Where income fluctuates from year to year, use a three-year average.

**Maximum percentage of owner's income allowed to be paid in premium**

**Maximum Percent of Income or Net Worth to Fund the Policy**

| Maximum percent of Owner's Income allowed to be paid into premium | | Maximum percent of net worth allowed into a policy (not including 1035x) | |
|---|---|---|---|
| **Income** | **Percentage** | **Net Worth** | **Percentage** |
| to $50,000 | 10% | $250,000 | up to 30% |
| $50,001 to $100,000 | 20% | $250,001 to $1,000,000 | up to 40% |
| $100,001 and up | 30% | $1,000,001 and up | up to 50% |

### Estate preservation

**Formulas and guidelines**

**Life expectancy (maximum duration 25 years), at 6% interest rate, times 50% tax rate***

*Use this calculation for all ages and amounts.

**Information required**

- Cover letter explaining the purpose of the insurance, the reason for the amount applied for, and how the proposed insurance will meet the client's needs.
- A financial supplement may be required.
- Risk amounts $10,000,001 and up requires a third-party financial verification.
- Higher levels of estate preservation coverage can be considered in states with state estate taxes.

### Juvenile coverage

**Formulas and guidelines**

**Death benefit guidelines**

- $500,000 total coverage with all companies for children 15 days old - high school age
- $1,000,000 total coverage with all companies for those attending college
- Individual consideration is available outside these amounts - please contact Underwriting.

**Information required**

- One parent must be insured for equal or more than the child's death benefit.
- List both parent's and sibling's names and pending/in-force life insurance death benefit amounts.
- All siblings are insured equally.
- A parent's signature is required on the application. Please consult with the underwriter as necessary.
- Applications for minors must be signed by the parent or guardian with whom the child lives on a regular basis.

An explanation is needed to explain:

- The reason why one parent is not insured for equal or more than the child's death benefit.
- Why all the siblings are not insured equally.
- Death benefits over the above guidelines explaining the additional financial loss to the beneficiary.
- For grandparent-owned insurance, list each grandchild and their death benefit as well as the parent's in-force insurance.

Washington state regulations

*Under age 18: The amount should not exceed the annual household income (earned and unearned). The amount should be proportional to the amount issued on siblings and immediate family members.*

# Personal coverage

| Purpose of insurance | Formulas and guidelines | Information required |
|---|---|---|
| **Homemaker coverage** | • Typically we allow the same total in-force as the primary income earner in the family up to a face amount of 2 million. Final decisions will be made by the underwriter based on all factors of the case.<br>• Face amounts above 2 million will be reviewed on an individual consideration basis. | • Annual household income<br>• Household net worth<br>• Total in-force on the primary income earner in the family<br>• Cover letter for applications over 2 million to explain any estate considerations or extenuating circumstances. Please consult with the underwriter as necessary. |

# Business coverage

| Purpose of insurance | Formulas and guidelines | Information required |
|---|---|---|
| **Key person** | The amount of key person coverage is generally determined by one of three methods:<br>• replacement cost<br>• contributions to earnings<br>• income multipliers<br>The amount of key person coverage allowed varies and depends on the role of the proposed insured in the business, the proposed insured's income, and value to the business. | • Business financial supplement demonstrating income derived from the business being covered.<br>• List of other key persons and their coverage in favor of the business.<br>• Risk amounts $10,000,001 and up requires a third party financial verification.<br>• When a business is owner and payor, submit a Certification of Business Signing Authority form. A Corporate Resolution, Partner Agreement or Business License showing authorized officers (and their titles) that can sign on behalf of the business can also be accepted.<br>• Explanation regarding the purpose of the coverage and how the amount was determined. |

| Purpose of insurance | Formulas and guidelines | Information required |
|---|---|---|
| **Buy/sell or stock repurchase** | Ownership percentage multiplied by the market value of the company | • Explanation regarding the purpose of the coverage and how the amount was determined.<br>• Details of buy/sell agreement and percentage of ownership in the business.<br>• Market value of the business with supporting corporate financials (at underwriter discretion).<br>• List of other associates in the buy/sell agreement and their coverage in favor of the business. |


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# Other financial considerations

| Bankruptcy guidelines | | |
|---|---|---|
| **Chapter 7** | Active | Decline |
| | Discharged | Individual consideration. Usually acceptable depending on the current financial status. Please consult with the underwriter. |
| **Chapter 11 and 13** | Active | Individual consideration. A reasonable amount of coverage can be considered depending on the current financial status. Please include the amount owed, the monthly payment, and expected payoff month and year. Please consult with the underwriter. |
| | Discharged | Individual consideration. Usually acceptable depending on the current financial status. Please consult with the underwriter. |

Multiple bankruptcies will be considered on a case-by-case basis, depending on the discharge dates. If there are multiple bankruptcies, we will typically consider after all the bankruptcies have been discharged for a period of 2 years.

## Types of sales we do not participate in

- Premium financed sales
- Qualified money sales
- Sales involving reverse mortgage and refinancing
- Captive insurance sales
- Investment sales not supported by financial insurability guidelines
- Life settlement reimbursement sales
- 412E plan, 419 plans, 412i plans
- Surrogate insurance/borrowing of life sales
- Accounts receivable sales
- Stranger owned life insurance (STOLI)
- Investor owned life insurance (IOLI)
- Sales involving rebating

## Charity-owned policies guidelines

- We will consider up to 10 times the average 5-year financial contribution.
- If these guidelines are not met or the policy owner is applying for over $500,000, a cover letter with an explanation of the financial contribution history to the charity is required.

# Other financial considerations continued...

| Applications involving large single premium payments |
|---|
| When the single premium is specified to match the face amount of the policy, **an illustration is required to be sent with the application**. The age/amount requirements will be determined by the corridor death benefit at the end of year one as listed under the tabular details section of the illustration. |

## Definition of requirements

| | |
|---|---|
| **APS (Attending Physicians Statement)** | Generally requesting the last five years of medical and/or clinical records on the proposed insured - obtained by the administrative office. |
| **Business financial supplement** | A financial statement on the business insured, completed by the agent. |
| **EKG** | A 12-lead resting electrocardiogram (without interpretation) obtained through a preferred paramedical service. |
| **EIR (electronic inspection)** | Collection of public data through a preferred provider, which requires no phone call to the proposed insured. |
| **SimpleSubmit®** | An electronic application used to submit applications. |
| **Labs-Blood HOS** | Blood and urine specimen obtained through a preferred paramedical service and mailed to the Clinical Reference Laboratory. |
| **MVR** | Motor Vehicle Report obtained by the administrative office. |
| **Paramed exam** | A basic paramedical examination includes medical history, height, weight, blood pressure, and pulse. |
| **Personal financial supplement** | A financial statement on the proposed insured, completed by the agent. |
| **Prescription report** | A data search of prescribed medications, which is obtained by a preferred vendor. These are initiated by the administrative office. |
| **Physical measurements** | Physical measurements comprise of height, weight, blood pressure, and pulse conducted by a preferred paramedical service; please note medical history is not acquired. |
| **Functional capacity exam** | Cognitive testing must be scheduled with a preferred paramedical service. |
| **Certification of business signing authority form** | Complete this form using the information from the Corporate Resolution or other similar Business Entity documentation when the owner or payor is a business. |

## Commonly used application supplements

| | |
|---|---|
| **Agent's report** | Complete this form to provide supporting information on the sale. |
| **Business financial supplement** | Complete this questionnaire to clarify the financial background of the business. |
| **Certification of business signing authority form** | Complete this form using the information from the Corporate Resolution or other similar Business Entity documentation when the owner or payor is a business. |
| **Certification of trust agreement** | Complete this form whenever a trust is listed as a policyowner or beneficiary. |
| **Electronic fund transfer authorization** | Complete this form to provide information needed if paying with an electronic fund transfer. |
| **HIPAA authorization** | This form allows the proposed insured to authorize the release of health-related information. It must be signed and returned with the application. |
| **Important notice: Replacement of life insurance or annuities** | Complete this state-specific form where an existing life insurance policy or annuity contract will be discontinued, changed, or will be financing new coverage. |
| **Informed consent for the Human Immunodeficiency Virus (HIV) antibody test** | Complete this state-specific form on each applicant, obtain signatures, and forward all pages with the application. Note: *this form follows the applicant's state of residence.* |
| **Military sales disclosures and DD form** | Complete these forms when the owner is an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserves) or dependent thereof. |
| **Personal financial supplement** | Complete this questionnaire to clarify the financial background of the proposed insured or when requested in the Underwriting Requirements Charts. |
| **Statements about life insurance illustrations** | Complete this form when a full illustration is not used on interest sensitive life insurance applications. Note: When an illustration is used, obtain signatures and forward all pages with the application. |
| **Temporary Life Insurance Agreement** | Complete this form at the time of the application (bearing the same date as the application) and submit with the premium to provide coverage during the underwriting process (if all conditions in the agreement are met). |
| **Accelerated Benefit Summary and Disclosure** | Required on all sales with Accelerated Benefit Endorsement. |
| **Statement Consumer Protection Notice** | Disclosure required to be left at the time of the application with all Proposed Insureds. |
| **Statement of Health and Insurability** | Required anytime the medical and non-medical questions are older than 60 days at time the policy is placed or at the discretion of the Underwriter. |
| **Notice of Employer consent form** | Required anytime an employer intends to apply or change insurance on an employee's life. |

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## North American new business contact information

Managing general agencies have an assigned New Business team to assist and serve as a centralized point of contact.

**Toll Free Phone:** **Toll Free Fax:**

**833-240-8663** ..... **833-676-9430**

## Medical reference library:

Reference for evaluating medical impairments at **northamericancompany.com**

## Policy Change team contact information

The assigned Policy Change team are available to assist agents and serve as a centralized point of contact.

**Toll Free Phone: 877-872-0757 ext. 32720**
**Toll Free Fax: 855-704-4779**

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