



A guide to the underwriting process

OneAmerica® is the marketing name for the companies of OneAmerica

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Contact information

Sales Desk for Illustrations, Product Design, Marketing Materials	1-800-275-5101
Pre-Underwriting Inquiry	<i>CSPUI@oneamerica.com</i>
Case Management (New Business/Underwriting status)	<i>BrokerageCaseManagement@oneamerica.com</i>
Applications	(317) 285-5235 (Fax)
Mail applications to:	One America P.O. Box 6062 Indianapolis, IN 46206-0368
OneSource Online (OSO) submission for applications	<i>www.ols.oneamerica.com</i>

OneAmerica® is the marketing name of the companies of OneAmerica. Products issued and underwritten by The State Life Insurance Company® (State Life), Indianapolis, IN, a OneAmerica company that offers the Care Solutions product suite.

Pre-Underwriting Inquiry

Pre-Underwriting Inquiry is our informal inquiry program. A Pre-Underwriting Inquiry lets you submit information about a prospective client’s history and receive an underwriter’s response about the client’s insurability for the indicated product(s), eligibility for expedited underwriting and tentative rate classification.

With this program, you can receive an informal evaluation within four hours without taking a full application or submitting to full underwriting. A Pre-Underwriting Inquiry is especially useful when talking to a client whose insurability is questionable; you can ask for an underwriting opinion before applying for coverage — saving time for yourself, your client and setting expectations.

Getting started

To use Pre-Underwriting Inquiry, simply complete form I-27281 and email it to CSPUI@oneamerica.com. Underwriting will review your request and respond within four business hours.

Tips to support the Pre-Underwriting Inquiry process:

- Refer to the impairment guide below for Asset-Care and page 7 for Annuity Care before completing the Pre-Underwriting Inquiry form.
- Provide detailed information about your client’s history. The more detailed history we have, the more detailed our response can be. You may attach up to five additional pages of information (such as a pathology report or lab results) to your Pre-Underwriting Inquiry form.
- Never guarantee the Pre-Underwriting Inquiry response to your client. The response is **tentative**, subject to receipt of a formal application and review of all requested underwriting requirements.
- If you proceed with submitting a formal application, please include a copy of the Pre-Underwriting Inquiry response.
- Pre-Underwriting Inquiry responses are valid for 60 days.

Asset-Care® underwriting eligibility

When submitting a Pre-Underwriting Inquiry or a formal application, refer to the following list, which includes common impairments reviewed by underwriting. This information describes how we will review your client’s insurability and which underwriting program is used to assess your client.

Asset-Care underwriting impairment guides

Impairments	Will consider for expedited underwriting	Will consider for traditional Asset-Care	Decline for Asset-Care
Activity of daily living deficits			✓
Alcoholism — active			✓
Alcoholism — recovered for 3 years		✓	
ALS			✓
Alzheimer’s/dementia			✓
Aortic/mitral insufficiency — mild, no symptoms, no surgery being considered	✓	✓	

Asset-Care underwriting impairment guides

Impairments	Will consider for expedited underwriting	Will consider for traditional Asset-Care	Decline for Asset-Care
Aneurysm		✓	
Anxiety	✓	✓	
Asthma	✓	✓	
Atrial fibrillation — stable, no coexisting heart, stroke or diabetes	✓	✓	
Balance disorder/gait impairment			✓
Bipolar disorder		✓	
Build — see chart on page 6			
Cancer, internal* — 6 months from completion of all treatment. Approval depends on event date, stage/grade, metastasis, treatment type.	✓	✓	
*See also lymphoma, leukemia, multiple myeloma and skin cancer.			
Cane — quad or 3-prong			✓
Cardiomyopathy — mild		✓	
Cerebral palsy			✓
Chronic pain — Tx non-narcotics		✓	
Cirrhosis			✓
Clotting disorders		✓	
Collagen vascular disease (e.g., systemic lupus, scleroderma)		✓	
Coronary heart disease (e.g., heart attack, angioplasty, bypass) — favorable risk factors, asymptomatic, no coexisting diabetes or vascular disease		✓	
Congestive heart failure (CHF)		✓	
Crohn's disease/ulcerative colitis — stable	✓	✓	
Defibrillator			✓
Depression — severe, hospitalized within last 5 years			✓
Depression — mild/stable on treatment	✓	✓	
Diabetes — insulin dependent, type 1, no coexisting coronary/vascular history		✓	
Diabetes — type 2, non-insulin	✓	✓	
Dialysis			✓
Down syndrome			✓
Drug addiction/illicit drug usage — with 10 years			✓
Emphysema — current smoker		✓	
Epilepsy — no seizures in last 2 years	✓	✓	
Falls — 2 or more in last year		✓	
Fibromyalgia — Rx non-narcotics	✓	✓	
Handicap parking sticker/plate	✓	✓	
Heart valve replacement		✓	
Hepatitis — not under treatment		✓	

Asset-Care underwriting impairment guides

Impairments	Will consider for expedited underwriting	Will consider for traditional Asset-Care	Decline for Asset-Care
HIV positive			✓
Huntington Disease			✓
Hydrocephalus — 6 months post-surgery		✓	
Hypertension — stable with treatment	✓	✓	
Hyperlipidemia — stable with treatment	✓	✓	
Hypothyroidism — on Tx	✓	✓	
Incontinence — mild	✓	✓	
Kidney failure — mild		✓	
Kidney transplant		✓	
Leukemia		✓	
Lymphoma		✓	
Macular degeneration — mild	✓	✓	
Macular degeneration — progressive/"wet"			✓
Memory loss			✓
Mental retardation			✓
Multiple myeloma			✓
Multiple sclerosis			✓
Muscular dystrophy			✓
Organic brain syndrome			✓
Myasthenia gravis — will consider ocular myasthenia gravis only		✓	
Narcotic pain killer — currently using		✓	
Osteoarthritis — mild/moderate	✓	✓	
Osteoporosis — mild/moderate	✓	✓	
Organ transplants — except kidney			✓
Oxygen use			✓
Pacemaker — 6 months post insertion, stable, no coexisting CAD/diabetes	✓	✓	
Paralysis paraplegia/quadruplegia			✓
Parkinson's disease			✓
Peripheral vascular disease — no coexisting CAD or diabetes	✓	✓	
Pregnancy, current			✓
Prescription medications — if prescribed any of the following: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS), Betaseron® (if treatment for MS), Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson's), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/L-Dopa (if treatment for Parkinson's), Memantine, Methadone, Mirapex®, Namenda®, Namzaric®, Parlodel® (if treatment for Parkinson's), Permax® (if treatment for Parkinson's), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson's), Suboxone®, Symmetrel® (if treatment for Parkinson's), Vivitrol®.			✓

Asset-Care underwriting impairment guides

Impairments	Will consider for expedited underwriting	Will consider for traditional Asset-Care	Decline for Asset-Care
Polymyalgia rheumatica	✓	✓	
Receiving disability payments			✓
Residing in an assisted living facility, including continued care retirement community or group home, or receiving home care assistance			✓
Rheumatoid or psoriatic arthritis — mild/moderate	✓	✓	
Schizophrenia		✓	
Skin cancer — nonmelanoma (i.e., basal cell, squamous cell)	✓	✓	
Skin cancer — melanoma		✓	
Sleep apnea — mild, stable	✓	✓	
Stroke — over 6 months from event, single episode, no residuals, no coexisting CAD or diabetes		✓	
Stroke — multiple, with residuals and/or coexisting CAD, diabetes			✓
Surgery pending — will review after surgery and released from doctor's care			✓
TIA — no residual, single episode	✓	✓	
Tobacco usage — if in combination with diabetes, COPD, CAD, CVD or PVD		✓	
Using wheelchair or walker			✓

Note: We will not consider for coverage for 6 months after the following events: heart angioplasty or bypass surgery, carotid artery surgery, heart attack, heart valve replacement, stroke, TIA and joint replacements (must be released from doctor's care; no use of medical devices and normal activity level).

Height and weight guidelines

Height	Maximum Weight for Express UW	Maximum Weight for traditional Asset-Care	Height	Maximum Weight for Express UW	Maximum Weight for traditional Asset-Care
4' 10"	203	222	5' 10"	296	324
4' 11"	210	230	5' 11"	304	333
5' 0"	217	238	6' 0"	313	342
5' 1"	224	246	6' 1"	322	352
5' 2"	232	254	6' 2"	331	362
5' 3"	239	262	6' 3"	340	372
5' 4"	247	270	6' 4"	349	382
5' 5"	255	279	6' 5"	358	392
5' 6"	263	288	6' 6"	367	402
5' 7"	271	296	6' 7"	377	412
5' 8"	279	305	6' 8"	386	423
5' 9"	287	314	6' 9"	396	433

Annuity Care® underwriting

Annuity Care underwriting ineligible conditions (not all-inclusive)

Impairments

Alzheimer's, dementia, memory loss

ALS

Cerebral palsy

Defibrillator (qualifies for Annuity Care or Indexed Annuity Care, no COB Rider)

Down syndrome

HIV positive

Huntington Disease

Internal cancers — not cured or in remission

Multiple sclerosis

Organic brain syndrome

Organ transplants (except kidneys)

Paralysis

Parkinson's disease

Pregnancy, current

Requiring assistance with the activities of daily living (ADLs): bathing, eating, dressing, toileting, transferring, mobility and/or maintaining continence

Residing in an assisted living facility, including continued care retirement community or receiving home care assistance

Receiving SSDI (eligible for Annuity Care or Indexed Annuity Care, no COB rider)

Using a mechanical device: wheelchair, walker, three-prong or quad cane, dialysis machine, oxygen equipment, stair lift, chair lift

Prescribed any of the following medications: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS) Betaseron® (if treatment for MS), Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson's), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/L-Dopa (if treatment for Parkinson's), Memantine, Methadone, Mirapex®, Namenda®, Namzaric®, Parlodel®, (if treatment for Parkinson's), Permax® (if treatment for Parkinson's), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson's), Suboxone®, Symmetrel® (if treatment for Parkinson's), Vivitrol®.

Annuity Care maximum height and weight guidelines

4' 10"	222	5' 4"	270	5' 10"	324	6' 4"	382
4' 11"	230	5' 5"	279	5' 11"	333	6' 5"	392
5' 0"	238	5' 6"	288	6' 0"	342	6' 6"	402
5' 1"	246	5' 7"	296	6' 1"	352	6' 7"	412
5' 2"	254	5' 8"	305	6' 2"	362	6' 8"	423
5' 3"	262	5' 9"	314	6' 3"	372	6' 9"	433

Asset-Care® underwriting

Submitting the application

For Asset-Care® underwriting, we offer two application processes, ExpressUW® underwriting (expediting underwriting for life and long-term care) and traditional underwriting, to address your client's insurability.

Our ExpressUW® process utilizes a telephone interview to obtain information from your client in lieu of requesting medical requirements (such as a paramed exam or blood profile) and/or medical records from their health care professional. If your client qualifies for the ExpressUW process, he/she will receive an expedited underwriting decision. For this program, you still complete and submit our Asset-Care application. Please refer to page 9 for complete program details.

If your client does not qualify for ExpressUW®, we offer traditional underwriting. This process also requires completing our application, adhering to the age and amount guidelines (see page 11) and requesting medical records if underwriting deems necessary.

Submission reminders

State of residence

Use the correct application based on the applicant's state of residence. Exam, HIV and most other forms are also based on the applicant's state of residence.

Forms and application completion

Check to ensure all forms are current and complete. Obtain all appropriate signatures and include city, state and date, when requested.

Complete the application entirely, asking each question as written, and complete all forms using the applicant's legal name.

Health Insurance Portability & Accountability Act (HIPAA) form

All required forms are submitted at the time of application. Note that, for the underwriting process to start, a signed HIPAA form **must** be submitted with the application.

Applicant age

The applicant's age is the actual age as of his or her last birthday. The minimum issue age is 35; for joint life, both insureds must be at least 35. Maximum issue age is 80.

Beneficiary information

Provide the beneficiary's name and relationship to the applicant. For multiple beneficiaries, indicate the percentage share for each one.

As a reminder, for a joint policy the beneficiary(ies) cannot be one of the applicants.

A named owner or beneficiary should have an "insurable interest" in the life of the applicant. Insurable interest implies that the owner or beneficiary would experience a financial loss if the proposed insured would die prematurely. He or she has a valid interest in the proposed insured's continued life. Specific state regulations also define insurable interest.

Additional space

If additional space is needed, please submit supplemental pages with the application. Have the applicant sign and date each supplemental page.

Application corrections

If the response to an application question must be corrected, please cross out the incorrect information, write the correct information next to it and have the applicant initial. We are unable to accept the producer's or owner's initials for a corrected response.

Trusts and trustees

If a trust is involved, include the complete name, trust ID number and date, and name of a trustee. Please also send a copy of the trust for our file.

Details on impairments

When completing the medical questions, if the applicant indicates an impairment, provide details about the specific diagnosis; date of diagnosis or onset; treatment (including dates and specific medication); tests completed with dates, results and names of treating physician(s); date last seen and provider(s) address(es). Details help the underwriter determine which medical records may be needed and which may not.

For a joint policy, all medical questions are to be asked of both applicants, with responses noted for each individual applicant.

Temporary Insurance Agreement (TIA) form

If money is taken with the application, have the TIA form (I-18810) signed and return a copy with the application. Note the terms listed within the TIA for accepting money with an application. If the TIA form is not provided with the premium when submitted, or if money is accepted outside the terms stated within the TIA form, the money will be returned. If money is not submitted at the time of application, premium should not be obtained until after an underwriting decision is posted.

Cover letter

A cover letter should be included with the application in these circumstances:

- To explain medical or nonmedical factors on the case
- You had discussions previously with underwriting about the case
- There is an unusual beneficiary or owner designation
- There are any special processing requests

Underwriting preparation

Prepare the applicant for collecting any required underwriting requirements. Let them know they could be contacted for an interview, exam or consumer report by our home office or a vendor representing OneAmerica.

ExpressUW®**Does your client qualify for ExpressUW®?**

- The client's medical history meets the criteria for ExpressUW® on the impairment listing.
- The client's build meets the criteria for ExpressUW® on the build chart.
- The client is 80 or younger.
- The client is applying for a net amount at risk (equal to the total initial death benefit minus the proposed single premium) of \$250,000 or less on Asset-Care I, II, III or face amount of \$250,000 or less on Asset-Care IV.
- The client has not been declined for other insurance (life, health, disability or LTC).
- The client sees his or her physician regularly, where regularly is defined as:
 - Ages 20–49, last visit within the past 24 months
 - Ages 50–64, last visit within the past 18 months
 - Ages 65+, last visit within the past 12 months
- The client must be knowledgeable about his or her health and able to answer questions about physicians, medical history, and medications during the telephone interview without assistance.
- Please note: For a joint application, both clients must meet these guidelines and separately complete telephone interviews.

Submitting the application for ExpressUW® processing

- Complete, date and sign the Asset-Care application and HIPAA form with your client. Refer to the section on page 8 about completing the application.
- Submit the application to OneAmerica by fax, Sales Connection, OSO upload, overnight mail or regular mail.
- When the application is received, an underwriter will determine if your client meets eligibility requirements for ExpressUW®. If so, we will proceed with the interview process. If the client does not qualify for ExpressUW®, the case will be moved to our traditional underwriting process and traditional underwriting requirements will be posted.

Preparing for the interview

If your client qualifies for expedited underwriting, a telephone interview will be conducted by a vendor representing OneAmerica Care Solutions underwriting. The purpose of the interview is to collect information to be used during underwriting. OneAmerica will evaluate the interview information to determine if an Asset-Care policy can be approved.

Within a few days of submitting the application, your client should expect a phone call from our vendor to schedule the telephone interview. This interview typically lasts at least 30 minutes.

Only the applicant may be on the phone during the interview. Using a speaker phone is not permitted. Any indication of coaching or participation by another party will affect the applicant's ability to be approved for coverage.

Translation services are available. If your client needs the interview to be conducted in a language other than English, please indicate in a cover letter when submitting the application.

What will the interviewer ask?

- Your client will be asked questions about his or her medical history and health status, such as:
 - Physicians' names and addresses
 - Medications being taken
 - Health conditions and medical diagnoses
- Your client should be prepared to discuss specific details about their medical history. For example, a client with a history of diabetes should be prepared to relay the date of onset, current treatment, complications, lab values indicating level of control and the treating physician's name, address and specialty. Please refer to Form I-21078, ExpressUW Client Instructions.
- Your client will be asked questions about:
 - Employment status
 - Residence and living arrangements
 - Hobbies and activities
 - Social habits
- Clients age 60 and over will be asked to perform verbal exercises to support evaluation of his or her cognitive status.

How does OneAmerica protect my client's privacy and information?

OneAmerica and any vendor representing the company will protect your client's privacy and safeguard the information provided. Please refer to our Privacy Practice Notice (Form C-24925) and Notice of Insurance Information Practices (Form I-19080).

What happens after the telephone interview?

A Care Solutions underwriter will evaluate the application and information obtained in the telephone interview. The underwriter will approve the application, decline the application or, if further underwriting information is needed, offer traditional underwriting.

Traditional underwriting information

Getting started

- Complete, date and sign the Asset-Care® application and HIPAA form with your client. Refer to the section in this guide on completing the application.
- Submit the application to OneAmerica by fax, Sales Connection, OSO upload, overnight mail or regular mail.

Age and amount guidelines

The requirements on the chart below apply to the traditional underwriting of Asset-Care cases.

State Life — Asset-Care®

Amount	Ages			
	20–40	41–50	51–69	70+
\$0–\$99,999	Paramed urine	Paramed urine	Paramed urine	Medical records
\$100,000–\$500,000	Paramed blood urine	Paramed blood urine	Paramed blood urine	Sr Assessment Paramed blood urine EKG
\$500,001–\$1,000,000	Paramed blood urine	Paramed blood urine	Paramed blood urine EKG	Sr Assessment Paramed blood urine EKG
\$1,000,000+	Contact HO for any amounts with NAR or Face Amount over \$1,000,00			

Note: Proposed insureds ages 71 and up are expected to have a medical care program with at least once per year physical examination. We may not consider coverage for applicants 76+ who do not have routine medical care program.

We will request medical records on all proposed insureds age 70+. “Amount” is all life insurance issued and in force by all OneAmerica family of companies within the past 12 months plus the current application.

Any of these requirements can be changed at the discretion of the underwriter.

Net amount at risk (NAR)

- For single-premium Asset-Care cases (versions I, II and III), the NAR equals the total initial death benefit minus the proposed single premium.
- For annual pay Asset-Care cases (limited or continuous pay), the NAR equals the requested death benefit.

Note: For joint insureds, each proposed insured must meet the requirements based on his or her individual age and the NAR.

Requirement types

Paramed exam

This exam is done by an approved paramedical facility and includes questions about medical history, blood pressure readings and height/weight measurements. This exam may include collecting blood and urine specimens.

Senior assessment exam

This includes the basic paramed exam plus questions about the applicant’s ability to perform the activities of daily living and brief cognitive exercises. The exam also may include collecting blood and urine specimens.

Attending physicians’ statement (APS)/medical records

We may order copies of an applicant’s medical records from his or her personal physician, medical facility or other medical specialists. Requested records may include office notes, lab results and test results.

Medical Information Bureau (MIB)

The MIB is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of members. Upon request, coded health information in MIB records is supplied to the requesting member company. Please note that actual coverage decisions by companies are not shared with MIB, and insurance applicants may request disclosure of their information from the MIB. See our Notice of Insurance Information Practices (Form I-19080) for more information.

Drug script report

We may review pharmacy databases for a history of prescribed medications.

Preparing for the exam

Proof of the proposed insured's identity (a valid government-issued photo ID, such as a driver's license or passport) must be shown to the examiner.

The examiner will complete the exam form and collect specimens if required. If blood is being collected, the client may need to fast (drinking only water) 8 to 12 hours beforehand for best results.

To complete the exam form, the proposed insured should be prepared to provide details of his or her medical history and medications being taken, including names, dosages and frequency. The applicant also will need to provide the name(s) and address(es) of physicians/medical facilities, with dates, reasons for treatment and results. The proposed insured should schedule the exam at a time when he or she will have no interruptions and the least amount of stress. The individual should not engage in strenuous exercise at least 24 hours before the exam. A good night's rest beforehand is recommended.

Undressing is not required, but we recommend that the proposed insured wear clothing that is short-sleeved or has sleeves that can be rolled up.

Frequently asked questions about medical requirements

Q: Who orders medical requirements?

A: Exam requirements — such as paramed or senior assessment exam, blood and urine — may be ordered by the home office or by marketing organizations or producers. If a marketing organization or producer chooses to order exam requirements, that individual should notify us. We request that a cover sheet be included with the application to indicate that these requirements are being ordered.

Medical records are ordered by the home office.

Q: Do we accept exam requirements done for another company?

A: Yes, we will accept medical examinations and exam requirements done for another insurance carrier when such requirements are completed within our time

parameters. Remember, if a producer is requesting to use exam requirements from another carrier, *Section G — Medical Information* of the application must be completed. All questions must be answered and all appropriate details provided.

Q: What are the time limits for medical requirements?

A: The limits for medical requirements are:

Applications	90 days, or 120 days if exam is completed after the application date
Paramed and senior assessment paramed	6 months
Blood profiles, urine specimen (HOS), EKG	12 months
Phone interviews	60 days
UW approvals	60 days; the applicant has 60 days to fund the policy once approved

Notes:

1. Underwriting reserves the right to order any requirement at its discretion.
2. Time limits for requirements are measured from the date the requirement is completed to the date underwriting approval is given.
3. If the date of underwriting approval is at or near the end of the time limit, the underwriting approval time may be limited to less than 60 days or a statement of good health may be requested.

Approved vendors

The vendors listed below are approved to obtain medical requirements for OneAmerica Care Solutions.

Examination vendors

Examination Management Services, Inc. (EMSI):
1-800-872-3674

APS vendor

Parameds
1-888-766-3999

Interview vendors

- LifePlans (ExpressUW Interviews): **1-800-544-4326**
- LifePlans (Annuity Care Interviews): **1-855-897-2815**

Note: OneAmerica Care Solutions will make direct payments only to vendors who are contracted with us and are listed above.

Marketing organizations or producers choosing to use a vendor other than a listed, approved OneAmerica Care Solutions vendor should do so based on their own arrangements with that vendor.

Frequently asked questions about vendors

Q: Will OneAmerica Care Solutions reimburse payments for medical requirements arranged by a marketing organization or firm and not with one of our approved vendors?

- A:** Yes, subject to the following guidelines:
- The requirements were requested by OneAmerica Care Solutions or are listed as required based on our age and amount guidelines.
 - A formal application is submitted to OneAmerica Care Solutions.
 - OneAmerica Care Solutions will reimburse for these requirements based on a review of charged fees and if the fees are deemed appropriate.

Will OneAmerica Care Solutions reimburse payment for an APS obtained by a marketing organization or producer?

- A:** Yes, subject to these conditions:
- The APS was requested by OneAmerica Care Solutions.
 - A formal application was submitted to OneAmerica Care Solutions.
 - OneAmerica Care Solutions will reimburse for an APS fee as follows:
 - Up to a maximum of \$100.
 - An APS fee exceeding \$100 must be preapproved by OneAmerica Care Solutions.
 - Service fees associated with obtaining an APS will be reimbursed to a maximum of \$20.

Q: How can I request reimbursement of fees for obtaining a medical requirement or an APS?

A: Email the invoice and request for reimbursement to *underwritinginvoices.ind@oneamerica.com*, or mail it to:
 Underwriting Department
 OneAmerica Financial
 P.O. Box 368
 Indianapolis, IN 46206-0368

Tobacco classification

Preferred nonsmoker

No smoking of cigarettes, marijuana, e-cigarettes or hookah in the past 12 months

Standard smoker

A current smoker of cigarettes, marijuana, e-cigarettes or hookah, or use of the same in the past 12 months

Joint insureds

Defining joint insureds for Asset-Care®

- Asset-Care I and IV: We will consider applicants with an insurable interest in each other for coverage as joint insureds. On Asset-Care I only, we will consider one spouse older than 80 if the other spouse is 80 or younger, as long as the joint equal age is 80 or less.
- Asset-Care II and III: We will consider applicants with an insurable interest in each other for coverage as joint insureds on a life policy as long as the second insured is also the annuity beneficiary.

Additionally, there are age difference limits for joint applicants on Asset-Care. See the following chart:

Age parameters for joint insureds

Standard/preferred	Maximum difference between younger and older age is 25 years.
Tables 5 and 6	Maximum difference between younger and older age is 15 years.
Tables 7 and 8	Maximum difference between younger and older age is 13 years.
Asset-Care continuous pay plans	Maximum rated age is 79.

Annuity Care[®] insurance service

Annuity Care[®] insurance service is a single premium deferred annuity offering withdrawals for LTC expenses that are not subject to surrender charges. All Annuity Care products are underwritten on an accept/reject basis.

For Annuity Care or Indexed Annuity Care with no Continuation of Benefits (COB) Rider, we base our underwriting decision to approve or decline on review of the application, MIB, and drug script inquiries.

For Annuity Care or Indexed Annuity Care with a COB Rider, or Annuity Care II, we base our underwriting decision on review of the application, MIB, drug script inquiries, and a telephone interview. This interview is conducted by a third-party vendor on behalf of OneAmerica. Please see page 10 for how to prepare your client(s) for the interview.

Please note that we do not order or request additional medical requirements when assessing Annuity Care applicants.

Defining joint insureds for Annuity Care[®]

A single applicant or two joint applicants may apply for Annuity Care[®]. The following criteria are for joint applicants.

Annuity Care[®]/Indexed Annuity Care

Generally, we will consider spouses only. However, we would consider on a case-by-case basis unmarried siblings and cohabitating couples in a long-term relationship. Note that there are potential negative tax implications under a nonspousal joint annuitant scenario.

Annuity Care II

The stated position is that we will consider spouses only.

Also on Annuity Care[®]

An eligible person is available whenever either of the following funding situations arise:

- Section 1035 exchange from a contract with a single annuitant/insured to Annuity Care where two “insureds” are desired.
- Transfer or direct rollover of funds where the contract has a single annuitant, but an Annuity Care policy with two “insureds” is desired.

Note: The eligible person must always be listed as the primary beneficiary. If the eligible person is a spouse and beneficiary, he or she can continue the contract upon the single annuitant’s death.

Otherwise, Annuity Care[®] should be structured as a joint annuitant case if there are two “insureds.” When one spouse is named owner, the other should be named contingent owner.

Refer to the list of ineligible conditions for information about medical conditions that are not acceptable for Annuity Care[®].

Annuity Care® eligibility

Annuity Care ineligible conditions (not all-inclusive)

Impairments

Alzheimer's, dementia, memory loss

ALS

Cerebral palsy

Defibrillator (qualifies for Annuity Care or Indexed Annuity Care, no COB Rider)

Down syndrome

HIV positive

Huntington Disease

Internal cancers — not cured or in remission

Multiple sclerosis

Organic brain syndrome

Organ transplants (except kidneys)

Paralysis

Parkinson's disease

Pregnancy, current

Requiring assistance with the activities of daily living (ADLs): bathing, eating, dressing, toileting, transferring, mobility and/or maintaining continence

Residing in an assisted living facility, including continued care retirement community or receiving home care assistance

Receiving SSDI (eligible for Annuity Care or Indexed Annuity Care, no COB rider)

Using a mechanical device: wheelchair, walker, three-prong or quad cane, dialysis machine, oxygen equipment, stair lift, chair lift

Prescribed any of the following medications: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS) Betaseron® (if treatment for MS), Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson's), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/L-Dopa (if treatment for Parkinson's), Memantine, Methadone, Mirapex®, Namenda®, Namzaric®, Parlodel® (if treatment for Parkinson's), Permax® (if treatment for Parkinson's), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson's), Suboxone®, Symmetrel® (if treatment for Parkinson's), Vivitrol®.

Annuity Care maximum height and weight guidelines

4' 10"	222	5' 4"	270	5' 10"	324	6' 4"	382
4' 11"	230	5' 5"	279	5' 11"	333	6' 5"	392
5' 0"	238	5' 6"	288	6' 0"	342	6' 6"	402
5' 1"	246	5' 7"	296	6' 1"	352	6' 7"	412
5' 2"	254	5' 8"	305	6' 2"	362	6' 8"	423
5' 3"	262	5' 9"	314	6' 3"	372	6' 9"	433

Forms

Forms available on OneSource Online (OSO)

Form number	Name
I-27281	CS Pre-Underwriting Inquiry
I-21078	Asset-Care ExpressUW Client Instructions
I-19080	Notice of Information Practices
I-18758	HIPAA Authorization
I-21117	Application for Life Insurance — Asset-Care
I-18810	Temporary Insurance Agreement — TIA
I-21374 :SL-305 for MA, NJ & PA	Application for Annuities — Annuity Care /Annuity Care II
I-23767	Application for Individual Annuities — ImmediateCare
C-24925	Privacy Practices Notice
I-25525	Application for Indexed Annuity Care

Policy Form Numbers: Asset-Care L301, R501, SA31; Annuity Care SA34, R508; Annuity Care II SA35; Indexed Annuity Care SA36, R529, R530; ImmediateCare SPIA SA33.

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Note: Provided content is for overview and informational purposes only and is not intended as tax, legal, fiduciary, or investment advice.

Forms can be found at [OSO > Quicklinks > Forms > Forms Search](#)

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