# Underwriting Guide



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### **Approved Paramedical Providers**

#### APPS/Portamedic

800-488-3541 • appsportamedic.com

#### **Examination Management Services, Inc. (EMSI)**

800-872-3674 • emsinet.com

#### **ExamOne**

877-933-9261 • examone.com

#### **Superior Mobile Insurance Solutions**

800-898-3926 • smminsurance.com

Only approved paramedical providers should be used when ordering exams for prospective clients. Exams completed by unapproved providers are not eligible for reimbursement, and may require a repeat examination by an approved provider. The Company will not pay for tests or requirements that we do not request, or for any test or requirements where we do not have a signed, formal application.

#### Physician Information

Name, address, and phone number of personal physician(s) will expedite underwriting. Attending Physician Statement may be required.

### **Underwriting Requirements**

NON-MEDICAL and MEDICAL REQUIREMENTS are determined by total "inforce" and "applied for" insurance with Protective Life, Protective Life and Annuity and any Protective subsidiary.

Abbreviation	<b>Description</b> (all ordered from field unless otherwise noted)
BP	Blood Profile
EKG	Electrocardiogram
elR1	Electronic Inspection Report
HOS	Home Office Specimen (Urinalysis)
IR <sup>1</sup>	Inspection Report
NMD	Non-Medical Declaration – Requires completion of the Part 1A, Supplemental Application – Medical Declarations Form ICC12-402.
PM	Paramedical Exam
AODL <sup>5</sup>	Part II, Supplemental Underwriting Application (Form ICC13-P226)
LDCT	Landmark Drawing Copy Test
MCAS <sup>1,5</sup>	Minnesota Cognitive Acuity Screen
NT-ProBNP <sup>1</sup>	N-Terminal Pro-B Type Natriuretic Peptide
TPF	Third-Party Financials
CFS	Confidential Financial Statement

#### Rider Underwriting Requirement Calculation

Rider	Percentage to multiply by rider benefit to determine requirements
Accidental Death Benefit Rider	N/A
Children's Term Rider <sup>3</sup>	100%
ExtendCare Accelerated Death Benefit Rider <sup>5</sup>	N/A
Income Provider Option	Total payout amount
Lapse Protection Rider	N/A
Overloan Protection Rider	N/A
Protected Insurability Rider <sup>2, 4</sup>	50%
Split Option Endorsement	N/A
Waiver of Specified Premium Rider	N/A

<sup>&</sup>lt;sup>1</sup> Requirement ordered by Home Office.

<sup>&</sup>lt;sup>2</sup> If the rider insured is on the base insured, the adjusted rider benefit is added to the base face amount to determine the requirements.

<sup>3</sup> If the rider insured is another individual (spouse or child), the adjusted rider benefit is used for the requirements table.

<sup>&</sup>lt;sup>4</sup> PIR benefit amount is the total for all option dates.

<sup>&</sup>lt;sup>5</sup> ExtendCare riders require AODL and MCAS at ages 65 and above, all amounts. AODL will not be completed automatically for ages 65 – 70 and must be added to the exam order.

# ExtendCare Underwriting Requirements (Ages 65 & Above)

- Part II, Supplemental Underwriting Application (Form ICC13-P226) to be completed by the insurance medical examiner. Please note this will not be completed automatically for ages 65 – 70 and must be added to the exam order.
- Minnesota Cognitive Acuity Screen (MCAS), administered by LTCG, will be ordered by the Home Office.

#### NT-ProBNP Testing Parameters:

Applicants ages 51 – 60	\$500,001+
Applicants ages 61+	All Face Amounts

#### Attending Physician's Statement Guidelines

An APS should be ordered for physical exams within the timeframes indicated below.

Age	\$50,000 to \$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000	to	\$3,000,001 to \$5,000,000	\$5,000,001 and up
0 – 39	2 weeks	1 month	1 month	6 months	1 year	Any
40 – 49	1 month	3 months	3 months	6 months	1 year	Any
50 - 60	2 months	3 months	1 year	2 years	2 years	Any
61+	Any	Any	Any	Any	Any	Any

For ages 60 and below, an APS is generally not required for the following routine exams (as long as they are noted to be normal): employment, FAA, OB/GYN check-ups, pregnancy/delivery, or school physicals.

Please note that an APS will be required for all proposed insureds over the age of 60, regardless of the face amount and the proposed insured must receive age-appropriate routine health care in order to be considered for coverage.

For all TeleLife® cases, the Home Office will order the APS.

### Medical and Financial Underwriting Requirements<sup>1</sup>

Face Amount			
1 doo Amount	AGES 0 - 15	AGES 16 - 35	AGES 36 - 40
\$0 to	NMD	PM UA	PM UA
\$49,999		MVR³	MVR³
\$50,000 to	NMD	PM BP	PM BP
\$99,999		UA MVR <sup>3</sup>	UA MVR <sup>3</sup>
\$100,000 to	NMD	PM BP	PM BP
\$150,000		UA MVR <sup>3</sup>	UA MVR <sup>3</sup>
\$150,001 to	NMD	PM BP	PM BP
\$250,000		UA MVR <sup>3</sup>	UA MVR <sup>3</sup>
\$250,001 to	NMD	PM BP	PM BP
\$500,000	APS	UA MVR <sup>3</sup>	UA MVR <sup>3</sup>
\$500,001 to	NMD	PM BP	PM BP
\$1,000,000	APS	UA MVR <sup>3</sup>	UA MVR <sup>3</sup>
\$1,000,001 to	NMD	PM BP	PM BP
\$2,000,000	APS	UA MVR <sup>3</sup>	UA MVR³
\$2,000,001 to	NMD	PM BP	PM BP
\$3,000,000	APS	UA MVR <sup>3</sup>	UA MVR <sup>3</sup>
\$3,000,001 to \$5,000,000	NMD APS	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup>	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup>
\$5,000,001 to \$10,000,000	NMD APS CFS TPF	PM BP UA MVR³ CFS TPF eIR³	PM BP UA MVR <sup>3</sup> CFS TPF eIR <sup>3</sup>
\$10,000,001 and up	NMD APS CFS TPF	PM BP UA MVR3 CFS TPF IR3	PM BP UA MVR3 CFS TPF IR3

<sup>&</sup>lt;sup>1</sup> Additional underwriting requirements may be requested by the Home Office. This may include an Rx Database check, credit report, criminal record check or other information necessary to underwrite the risk.

Age Nearest Birth	day		
AGES 41 – 50	AGES 51 - 60	AGES 61 – 70 <sup>2</sup>	AGES 71 AND OVER
PM UA MVR³	PM UA MVR³	PM UA MVR³	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup> AODL LDCT MCAS <sup>3</sup>
PM BP UA MVR <sup>3</sup>	PM BP UA MVR <sup>3</sup>	PM BP UA MVR <sup>3</sup>	PM BP UA MVR³ eIR³ AODL LDCT MCAS³
PM BP UA MVR³	PM BP UA MVR³	PM BP UA MVR <sup>3</sup>	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup> AODL LDCT MCAS <sup>3</sup>
PM BP UA MVR³	PM BP UA MVR³	PM BP UA MVR <sup>3</sup>	PM BP UA EKG MVR³ elR³ AODL LDCT MCAS³
PM BP UA MVR <sup>3</sup>	PPM BP UA MVR³	PM BP UA MVR <sup>3</sup>	PM BP UA EKG MVR³ eIR³ AODL LDCT MCAS³
PM BP UA MVR³	PM BP UA MVR <sup>3</sup>	PM BP UA MVR <sup>3</sup>	PM BP UA EKG MVR³ elR³ AODL LDCT MCAS
PM BP UA MVR³	PM BP UA MVR³	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup>	PM BP UA EKG MVR³ elR³ AODL LDCT MCAS
PM BP UA MVR³	PM BP UA MVR³	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup>	PM BP UA EKG MVR³ elR³ AODL LDCT MCAS
PM BP UA MVR <sup>3</sup> elR <sup>3</sup>	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup>	PM BP UA MVR <sup>3</sup> eIR <sup>3</sup>	PM BP UA EKG MVR³ CFS IR³ AODL LDCT MCAS³
PM BP UA MVR <sup>3</sup> CFS TPF eIR <sup>3</sup>	PM BP UA EKG MVR³ CFS TPF elR³	PM BP UA EKG MVR³ CFS TPF eIR³	PM BP UA EKG MVR³ AODL LDCT MCAS³ CFS IR³ TPF
PM BP UA EKG MVR³ CFS TPF IR³	PM BP UA EKG MVR³ CFS TPF IR³	PM BP UA EKG MVR³ CFS TPF IR³	PM BP UA EKG MVR³ AODL LDCT MCAS³ CFS IR³ TPF

 $<sup>^2</sup>$  For clients aged 65 - 70 who add the ExtendCare Rider, the Supplemental Underwriting Application (Form ICC13-P226) must be added to the exam order. Please see page 5 for more details.

<sup>&</sup>lt;sup>3</sup> Requirement ordered by the Home Office.

### **Underwriting Criteria Through Age 70**

#### Select Preferred Guidelines

	Cicirca	adia				
Nicotine	No nicotine allow up to is admitted current urin	12 celebra on the app	atory cigars olication and	over the pa d/or medica	ast 12 mont al examinati	ths if usage
Driving	No more that					rs.
Family History	No history of cardiac-relating age 60. Was natural pare prior to age	ted condit ved if the nts died fr	ion, of eithe applicant is	r natural p actual age	arent or sib 60 or olde	ling prior to r unless both
Basic Insurability	Standard ris No other ad judgment, to alcohol/sub	verse und o include;	erwriting co cancer, hea	nsideratior	is per unde	rwriting
Blood Pressure		not excee eated bloo	d 135/85 th d pressure r	nrough age must be co	e 60 or 140 ntrolled and	gs within the /85 for ages d stable on
Cholesterol	Total Choles				ding treated	cholesterol
Hazardous Sports	No hazardo ballooning, the last thre 100 feet is where juriso	motorized e years. R acceptable	racing, para ecreational e. Exclusions	achuting, o SCUBA div	r SCUBA div ing up to de	ing within
Aviation	Not a privat crew memb airlines are Exclusions v approved.	ers on reg acceptable	jularly sched e if not enga	duled pass aged in any	enger flight: other flying	s on major g activities.
Residence	Citizen of U			Rico) or Car	nada or prod	of of
	Weight in po (male or fer		s not excee	d limit sho	wn on the c	hart below
	Height/	Weight	Height/	Weight	Height/	Weight
	4'7"	120	5'5"	168	6'3"	224
	4'8"	125	5'6"	173	6'4"	230
	4'9"	129	5'7"	179	6'5"	236
Build	4'10"	134	5'8"	184	6'6"	242
	4'11"	139	5'9"	190	6'7"	249
	5'0"	143	5'10"	195	6'8"	255
	5"1'	148	5'11"	201	6'9"	261
	5"2'	153	6'0"	206	6'10"	268
	5'3"	158	6'1"	212	6'11"	274
	5'4"	163	6'2"	218		

<sup>&</sup>lt;sup>1</sup> Family history cancers are limited to those types that clearly demonstrate a genetic predisposition, i.e. breast, colon, prostate, ovarian, melanoma, lung cancer.

Preferred	Guideli	nes				
Nicotine	No nicotine specimen rithe past 12 or medical for nicotine.	egative). Ŵ months if examinatio	/ill allow up usage is ac	to 24 cele Imitted on t	bratory ciga the applicat	ars over
Driving	No more the					ars.
Family History	if the applic died from o * Family his demonstra	f either nat ant is actuance of the s tory cance ate a genet	tural parent al age 60 o ame preced	or sibling produced to those sition, i.e. b	orior to age ess both na ments prior types that	60. Waived tural parents to age 60. clearly
Basic Insurability	Standard ris No other ad judgment, t alcohol/sub	verse unde o include; o	erwriting co cancer, hea	nsideration	s per unde	rwriting
Blood Pressure		not excee eated blood	d 140/90 th d pressure	nrough age must be co	60 or 150 ntrolled and	gs within the /90 for ages d stable on
Cholesterol	Total Choles				ling treated	cholesterol
Hazardous Sports	No hazardo motorized r three years is acceptab jurisdiction	acing, para . Recreation le. Exclusio	chuting, or nal SCUBA	SCUBA div	ing within to depths of	100 feet
Aviation	<ul> <li>Possess</li> </ul>	rlines are a rivate pilots – 65 0 hours anr es IFR or AT rmal liver fu	cceptable is acceptable  acceptable  4  aually FR Cunction tests	f not engage e if the follo 00 solo hou lying in the elean MVR	jed in any c owing requi ours US and Can	other flying rements ada Only
Residence	Citizen of U permanent		ng Puerto F	lico) or Can	ada or prod	of of
	Weight in p (male or fer		s not excee	d limit shov	vn on the c	hart below
		Weight	Height/			Weight
	4'7"	129	5'5"	180	6'3"	240
	4'8"	134	5'6"	186	6'4"	246
Build	4'9"	139	5'7"	192	6'5"	253
Duilu	4'10"	144	5'8"	197	6'6"	260
	4'11" 5'0"	149	5'9"	203	6'7"	266
	5′0″ 5″1′	154	5'10" 5'11"	209	6'8"	273
	5"1"	159 164	6'0"	215 221	6'9" 6'10"	280 287
	5'3"	169	6'1"	227	6'11"	294
		103	0 1	221	011	234

175

6'2"

234

5'4"

## Underwriting Criteria Over Age 70

#### Select Preferred Guidelines

Nicotine	No nicotine for 5 years (urine negative). Will allow up to 12 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine.
Driving	No more than one moving violation in the last three years. No DUI or reckless driving in the last five years.
Basic Insurability	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
Blood Pressure	Average from exam and readings within the last year may not exceed 150/90. Treated blood pressure must be controlled and stable on treatment based on exam readings and Rx records or the APS.
Cholesterol	Total Cholesterol may not be lower than 130 untreated and may not exceed 275 with or without treatment.  Cholesterol/HDL Ratio may not exceed 4.5.
Aviation	Exclusions will be permitted for qualification, where jurisdiction approved.
Residence	Citizen of U.S. (including Puerto Rico) or Canada or proof of permanent residence.

Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

Unight	We	ight	Uoight	We	ight
Height	Min.	Max.	Height	Min.	Max.
4'7"	95	129	5'10"	153	209
4'8"	98	134	5'11"	158	215
4'9"	102	139	6'0"	162	221
4'10"	105	144	6'1"	167	227
4'11"	109	149	6'2"	171	234
5'0"	113	154	6'3"	176	240
5"1'	116	159	6'4"	181	246
5"2'	120	164	6'5"	186	253
5'3"	124	169	6'6"	190	260
5'4"	128	175	6'7"	195	266
5'5"	132	180	6'8"	200	273
5'6"	136	186	6'9"	205	280
5'7"	140	192	6'10"	210	287
5'8"	145	197	6'11"	216	294
5'9"	149	203			

Build

#### **Preferred Guidelines**

		,				
Nicotine	No nicotine specimen n over the pas and/or med negative for	<i>egative).</i> Ý st 12 moni ical exami	Vill allow up ths if usage	to 24 celele is admitted	oratory cig I on the ap	ars oplication
Driving	No more that No DUI or re					ears.
Basic Insurability	Must have r adverse und to include; o substance a	derwriting cancer, hea	considerati	ons per und	erwriting j	udgment
Blood Pressure	Average from exceed 160 stable on tre or the APS.	/95. Treat	ed blood pr	essure mus	t be contro	olléd and
Cholesterol	Total Choles not exceed a may not exc	275 with c				
Aviation	Exclusions will be permitted for qualification, where jurisdiction approved.					
	approveu.					
Residence	Citizen of U. of permaner			R <i>ico)</i> or Can	ada or pro	of
Residence	Citizen of U.	nt residend ounds may	ce. / not be les	s than the r		
Residence	Citizen of U. of permaner Weight in pothe maximu	nt residend ounds may m, based	ce. / not be les	s than the r rt below:	ninimum c	
Residence	Citizen of U. of permaner	nt residend ounds may m, based	oe. / not be les on the cha	s than the r	ninimum c	or exceed
Residence	Citizen of U. of permaner Weight in pothe maximu	nt residend ounds may m, based We	ce.  / not be les on the chai	s than the r rt below:	ninimum c	er exceed
Residence	Citizen of U. of permaner Weight in pothe maximu  Height	ounds may m, based We Min.	r not be lesson the chartight  Max.	s than the r rt below:	ninimum c Wei Min.	ght Max.
Residence	Citizen of U. of permaner Weight in pothe maximu  Height  4'7"	ounds may m, based We Min. 86	r not be lesson the characteristics on the characteristics of the ch	s than the r t below: Height 5'10"	ninimum c Wei Min. 139	ght  Max. 230
Residence	Citizen of U. of permaner Weight in pothe maximu  Height  4'7"  4'8"	we win. 86	r not be lesson the characteristics on the characteristics of the ch	Height 5'10"	Min. 139 143	ght  Max.  230 237
Residence	Citizen of U. of permaner Weight in pothe maximu  Height  4'7"  4'8"  4'9"	we win. 86 89 92	r not be lesson the characteristics on the characteristics with the characteristics of the	S than the ret below:  Height  5'10"  5'11"  6'0"	Wei	ght Max. 230 237 243
	Citizen of U. of permaner Weight in pothe maximu  Height  4'7"  4'8"  4'9"  4'10"	we w	r not be lesson the characteristics with the c	s than the r t below:  Height 5'10" 5'11" 6'0" 6'1"	Wei Min. 139 143 147 152	ght Max. 230 237 243 250
	Citizen of U. of permaner Weight in pothe maximu  Height  4'7"  4'8"  4'9"  4'10"  4'11"	we w	r not be lesson the characteristics on the characteristics with the characteristics of the	s than the r rt below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"	Wei Min. 139 143 147 152 156	ght Max. 230 237 243 250 257
	Citizen of U. of permaner Weight in pothe maximu  Height 4'7" 4'8" 4'9" 4'10" 4'11" 5'0"	we Min. 86 89 92 96 99 102	not be less on the character of the char	s than the r rt below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"	Wei Min. 139 143 147 152 156 160	ght Max. 230 237 243 250 257 264
	Citizen of U. of permaner  Weight in pothe maximu  Height  4'7"  4'8"  4'9"  4'10"  4'11"  5'0"  5"1'	we Min. 86 89 92 96 99 102 106	not be less on the char sight  Max.  142  147  152  158  163  169  175	s than the r rt below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"  6'4"	Min. 139 143 147 152 156 160 164	ght Max. 230 237 243 250 257 264 271
	Citizen of U. of permaner Weight in pothe maximu  Height  4'7"  4'8"  4'9"  4'10"  4'11"  5'0"  5"1'  5"2'	we Min. 86 89 92 96 99 102 106 109	not be less on the character than the character tha	s than the r rt below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"  6'4"  6'5"	Min. 139 143 147 152 156 160 164 169	ght Max. 230 237 243 250 257 264 271 278
	Citizen of U. of permaner Weight in pothe maximu  Height 4'7" 4'8" 4'9" 4'10" 4'11" 5'0" 5"1' 5"2' 5'3"	we Min. 86 89 92 96 99 102 106 109 113	not be less on the character than the character tha	s than the r rt below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"  6'4"  6'5"  6'6"	Min. 139 143 147 152 156 160 164 169 173	ght Max. 230 237 243 250 257 264 271 278 286
	Citizen of U. of permaner Weight in pothe maximu  Height 4'7" 4'8" 4'9" 4'10" 4'11" 5'0" 5"1' 5"2' 5'3" 5'4"	we Min. 86 89 92 96 102 106 109 113 117	not be less on the characteristics of the characteristics on the characteristics of the cha	s than the r t below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"  6'4"  6'5"  6'6"  6'7"	Min. 139 143 147 152 156 160 164 169 173 178	ght 230 237 243 250 257 264 271 278 286 293
Residence	Citizen of U. of permaner Weight in pothe maximu  Height 4'7" 4'8" 4'9" 4'10" 4'11" 5'0" 5"1' 5"2' 5'3" 5'4" 5'5"	we Min. 86 89 92 96 102 106 109 113 117 120	not be less on the character of the char	s than the r t below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"  6'4"  6'5"  6'6"  6'7"  6'8"	Min. 139 143 147 152 156 160 164 169 173 178 182	ght Max. 230 237 243 250 257 264 271 278 286 293 300
	Citizen of U. of permaner  Weight in pothe maximu  Height  4'7"  4'8"  4'9"  4'10"  4'11"  5'0"  5"1'  5"2'  5'3"  5'4"  5'5"  5'6"	mt residence punds may m, based we Min. 86 89 92 96 99 102 106 109 113 117 120 124	not be less on the characteristics of the cha	s than the r t below:  Height  5'10"  5'11"  6'0"  6'1"  6'2"  6'3"  6'4"  6'5"  6'6"  6'7"  6'8"  6'9"	Min. 139 143 147 152 156 160 164 169 173 178 182 187	ght Max. 230 237 243 250 257 264 271 278 286 293 300 308

#### **Financial Underwriting**

The purpose of the coverage should be included in a cover memo or stated in the remarks section of the application.

#### Personal Coverage

- Income replacement use the income multiples below to determine maximum face amount.
  - Verification of income may be required if the amount appears excessive in relationship to the overall financial picture.
  - Spouse/homemaker face amount is generally limited to 50% of working spouse coverage up to a maximum of \$1 million.
  - An equal amount of coverage up to \$1 million can be considered for mortgage protection, young families or other needs.

Ages	Income Multiples
To age 40	30x
41 – 50	20x
51 – 60	15x
61 – 65	10x
66 and over	6x

- Estate Tax/Liquidity traditional estate tax and liquidity planning sales
  - Third-party verification of assets and income required.
- Asset Maximization IRA Maximization/Legacy/Asset and Wealth Transfer Sales
  - The maximum total line with all companies is based on only the value of the investment assets (mutual funds, stock, bonds, IRA, cash, etc.) and value of equity in the personal residence. See underwriting guideline below.
  - The last quarterly statements for all investment assets should be included with the application along with a cover letter outlining the sales concept and purpose for the coverage.
- Maximum Face Amount Guidelines
  - Asset Value = investment assets + market value of personal residence
  - Asset value x 50% in-force coverage = maximum face amount for Asset Maximization sales
- Charitable Sales the amount of coverage is generally based on a documented pattern of giving, but when there are significant investment assets, the Asset Maximization guidelines may apply as well.

#### **Business Coverage**

- Key-Man Coverage the face amount allowed is based on the income of the key person being insured and is generally limited to 5x – 10x salary.
  - Verification of income may be required.
- Buy-Sell Coverage the face amount should reflect the insured's percentage ownership in the business and be in line with the market value of the business.
- Collateral Assignment for Loan the percentage of the loan that will be covered may be limited to 70% of the loan amount for corporate coverage.
  - Personal coverage for up to 100% of the loan amount may be allowed for small business loans, but loans backed by the SBA for new startup businesses are generally limited to the loan amount up to a maximum face amount of \$500,000.
  - A copy of the loan agreement is required for all loan collateral assignment cases.

#### Confidential Financial Statement (CFS)

Ages 0 – 70	Face Amounts \$5,000,001+
Ages 71+	Face Amounts \$3,000,001+

- A CFS should be submitted for all estate tax/liquidity, asset maximization and charitable giving cases.
- Any bankruptcy in the last 3 years.

#### Third-Party Verification of Assets

- Third-party verification of assets is required for all face amounts over \$5 million and may be required for face amounts under \$5 million depending on the purpose of the coverage. Asset verification may include CPA statements, quarterly investment statements, tax returns, public record checks, etc.
- At the producer's request, Protective will accept tax transcripts in lieu of tax returns with a properly completed form 4506-T for face amounts \$5,000,001 – \$10,000,000.

#### Bankruptcy

- Chapter 7 Applicants can be considered at one year from the date the bankruptcy is discharged if salaried employee or two years if self-employed.
- Chapter 11 Applicants can be considered one year from the date of discharge.
- Chapter 13 Applicants can be considered one year from the date the reorganization is approved for salaried applicants, or two years if self-employed.
- Confidential Financial Statement (CFS) and verification of income (tax returns or paystub) will be required for any bankruptcy within the last 3 years. In addition, the Home Office will order a Credit Report.

#### **Additional Information**

#### **Expiration of Underwriting Requirements**

Applications and underwriting requirements are valid for a limited period of time. Below are guidelines for the validity/expiration of underwriting requirements:

Document/Test	Age 0 – 70	Age 71+
Application	1 year	6 months
Exam	1 year	6 months
Labs	1 year	6 months
MCAS/LDCT	1 year	6 months
EKG	1 year	1 year
Inspection Report	1 year	1 year

We will use exam, lab and EKG requirements completed for another company as long as they are provided to us and do not fall outside of Expiration of Underwriting Requirements guidelines above. A completed Protective Part 1A will be required.

#### Statement of Health

Evidence of insurability is determined from the date of the most recent paramedical exam. Below are guidelines for requiring a GHS (Good Health Statement):

Age of Exam	Age 0 – 70	Age 71+
0 – 60 Days	N/A	N/A
61 – 90 Days	N/A	GHS
91 – 180 Days	GHS	GHS
181 – 365 Days	GHS	New Medical Requirements
> 365 Days	New Medical Requirements	New Medical Requirements

Please note: previously withdrawn or not-taken cases that are reopened and cases where a face increase or additional benefits are requested after initial review will require a GHS, regardless of the age of the exam.

#### **Underwriting Programs**

# Pro Credit Standard-to-Preferred Underwriting Program (applies to All Fully Underwritten Products)

This crediting program allows consideration for a preferred non-tobacco rate classification when an applicant is disqualified due solely to only one of the following cardiovascular risk factors:

- Blood pressure
- Build
- Total cholesterol
- Cholesterol/HDL ratio
- Family history (heart disease)

Eligibility for this upgrade will depend on the extent of the single deviation as well as the remaining cardiovascular risk factors.

This program applies only to new business cases.

The Protected Insurability Rider is not allowed with this program.

#### Protective Life Underwriting Solution (PLUS)

One size doesn't fit all when it comes to underwriting. PLUS is designed to underwrite Protective® Classic Choice term or Protective® Custom Choice UL (10 – 30) applicants using a faster and less invasive process. Using advanced analytics, our flexible solution can streamline the experience for each applicant based on their individual circumstances.

Ages 18 – 45	\$100,000 - \$1,000,000
Ages 46 – 60	\$100,000 - \$500,000

#### Key Benefits of PLUS:

- Fluids and APSs may not be required
- Underwriting interview conducted by Protective employees
- Application cycle time reduced by 14 days
- All cases facilitated via Protective's automated underwriting platform to optimize speed to issue

# Foreign Travel & Foreign National Guidelines

#### Foreign Travel Guidelines

The Swiss Re Life Guide will be our primary resource for underwriting risks related to foreign travel. These guidelines address the country(ies) being visited, as well as other risk factors such as the specific region with the country, purpose of the travel, occupation, frequency and total duration. After consideration of all risk factors, short duration travel may be eligible for more favorable rate classes. In addition to the information provided on the application, a foreign travel questionnaire may also be required.

Additional Considerations Include:

- Purpose for and specific location of the travel.
- Short term travel is defined as 8 weeks or less annually.
   Durations of up to 6 months annually will be considered
   as "travel" under these guidelines. For our purposes, travel
   durations of more than 6 months annually will be considered as
   foreign "residence."
- All benefits and riders will be individually underwritten.

#### Foreign National Guidelines

#### Category 1

Non-U.S. citizen with a Permanent Visa (Green Card) who is legally residing in the U.S. on a permanent basis.

Requirements	Insured	Owner
Applications, medical exams, labs and tests must be completed in the U.S.	•	
Must comprehend the English language (Spanish speaking applicants must go through the TeleLife Interview Process.)	•	•
Tax ID: SSN	•	•
Tax ID: Required for business ownership and U.S. trust ownership		•
Copy of Green Card	•	•

## Category 2 Non-U.S citizen in the U.S. on an acceptable temporary visa.

Requirements	Insured	Owner
Issue ages: 18 – 70	•	
All solicitation & delivery must occur in the U.S.		•
Foreign National Questionnaire	•	•
Must be legally residing in the U.S. for a continuous period of 1 year	•	•
Applications, medical exams, labs and tests must be completed in the U.S.	•	
Required APS – Medical records must be available in English. (Protective will not pay for translation)	•	
Tax ID: SSN <sup>1</sup>		•
Tax ID: Required for business ownership and U.S. trust ownership		•
Cover letter from writing agent explaining need and purpose of coverage		•
Premiums must be paid in U.S. dollars and billed to a U.S. bank (Bank account must be opened for more than 6 months)		•
Must have significant, legitimate interests in the U.S., including property or business ownership as well as an established U.S. bank account		•
Must comprehend the English language (Spanish speaking applicant must go through the TeleLife Interview Process)	•	•
Must hold a visa from the specified list of visa types:  E – Treaty/Traders/Investors  H1 (B or C) – Temporary workers with special merit/ability  I – Information media representative  K – Family member or fiancé of U.S. citizen  L – Intra-company transfer  O – Worker with extraordinary ability  TN – Mexican professionals under NAFTA  TD – Mexican professionals under NAFTA	•	•
Copy of Visa	•	•
Copy of Passport	•	•
Complete copy of U.S. Trust (if applicable)		•

<sup>&</sup>lt;sup>1</sup> For VISA Types: K, L2 and O2, an ITIN may be acceptable

# Foreign Travel & Foreign National Guidelines (CONTINUED)

Must be a citizen of a country in the country listing table:

Argentina French Polynesia Qatar Aruba Germany Panama Australia Gibrattar Paraguay Austria Greece Peru Azores Islands Greenland Philippines (Manila only) Bahamas Grenada Poland Bahrain Grenadines Portugal Barbados Guadeloupe Samoa Barbuda Guatemala San Marino Belgium Guernsey Island Sardinia Belize Holland Scotland Bermuda Honduras Sicily Bonaire Hong Kong Singapore Brazil Hungary Slovakia Britain Iceland Slovenia British Virgin Islands India (Major cities) South Korea Brunei Ireland Spain Bulgaria Italy St. Christopher Canary Islands Japan St. Lucia Cayman Islands Luxembourg St. Martin Chine Macau St. Pierre and Miquelon China (Major cities) Madeira St. Vincent & the Grenadines China (Taiwan) Malaysia (Kuala Lumpur only) Sweden Crostica Martin Curacao Miquelon Thailand (Bangkok) Cyprus (Greek part) Monaco Trinidad and Tobago Cyprus (Greek part) New Seland Varies and City United Kingdom England New Caledonia Uruguay Estonia New Zealand Varies Urigin Islands Urigin Islands France Northern Mariana Islands France Northern Mariana Islands France Northern Mariana Islands France Northern Mariana Islands France  Paraguay Panama Paraguay Panama Paraguay	Antilles, Netherlands	French Antilles	Norway
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	Falklands Islands	Nicaragua	Virgin Islands UK
France Northern Mariana Islands	Finland	Northern Ireland	Wales
	France	Northern Mariana Islands	

#### Category 3

Canadian citizens who do not have temporary or permanent U.S. visas and reside permanently in Canada\*.

Requirements	Insured	Owner
All solicitation & delivery must occur in the U.S.	•	•
Foreign National Questionnaire	•	•
Issue ages 18 – 70	•	
Minimum face amount – \$500,000	•	•
Applications, medical exams, labs and tests must be completed in the U.S.	•	
Inspection Report and Motor Vehicle Report through First Financial will be required (Note: Canadian Public Record checks are not currently available)	•	
Required APS – Medical records must be available in English (Protective will not pay for translation)	•	
Tax ID: Canadian SSN	•	•
Tax ID: Required for business ownership and U.S. trust ownership		•
Cover letter from writing agent explaining the need and purpose of coverage required		•
Premiums must be paid in U.S. dollars and billed to a U.S. bank (Bank account must be opened for more than 6 months)		•
Must have significant, legitimate interests in the U.S. including property or business ownership as well as an established U.S. bank account		•
Must comprehend English language (Spanish speaking applicants must go through the TeleLife interview process)	•	•
Must be a citizen of Canada and currently reside in Canada	•	•
Copy of Passport	•	•
Copy of Driver's License	•	•
Complete copy of U.S. trust (if applicable)		•

Non-permissible Provinces: Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, Quebec, Yukon.

<sup>\*</sup> Permissible Provinces: Ontario, Saskatchewan.

<sup>\*</sup> With underwriting & compliance prior approval: Newfoundland, Nunavut, Northwest Territories.



#### protective.com

# Protective Life Insurance Company Protective Life and Annuity Insurance Company 2801 Highway 280 South

Birmingham, AL 35223 Toll Free: 800-366-9378 Policy Holder Services: 800-866-9933

#### For underwriting status requests contact:

#### **Resource Center**

E-mail: resourcecenter@protective.com Phone: 800-366-9378

Protective Life Mailing Address

P. O. Box 830619 Birmingham, AL 35283-0619

PLAG.2807 (09.19)

I	Not a Deposit	Not Insured By Any Federal Government Agency		
ı	No Bank or Credit Union Guarantee		Not FDIC/NCUA Insured	May Lose Value

Protective Life refers to Protective Life Insurance Company (PLICO) and its affiliates, including Protective Life & Annuity Insurance Company (PLAIC). Insurance products are issued by Protective Life Insurance Company in all states except New York and in New York by Protective Life & Annuity Insurance Company. PLICO is located in Brentwood, TN, PLAIC is located in Birmingham, AL Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues.

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