

Underwriting Criteria and Requirements.

InTOUCH UNDERWRITING.

Get in touch with Legal & General America,
where communication is key and
underwriting the entire individual matters.

New guidelines effective April 1, 2014.

EVERY DAY MATTERS.®
BANNER. WILLIAM PENN.



What is InTOUCH Underwriting?

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



We underwrite the entire individual, not just the impairment.

Our Vision.

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

Our Commitment.

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

Legal and General America is very proud of our expanded team of medical directors, whose backgrounds span across all disciplines in insurance medicine. Their research leadership is at the underpinning of underwriting guideline and criteria updates. They ignite our curiosity and evoke our desire to seek out greater understanding and bridge the divide between insurance and clinical medicine.

Thank You for Your Business.

If you have any questions or require assistance, please do not hesitate to contact us. After all, we are Your Company For Life™.



800.638.8428 Banner
800.346.4773 William Penn

PREFERRED PLUS may be possible even with the following conditions:

Anxiety/Depression/Mood Disorder

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

Asthma

Mild exercise induced asthma or mild seasonal asthma.

Carotid Doppler findings

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

Echocardiogram

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

Mitral Valve Prolapse

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

CDT Positive

Evidence supports "false" positive, with full and complete investigation.

Osteoporosis

No known complications.

Skin Cancers

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

PREFERRED may be possible even with the following conditions:

Alcohol or Single Drug Abuse Treatment

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

Anxiety/Depression/Mood Disorder

Current, on one drug, well controlled.

Epilepsy

No seizures for > 5 years, off medication.

Nevi

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

Valvular Disease

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

Approval Express Team, APEX.

Do you have a proposed insured age:

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

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

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

Is his or her medical history insignificant? Is an attending physician statement not required according to our published guidelines? If so, your case may be processed by our APEX Team.

Our commitment is to get your case approved and issued expeditiously. This team of underwriters is solely dedicated to processing these cases which require limited underwriting.

With APEX, smaller, cleaner cases won't be slowed down by underwriters handling larger, more complex cases. APEX can help eliminate roadblocks and get you the quick approval you need to drive higher case placement.

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

- Make sure the application and all related forms are completed to their fullest extent.
- Have all medical requirements completed before or shortly after application submission.

With an average turnaround time of 24 hours for initial underwriting review, the more complete your case is when it reaches an APEX underwriter's desk, the more rapidly it may be approved. It's that simple.

Even your smallest, clean case is our biggest priority.

Rate Reduction and Change to Non-Tobacco Rates

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

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

AppAssist and other Tele-Underwriting Programs.

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

20-70 coverage amounts through \$10 million

71-74 coverage amounts through \$500,000

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

*Full requirements apply for applicants age 75 and older. For requirement descriptions see page 13.

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

At Legal & General America large cases don't get lost in the underwriting shuffle.

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

Our Special Services Case Unit is staffed with the underwriting expertise necessary to drive these critically important cases through to policy issue.

The LGA Special Services Case Unit provides our BGA's with:

- Expeditious, high touch "white glove" service
- Pro active communication
- Attentive and responsive review of preliminary inquiries/trial applications
- Third-Party Inspection Reports from our exclusive First Financial Inspection Services, transferring the time and worry necessary to secure third-party financial verification from the broker to First Financial
- Coordinated review of third-party verified financial data with our SSCU underwriters and internal staff members from our legal and finance departments, to ensure full understanding and positive interpretation.

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



Take the first important step to submitting an impaired risk case to us by sending a QuickQuote request.

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

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

Legal & General America intends to issue a policy that matches your QuickQuote. This tentative quote is non-binding and is based solely on the information you have provided in the above captioned format. A final decision will be made after receipt, review and assessment of a formal application, age and amount requirements, any interim Attending Physician Statement(s) (APS); and any required facultative reinsurance review. Our formal review and risk assessment will include MIB (formerly known as Medical Information Bureau) and Motor Vehicle Record (MVR) report review, Identity Verification, no finding suggestive of a hereditary cancer syndrome, and financial documentation necessary to justify in force and applied for coverages.

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

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

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

Preferred Plus (non-tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight.
Avocation	Available only if no flat extra premium would be required.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 136/86.
Build	See chart on page 16.
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 4.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.
Family History	No cardiovascular disease in either parent or siblings before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes. See page 15 for details.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	Must be permanent U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse.
Tobacco Use	No use of tobacco or nicotine-based products in last 36 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.

Preferred (non-tobacco / tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 146/90.
Build	See chart on page 16.
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 5.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.
Family History	No cardiovascular death in either parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes. See page 15 for details.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	Must be U.S. permanent resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse in past 10 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 24 months. One celebratory cigar allowed per month with HO specimen negative for cotinine. (For Preferred non-tobacco.)

Standard Plus (non-tobacco)

Aviation	Available, however may have flat extra or exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 152 / 92.
Build	See chart on page 16.
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 6.5 with or without treatment.
Driving History	No more than 3 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in the last 3 years.
Family History	Cardiovascular Disease No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency/ Citizenship	Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.

Standard (non-tobacco / tobacco)

Aviation	Available, however may have flat extra or exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 156 / 94.
Build	See chart on page 16.
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 8.0 with or without treatment.
Driving History	No more than 4 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in the last 2 years.
Family History	Cardiovascular Disease No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency/ Citizenship	Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One celebratory cigar allowed per month with HO specimen negative for cotinine. (For Standard non-tobacco.)

Face Amount:

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

1. The face amount currently being applied for, PLUS
2. The face amount (including rider amount) of all existing policies with the company applied to.

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

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

ID verification is required on all cases.

APM/NM	Abbreviated Paramed In addition to APM, please complete Nonmed (NM) Part II of the application.
APS	Attending Physician Statement APS ordering guidelines are located on pages 14 and 15.
BBR	Business Beneficiary Report Always required for any business case over \$3 million.
BU	Blood and Urine
CXR*	Chest X-Ray Required for tobacco users only.
DAQ	Daily Activities Questionnaire
EIR	Electronic Inspection Report For amounts \$2,000,001 through \$5,000,000, up to and including age 60.
EKG	Electrocardiogram
IR	Inspection Report A third party inspection report is required for amounts: <ul style="list-style-type: none"> • Personal cases over \$5 million • Business cases over \$3 million to include BBR • Over \$1 million, ages 61 and up An interview with the proposed insured in person or by phone is usually part of the investigation. These reports are completed by First Financial Underwriting Services.
MDE	Exam by Physician
MVR	Motor Vehicle Report
PM	Paramedical Examination
TMEKG	Treadmill EKG If a TMEKG is necessary to properly evaluate a proposed insured who is age 71 or older, we will close our file until the applicant has obtained a full cardiac evaluation.

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

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

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

NOT for any the following routine examinations:

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

NOT for any of the following routine operations:

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

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

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

At all ages and amounts, an APS is always required:

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

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

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

Half-inch measurements are rounded to the next highest inch.

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

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

Permissible Time Limits for Routine Age and Amount Medical Evidence, where the results are normal:

Ages 20 through 60:

- Non-Medical Part II: 1 year
- Exam (abbreviated, paramedical exam, MD exam): 1 year
- Resting and/or treadmill electrocardiogram: 1 year
- Blood and/or urine specimen: 1 year

Ages 61 through 80:

- Non-Medical Part II: 6 months
- Exam (abbreviated, paramedical exam, MD exam): 6 months
- Resting and/or treadmill electrocardiogram: 6 months
- Blood and/or urine specimen: 6 months

Ages Over 80:

- Non-Medical Part II: 3 months
- Exam (abbreviated, paramedical exam, MD exam): 3 months
- Resting and/or treadmill electrocardiogram: 3 months
- Blood and/or urine specimen: 3 months

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

How often has this happened?

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

We can improve an underwriting decision by ONE class ... **IF** the one adverse finding was for build, blood pressure, family history or cholesterol/HDL ratio ... **AND** the respective criteria in the yellow box below or Crediting Criteria is satisfied.

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

Availability:

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

ADVERSE FINDINGS

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

Build

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

Improves rate
by one class

If no improvement by build, try Criteria below:

Family History

Try Crediting Criteria

Blood Pressure

Try Crediting Criteria

**Cholesterol/
HDL Ratio**

Try Crediting Criteria

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

CREDITING CRITERIA

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

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

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

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

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

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

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

ADVERSE FINDINGS

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

Build

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

Improves rate
by one class

If no improvement by build, try Criteria below:

Family History

Try Crediting Criteria

Blood Pressure

Try Crediting Criteria

Cholesterol/ HDL Ratio

Try Crediting Criteria

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

Availability:

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

CREDITING CRITERIA

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

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

Financial underwriting is an important aspect of the risk assessment process. In essence, the underwriters must decide “if the case makes sense.” Our focus is on protecting your client’s wealth – not to create wealth or windfall. Specifically, they consider the following:

Is there an insurable interest?

Is there a definable economic loss?

Is there a valid need and purpose for insurance?

Does the amount of insurance applied for correlate with the amount of loss?

A well-written cover letter by the writing agent will allow the underwriter to better understand the case upon initial review and result in quicker issuance of the policy. The cover letter should address how the face amount was determined and the reason for the coverage, including all inforce coverages.

For any case, additional financial statements and/or information may be required to justify coverage amounts. You may need to order an IR (Inspection Report) and/or BBR (Business Beneficiary Report) even though the age/amount underwriting requirements (located on page 12) do not specify it. Third-party verification of finances are required for any amounts over \$5 million.

Note: We will not approve any applications involving Rebating, Churning, Non-Recourse Premium Financing, Investor-Owned or Stranger-Owned Life Insurance or other similar programs.

Charitable Beneficiary:

Coverage is determined by multiplying the annual donation by the age-specific earned income multiplier (below) ... or ... by multiplying the annual donation by the number of years pledged. Supporting documentation must include contribution record (past history of giving to the institution). Other insurance needs must be met.

Estate Tax Planning:

For estates over the current \$5 million threshold for estate taxes, we can consider coverage for the amount of the anticipated taxes by using a percentage of the future value of the estate, that equals the likely tax burden. For estates under the \$5 million threshold, we recognize the need for insurance and can consider a total line of coverage up to 50 percent of net worth.

Buy-Sell, Partnership, Stock Redemption Coverage:

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

Personal Insurance:

AGES	EARNED INCOME MULTIPLIER
20 - 40	30
41 - 50	25
51 - 55	20
56 - 65	15
66 - 70	5 - 10
≥ 71	Case-by-case determination

Insurance on Dependent Spouses:

A dependent, non wage-earning spouse (Housewife/Househusband) is routinely determined eligible for at least \$1 million in coverage. We **consider all coverage amounts** on an individual case basis. Factors include: the earned income, coverage amount(s) applied for and in force on the wage earner, the relationship of this total line of coverage to the amount of coverage the wage earner qualifies for and the total line of coverage for the couple.

Business Coverage:

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

Key Person Coverage:

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

Creditor/Debt Repayment:

We will consider coverage provided the term of the loan is at least 10 years. We will generally consider up to 80% of the loan amount for uncollateralized loans and up to 100% of the loan if structured as a collateral assignment. Supporting documentation must include details of the loan agreement outlining purpose, amount and duration of the loan.

New Business Coverage/Start-up Entities:

Case-by-case: Total line of coverage cannot exceed 50% of the loan or investment. Detailed cover letter from broker with respect to amount and exact purpose of insurance must include:

- Need amount and source of funding
- Experience of the owners in the field
- Their success as measured by prior income in addition to years of work experience
- Historical balance sheet and income/expense statement
- Beyond these guidelines, we engage proactive discussions with the Legal and Finance professionals at LGA to further evaluate any individual risk, sales proposal or valuation concept presented for our consideration.

Temporary Insurance Application and Agreement (TIAA)

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

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

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

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

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

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

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

Good Health Statement

A Good Health Statement (GHS) is required when:

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

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

Retention

Ages	Preferred Plus - Table 4	Table 5 -8	Table 9 -12
20-75	\$2 million	\$500,000	\$500,000
76-80	\$500,000	\$500,000	\$500,000
81-85	\$500,000	\$500,000	\$500,000

Automatic Binding Limits

Ages	Preferred Plus - Table 4	Table 5 -8	Table 9 -12
20-75	\$20 million	\$5 million	\$5 million
76-80	\$4 million	\$2 million	\$1 million
81-85	\$2 million	None	None

Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.

Jumbo Limits

Cases in excess of our jumbo limits require facultative approval by our reinsurers. Case size is determined by total in-force plus total amount currently applied for with all companies, including amounts to be replaced.

Ages	Amounts
20-75	\$40 million
76-85	\$30 million

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



Paramed Exam Vendors	
APPS	800.635.1677 appslive.com
EMSI (Examination Management Services, Inc.)	800.872.3674 emsinet.com
ExamOne	877.933.9261 examone.com
Hooper Holmes/Portamedic	888.442.7571 hooperholmes.com
Superior Mobile Medics	800.898.3926 superiormobilemedics.com
APS Vendors	
EMSI (Examination Management Service, Inc.)	800.566.9318 emsinet.com
ExamOne	888.521.2004 Fax: 800.997.2771 examone.com
J & H Copy Service	714.921.0102 x105 jhcopyservice.com
Inspection Report Vendor	
First Financial Underwriting Services	Phone: 800.570.3477 Fax: 800.571.3477 www.firstfin.com
Inspection report request forms can be found on our website at Forms>Underwriting>Inspection Reports.	

The phone numbers and websites listed above are subject to change.

About Our Paramed Exam Orders:

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

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

About APS Orders:

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

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

Post Issue Change Requests:

Portamedic Services (Hooper Holmes, Inc.) is the only vendor we use for post issue change requests such as rate reduction and reinstatement requests. They can be reached at 888.442.7571 or Brokerselite@portamedic.com.



About Us.

Legal & General America life insurance products are underwritten and issued by Banner Life Insurance Company, Urbana, MD and William Penn Life Insurance Company of New York, Garden City, NY. Banner is licensed to do business in 49 states and the District of Columbia. William Penn does business exclusively in New York; Banner does not solicit business there.

Banner and William Penn are wholly owned subsidiaries of Legal & General Group Plc. Banner and William Penn hold an "A+" (Superior) overall financial strength rating from A.M. Best and an "AA-" (Very Strong) financial strength rating from Standard and Poor's.

Banner Life Insurance Company
Urbana, MD 800.638.8428

William Penn Life Insurance Company of New York
Garden City, NY 800.346.4773

www.LGAmerica.com