The Principal Financial Group®

Life Underwriting Guide

Underwriting that's
fast, easy and ***just right.***

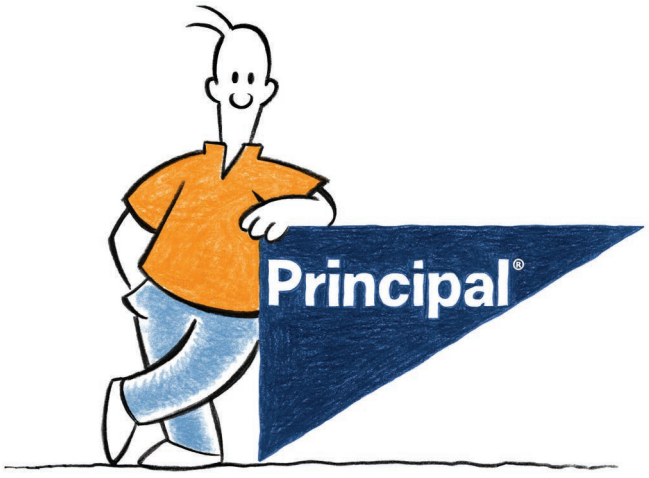




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The right partner. The right services.

The Principal Financial Group® leads the industry with a remarkably fast underwriting and issue process.

Competitive turnaround times

- We've expanded our team to help us expedite your cases.
- Top-tier industry time service
- 1035 unit to proactively expedite transfer of proceeds

Easy to work with

- Applications accepted electronically or by fax (1035 paperwork needs wet signature). Toll-free fax: 866-542-1359
- Quick Quotes System for submitting informal inquiries
- Dedicated home office case managers plus access to your underwriter when you need it. Toll-free phone: 800-654-4278

Principal TeleApp

Streamline the underwriting process and eliminate requirements:

- Eliminates redundant paramed questions
- Fewer Attending Physician Statements (APS) required
- Eliminates inspections through $5 million

Online services

New business application forms

The Principal® provides easy access to life new business application forms in Virtual Supply on the advisor website. We have also teamed with the following companies to ensure our application materials are available to customers who subscribe to their services.

- iPipeline™
- Ebix's Vital Forms

Submitting new applications

Submit new business applications electronically to help streamline the new business process. We support the following electronic submissions:

- Principal Direct FTP (file transfer protocol)
- Principal FTP website

We have also teamed with the following companies to ensure new application submission is available to customers who subscribe to their services:

- PaperClip Incorporated
- iPipeline's iGO™
- ExamOne

Traditional submissions such as U.S. mail and fax are also welcomed.

Pending case status

Receive important up-to-date information on pending life and disability insurance new business via:

- Principal Pending Business Report
- Principal Direct FTP from us in ACORD format

We have also teamed with the following companies to ensure our pending new business information is available to customers who subscribe to their services:

- Oracle/SkyWire
- SmartOffice™
- AgencyWorks

We have also teamed with the following companies to ensure underwriting rules are available to customers who subscribe to their services:

- XRAE

Unique survivorship features

Reconsideration

- Available for rated or uninsurable risks
- Underwriting for second insured not required

Seven classes of uninsurable

- U1 (our most favorable uninsurable risk class) through U7 (life expectancy of less than one year)
- No minimum life expectancy

Opt-out underwriting

- For U7 risks with life expectancy less than one year
- Routine requirements waived

Business case advantage

Flexible, partnership approach – collaborate for creative solutions

- Understand concept and key issues
- Work with Advanced Solutions when needed

Multi-life underwriting

- Available for employer-sponsored plans
- Home office pre-approval required
- Four underwriting programs available

Nonqualified executive benefits – aggregate funding on COLI

- Liberalized financial underwriting limits
  - 30 times income to age 55
  - 15 times income age 56 and over
- Streamlined underwriting requirements
  - Physical measurements + ECG + Labs + APS
  - No paramed or MD exams required
  - No inspections required
  - Employer census provides financial information
- Preliminary underwriting and selection of participants using TeleApp
- Added level of service – we order all requirements and APS reports for you
- Pre-completed application forms provided for formal signatures

Accelerated Underwriting

What is Accelerated Underwriting?

Principal Accelerated Underwriting is a streamlined underwriting approach that improves the process through:

- Faster underwriting decisions within 48 hours
- The elimination of lab testing and paramed exams for 50-60 percent of applicants who qualify*

*Based on age and face amount requirements.

How does it work?

Step 1. Complete Part A and C of the application, including Producer Report, HIPAA, Informed Consent Form, etc. Do not schedule the paramed appointment. **Indicate "Acc Und" on the Producer Report (and agency transmittal if submitted) to alert the case manager that this is a Principal Accelerated Underwriting case.**

Step 2. Call 888-TeleApp (888-835-3277), option 2, to set up the telephone interview for your client. You can have the client complete an interview immediately, or you can schedule a future appointment. Make sure you tell the interviewer that this is a Principal Accelerated Underwriting application.

TeleApp Contact Center Hours: Monday – Thursday: 7 a.m. – 10 p.m. CST | Friday: 7 a.m. – 7 p.m. CST

Step 3. Underwriting evaluates the TeleApp, Motor Vehicle Report, prescription history and MIB Inc. report. If the application is approved for Principal Accelerated Underwriting, it proceeds to issue. If not approved, a paramed appointment will be scheduled plus any additional requirements. Use the checklist below to help determine if your clients(s) are part of the 50–60 percent who qualify.

GENERAL QUALIFICATIONS

- Ages 18-60
- Face amounts between $50,000 - $1 million ($2 million for SUL)
- Requested products are Term (10-,15-, 20- and 30-year) UL, IUL, VUL, SUL, or Benefit VUL II (NY only).
- Build is within recommended weight limits (see chart).
- No major medical condition(s) (see chart).

Participation in Aviation or Hazardous Sports Activities may qualify subject to activity details gathered during the TeleApp.

UNDERWRITING BUILD CHART

AGES 18-44				AGES 45-60			
Height	Weight	Height	Weight	Height	Weight	Height	Weight
4'8	79 – 129	5'9	119 – 197	4'8	79 – 132	5'9	119 – 200
4'9	81 – 134	5'10	122 – 202	4'9	81 – 136	5'10	122 – 206
4'10	84 – 139	5'11	126 – 208	4'10	84 – 141	5'11	126 – 212
4'11	87 – 144	6'0	130 – 214	4'11	87 – 146	6'0	130 – 218
5'0	90 – 149	6'1	133 – 220	5'0	90 – 151	6'1	133 – 224
5'1	93 – 154	6'2	137 – 226	5'1	93 – 156	6'2	137 – 230
5'2	96 – 159	6'3	141 – 232	5'2	96 – 161	6'3	141 – 236
5'3	99 – 164	6'4	144 – 239	5'3	99 – 167	6'4	144 – 243
5'4	102 – 169	6'5	148 – 245	5'4	102 – 172	6'5	148 – 249
5'5	106 – 174	6'6	152 – 251	5'5	106 – 177	6'6	152 – 256
5'6	109 – 180	6'7	156 – 258	5'6	109 – 183	6'7	156 – 262
5'7	112 – 185	6'8	160 – 264	5'7	112 – 188	6'8	160 – 269
5'8	116 – 191	6'9	164 – 271	5'8	116 – 194	6'9	164 – 276

Note: Traditional underwriting is required for builds that are off the chart.

MAJOR MEDICAL CONDITIONS

Alcohol abuse and/or treatment	Drug abuse and/or treatment	Melanoma
Atrial Fibrillation	Epilepsy/Seizure	Multiple Sclerosis (MS)
Barrett's Esophagus	Gastric Bypass/Lap Band	Parkinson's Disease
Bipolar Disorder	Heart Disease/Surgery – all forms	Peripheral Artery Disease (PAD/ Peripheral Vascular Disease (PVD))
Cancer (exceptions: Basal Cell and Squamous Cell Carcinomas)	Hepatitis	Rheumatoid Arthritis (RA)
Chronic Obstructive Pulmonary Disease (COPD/Emphysema)	Hypertension (diagnosed within six months)	Sleep Apnea
Crohn's Disease	Kidney Disease	Stroke/Transient Ischemic Attack (TIA)
Diabetes/Gestational Diabetes	SLE/Lupus	Ulcerative Colitis (UC)

Note: Advanced diagnostic testing, biopsies, cardiac testing and other medical history may require an attending physician's statement. When attending physician's statements are ordered, we will require traditional underwriting.

Automatic Standard Approval Program

How it works

Automatic Standard Approval Program (ASAP) is designed to help eliminate low substandard ratings. While some companies have eliminated their program or changed their guidelines, The Principal® still supports ASAP.

ASAP GUIDELINES:

- Up to $5 million face amount
- Up to Table 3 or flat extra to $7.50/$1,000
- Permanent products only* (both lives are eligible for Survivorship UL Protector II)
- Applicable through age 70
- Medical ratings only [no driving, hazardous sports, aviation or lifestyle cases (drug/alcohol use)]
- Can be used with Healthy Lifestyle Credits
- Cannot be used with a combo of Table Rating + Flat Extra

How does our program differ from other companies?

The Principal does not limit or exclude cancer or coronary heart disease. Many competitors use the same criteria, but they exclude cancer or coronary. Also, our Healthy Lifestyle Credit (HLC) program can be used in conjunction with ASAP. The combination of HLC and ASAP provides an opportunity in some cases to move somebody outside a Table 3 to Standard. For example, when we rate a person a Table 5 and use HLC to get them to a Table 3, we can then use ASAP to get to a Standard rating.

What are the benefits?

Our ASAP eliminates the low, substandard ratings that can be the most challenging to present to your client. Consequently, you can present an offer to a client that has a greater chance of being placed. The greatest benefit is the competitive Standard rate received by your client without a reduction in the compensation paid to you.

ASAP IN ACTION

Proposed Insured	Product Type	Medical Condition	Underwriting Offer
Ben, age 55, 6 ft, 265 lbs	UL	• Moderate rheumatoid arthritis using Humira • High blood pressure and high cholesterol, both controlled with medication • Normal stress test within three years • Annual exams with DRE and PSA	Standard using Healthy Lifestyle Credits and ASAP together
Mark, age 68	SUL	• Diabetes, good control • Proteinuria, mild • Hypertension and cholesterol, well-controlled • Table 3 risk	Standard on both lives using ASAP
Ruth, age 70		• Mild CAD in several vessels • Favorable stress tests, well-controlled CV risk factors • OSA, moderate, compliant with CPAP • Table 3 risk	

*For product-specific eligibility, contact your home office underwriter.

Unlike many of our competitors, The Principal does not exclude cancer or coronary artery disease from our Automatic Standard Approval Program.

Healthy Lifestyle Credits

What are Healthy Lifestyle Credits?

The Principal feels all applicants should be given credit for doing the right things to take care of themselves. Because of this philosophy, **we use Healthy Lifestyle Credits (HLCs) as an underwriting tool to help clients get the most favorable rating possible.** The underlying basis of our HLCs is an evaluation of several coronary and cancer risk factors of a client as follows.

HLC risk profile factors

- Blood pressure
- Cholesterol
- Pulse
- Weight
- Family history
- Preventive cancer screening tests
- Preventive heart screening tests
- Routine physicals

A scoring system is used for each factor, with positive points for favorable factors and negative points for less favorable factors. If a factor is considered neutral, a score of zero is given to reflect the neutral result. These factors combine to make up an insured's Healthy Lifestyle Credit Score.

How do HLCs help your clients?

Our underwriters review an applicant's risk profile factors and assign positive or negative points. When finished, they use the applicant's results to determine the final underwriting rating. This allows us to reduce or eliminate a table rating or even improve Standard or better risks for the proposed insured.[1] Favorable HLCs can help your clients earn up to two tables of credit that offset table ratings that have been assessed and may even improve Standard or better risks up to one class if they have enough favorable credits. Our Automatic Standard Approval Program, which is designed to help eliminate low substandard ratings, can also be used in conjunction with HLCs. Here are a few guidelines to keep in mind with HLCs:

- Ratings for asthma, anxiety, depression, colitis, sleep apnea, body build and blood pressure are examples of covered conditions. (This listing is not all inclusive of covered conditions.)
- A few conditions are excluded, including ratings for cardiovascular disease, diabetes and flat extras.
- As an added benefit, there are no limitations due to age, plan or face amount.

EXAMPLES		
Proposed Insured	**Original rating (based on medical history)**	**Improved rating with HLCs**
Mark suffers from depression	Table 5	Table 3
Sue has asthma	Table 4	Table 2
Brian's build falls outside the guidelines	Table 2	Standard
Betty has high blood pressure	Preferred	Super Preferred

[1] Earn up to two tables of credit that offset table ratings that have been assessed. Ratings for cardiovascular disease, diabetes and flat extras are excluded from the HLC program. There are no limitations due to age, plan or face amount. To improve cases that are Standard risk or better, they must have only one knockout for build, blood pressure or cholesterol and have enough favorable factors for improvement.

Save Time with TeleApp

As a financial professional, we know that your time is better spent focusing on sales and service. Let us complete the medical portion Part B (Part II) of the application for you using our **free TeleApp service**. We employ our own trained professionals and use a state-of-the-art reflexive system, designed by our underwriters, to guide your clients through the insurability questions.

Our reflexive questions let the underwriters gain additional insight into medical impairments that our traditional application process doesn't allow. No more back and forth between your client and underwriting trying to clarify vague paper application medical questions. We are so confident in the quality of the information we obtain through TeleApp that we require fewer routine requirements and have reduced APS ordering by 40 percent.

Five easy steps

1. **Complete Part A (Part I) of the application,** and obtain Part C signatures. Explain the interview process to your client. The **TeleApp Guide (BB10268)** provides step-by-step instructions to help prepare your client.
2. **Schedule the interview** using one of the scheduling options shown below. Interviews may be scheduled from 7 a.m. to 10 p.m. CST, Monday through Thursday, and 7 a.m. to 7 p.m. CST, Friday.
3. **Submit the initial application** and other required forms (supplemental applications, illustrations, blood consent and Field Office Report) to your New Business coordinator for processing.
4. **The TeleApp interviewer calls your client** at the scheduled time and completes the insurability questions (Part B/Part II). The average interview takes 15-20 minutes. A draft copy of the completed interview responses will be sent to you once the application is received in the home office.
5. **Deliver the policy to the client.** The home office provides two copies of the completed application. Your client reviews the information and signs both copies. One copy is attached to the policy and remains with the client. Return the entire packet, along with the signed application (Part D), to the home office.

Benefits of using TeleApp

- **It's free!**
- Improved policy issue time
- Less paperwork and follow-up
- Fewer routine requirements, attending physician statements and paramedical exams
- Advisors don't have to ask awkward medical questions
- You choose whether or not we schedule the paramedical examination.
- Clients' medical information is gathered by our professional interviewers.

Helpful hints

- Immediate interviews are fast and easy. 888-TeleApp (888-835-3277), option 2.
- Scheduled interviews with a specific date and time have an 80 percent first-call completion rate (35 percent when not scheduled). If you're not completing an immediate interview, it's better to schedule a specific day and time.
- When scheduling an interview, let us know the state in which the application was signed. We can then tailor the interview to the state-specific application questions.
- The confirmation number provided by the TeleApp counselor and the date and time of the interview should be recorded on the Field Office Report for Life applications or the Producer's Report for Disability applications.

Scheduling the interview

You can choose to have your client complete an immediate interview or you can schedule a future date and time when it is most convenient for your client using the following options:

- To immediately complete the interview, call 888-TeleApp (888-835-3277), option 2.
- To schedule an interview, call 888-TeleApp (888-835-3277), option 1.
- Submit a request using the online form at *www.principal.com/teleapp*.

When scheduling an interview, please provide this information:

- Producer's name and phone number
- Client's name, Social Security number and date of birth
- Products and total amounts applied for
- Signature state (the signing state)
- Client's telephone number and time to call

Staying informed

You may access your pending business report on the advisor website at any time to monitor the status of the TeleApp interview. Or you can call our TeleApp department any time you have questions, 888-TeleApp (888-835-3277), option 1.

Preparing your clients

By helping clients know what to expect, we can more efficiently complete the interview and build a positive customer experience. On average, interviews take 15-20 minutes and cover the following topics:

- General activities and health habits
- Annual income and net worth information
- Foreign travel history for the last five years
- Names and dosages for all medications currently being taken
- Names, addresses and phone numbers of medical providers
- Approximate dates of any injuries, surgeries, emergency room visits, hospitalizations, illnesses or conditions

For more information

Go to *www.principal.com/teleapp.*

Impairments

The impairment information on the following pages has been provided to help give you a general idea of potential underwriting outcomes based on medical and non-medical life insurance underwriting. By initially obtaining specific, detailed information, your underwriter will be able to provide the right quote quickly and easily.

Descriptions of possible underwriting outcomes represent tentative, non-binding assessments based on hypothetical parameters using our underwriting guidelines at the time of publication. Actual underwriting outcomes may possibly be more favorable than illustrated using available Healthy Lifestyle Credits and our Automatic Standard Approval Program (ASAP). We reserve the right to apply individual consideration to any case. All cases are subject to full underwriting, and assessments are subject to change based on actual file review. For more information, contact your home office underwriter.

The impairments table is set up as follows:

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
IMPAIRMENT The name of the impairment, including a short description. Conditions are listed alphabetically	The criteria the underwriter uses to classify the risk	Medical requirements the underwriter is likely to request in addition to the routine age and amount medical requirements **For Faster Decision** – These are the specific details to include in your application package to enable the underwriter to quickly and easily provide the right quote. This information may be used to determine appropriate APS acquisition, thereby expediting the underwriting process and limiting the need for subsequent requirement requests.	The risk classification or rating necessary for the impairment based on the factors and requirements presented. Many impairments outline a best-case scenario, typical case and worst-case rating.

Impairments | MEDICAL

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
ALCOHOL ABUSE (Includes alcoholism and problem drinking)	• Current age • Amount of past and present alcohol consumption declared • Any diagnosis of abuse or dependence • Past history of treatment • Results of all investigations, including liver enzymes and alcohol markers • How long abstinent or consuming in moderation • Any relapses • Member of a self-help group such as Alcoholics Anonymous • Treatment with medication • Any co-morbid conditions, including any history of other substance abuse, driving offenses or participation in hazardous sports • Any history of marital or job instability • Any medical complications	**Requirements:** APS, medical exam, MVR, blood test, alcohol questionnaire, inspection report selectively **For faster decision:** • Provide details of medical treatment. • Document any residential care/ treatment including dates and length of treatment. • Outline any favorable aspects such as continued employment, attendance in Alcoholics Anonymous or similar body, etc.	Ratings depend primarily on applicant's age, time since last use and any co-morbid factors. **Alcoholism:** **Best Case:** Standard (over age 30 and > five years since last consumption) **Worst Case:** Decline **Problem Drinking:** **Best Case:** Table 2-4 (over age 30 and mild) **Worst Case:** Decline
ALZHEIMER'S DISEASE	• Current age • Age at onset of symptoms • Treatment, including any medications • Activities of daily living • Living independently • Type of assistance, if required • Judgment intact • Stable course	**Requirements:** APS, Inspection Report selectively **For faster decision:** • Any neuropsychiatric testing such as cognitive or memory testing • Activity levels • ADLs affected • IADLs affected	**All cases:** Decline
ANEMIA	• Type of anemia • Severity/degree of anemia • Cause of anemia, if known • Treatment • Blood test results • Details of testing done and referrals to specialists/hematologists (include dates, names of tests and doctors seen) • Medications • Any concurrent impairment	**Requirements:** APS **For faster decision:** • Results of all investigations and testing to include cause and/or source of bleeding • Details of treatment • Details of ongoing surveillance of the condition, including recent complete blood count (CBC)	Ratings depend on type of anemia and assume anemia is fully investigated and stable. Decisions can range from Preferred to Decline. **Iron deficiency anemia:** Preferred possible for best-case scenario **Hemolytic anemia:** Preferred possible for best-case scenario

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
ANEURYSM	• Precise diagnosis • Type or location of aneurysm • Date of diagnosis • Cause • Size and stability of aneurysm • Currently present • Treatment • Smoking history • Presence of associated coronary artery disease, hypertension, cerebrovascular, other peripheral vascular or renal disease, or COPD • Blood pressure control	**Requirements:** APS **For faster decision:** • All tests and details of ongoing surveillance • Details of any lifestyle modifications • Details of blood pressure and lipid control • Presence of associated coronary artery disease, hypertension, cerebrovascular, other peripheral vascular or renal disease, or COPD • Smoking history • Presence or absence of symptoms	Can consider on a rated basis 6 to 12 months post-op depending on the type of aneurysm. **Abdominal:** **No surgery:** Best case is Table 6 provided diameter <5 cm, with no increase in size within last three years or since diagnosis **If diameter >5 cm:** Decline **With surgery:** Individual consideration **Cerebral:** **No surgery:** $7.50 per $1,000 if small, stable and no complications **Large:** Decline **With surgery:** Standard after two years **Thoracic:** **No Surgery:** Decline **With Surgery:** Table 4 after two years
ANGINA PECTORIS	Refer to Coronary Artery Disease.		
ANGIO-PLASTY	Refer to Coronary Artery Disease.		
APNEA/SLEEP APNEA	• Current age • Type of apnea (obstructive, central or mixed) • Severity • Treatment (CPAP or surgery) • Compliance with treatment • Date of last sleep study • Current height/weight • Presence of cardiovascular disease and/or risk factors including hypertension, arrhythmias • Any associated overweight or obesity • Smoking history	**Requirement:** APS **For faster decision:** • Type, frequency, severity, and duration of symptoms • Results of sleep study including, apnea index and degree of oxygen desaturation • Treatment and compliance with treatment • Any associated impairments • History of motor vehicle or industrial accidents attributed to sleepiness	**Mild disease and no complications:** Preferred or Super Preferred possible **Moderate disease untreated and no complications:** Table 2-3 **Moderate disease treated and compliant with therapy:** Preferred possible **Severe disease untreated and no complications:** Decline **Severe disease treated and compliant with therapy:** Standard
ARTERIO–SCLEROSIS	Refer to Coronary Artery Disease.		
ASTHMA	• Current age • Date of diagnosis • Current symptoms • Frequency and severity of asthma attacks • Type of medication and frequency of use • Compliant with medications • Hospitalizations or ER visits • Limitations to activities • Smoking history • Occupational or environmental exposure • Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD	**Requirement:** APS **For faster decision:** • Results of investigations including pulmonary function tests • Frequency of symptoms • Duration and intensity of exacerbations • Treatment and response to treatment • Frequency of night-time symptoms • Smoking history • Time off work • Level of activity	**Minimal or mild asthma:** Preferred or Super Preferred **Moderate:** Standard to Table 2 **Severe:** Table 6 to Decline

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
ATRIAL FIBRILLATION	• Date of diagnosis and age at onset • Age of applicant • Frequency of attacks • Associated symptoms and complications • Risk factors for stroke • Exercise tolerance • Underlying cardiac and non-cardiac disease • Full cardiac evaluation • Paroxysmal vs. Chronic • Treatment including use of anticoagulant medication	**Requirement:** APS **For faster decision:** • Type of atrial fibrillation • Details of treatment • Copies of all cardiac Investigations • Current level of activity	**Found on examination, no investigation:** Postpone **Paroxysmal Atrial Fibrillation (PAF) with infrequent attacks:** Standard **Chronic Atrial Fibrillation:** Table 2-6 Less favorable outcome for co-morbid complications
BARRETT'S ESOPHAGUS	• Current age • Ongoing risk factors • Results of all investigations including biopsy • Stable course • Medication/treatment • Response to medication treatment • Compliant with medical treatment and surveillance • Complications (e.g., hemorrhage, perforation)	**Requirement:** APS **For faster decision:** • Results of all investigations including biopsy • Details of ongoing follow-up (e.g., endoscopy) • Details of lifestyle modification (stop smoking and alcohol use)	**Best case:** Preferred or Super Preferred if no dysplasia and good follow-up done on a regular basis **Typical case:** Standard to Table 2 **Worst case:** Decline
BLOOD PRESSURE	Refer to Hypertension.		
BYPASS SURGERY	Refer to Coronary Artery Disease.		
CANCER	Refer to specific organ or type of cancer.		**For all forms of cancer:** Consideration for insurance begins once treatment has been completed, assuming the client is well followed.
CANCER: BASAL CELL CARCINOMA/ SQUAMOUS CELL CARCINOMA	• Date of diagnosis • Pathology reports including confirmation of basal cell carcinoma • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Family history of atypical/dysplastic nevi or dysplastic nevus syndrome • Details of regular full body surface skin examinations • Any recurrence or spread • Ongoing risk factors such as multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report including post-operative • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking)	**Complete excision:** Possible Preferred or Super Preferred

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
CANCER: BREAST	• Date of diagnosis • Type and stage of cancer • Size of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report • Stage and grade of tumor • Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen) • Hospital reports • Details of follow-up (mammograms, bone scan, etc.)	**Best case:** Standard for carcinoma in situ after 2-3 years since treatment **Typical case:** Unable to consider until 2-3 years after completion of treatment (chemo or radiation), then possible Table rating and/or a flat extra depending on stage and grade **Worst case:** Decline
CANCER: COLON	• Date of diagnosis • Stage and grade of the tumor • Any hereditary syndrome that may be associated with other types of cancer • Family history of colon cancer types of cancer • What treatment • Length of remission • Ongoing follow-up including colonoscopy results • Any recurrence • Any complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report and staging information • Details and date(s) of treatment • Hospital reports • Details of follow-up (colonoscopy and tumor markers)	**Best case:** Standard after three years **Typical case:** Unable to consider until 2-3 years after completion of treatment (chemo or radiation), then possible Table rating and/or a flat extra depending on stage and grade **Worst case:** Decline
CANCER: LEUKEMIA	• Current age • Date of diagnosis • Type of leukemia and stage of cancer • Treatment • Date treatment completed • Any recurrence or secondary cancer	**Requirements:** APS, blood testing if current results are not available **For faster decision:** • Pathology reports • Evidence of regular follow-up • Hospital treatment reports	**Acute lymphoid leukemia/acute myeloid leukemia:** **Best case:** Standard **Typical case:** Standard with a flat extra **Worst case:** Decline **Chronic lymphoid leukemia/ hairy cell leukemia:** **Best case:** Table 4 **Typical case:** Table 8 – Decline **Worst case:** Decline
CANCER: LUNG	• Current age • Date of diagnosis • Type of cell and stage of cancer • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report and staging • Treatment and hospital report • Evidence of regular follow-up (CT scans etc.)	**Carcinoma (all types)** **Stage 1:** **Best case:** Standard after seven years **Typical case:** Standard with a flat extra **Worst case:** Decline if less than or equal to three years since primary treatment **Stage 2-3:** **Best case:** Standard after nine years **Typical case:** Standard with a flat extra **Worst case:** Decline if less than or equal to five years since primary treatment

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
CANCER: PROSTATE	• Current age • Date of diagnosis • Type of treatment • Date treatment completed • Stage and Gleason Grade • Any recurrence or spread • Serial PSA levels including current PSA • Any serious complications from treatment	**Requirements:** APS, blood profile to include PSA if current results are not available **For faster decision:** • Pathology reports • Type of treatment • Evidence of regular follow-up and PSA testing • Copies of PSA tests	If client is under age 70, rate class will depend on years since primary treatment, the stage of cancer and Gleason grade of the tumor. **Best case:** Standard **Typical case:** Standard with a flat extra **Worst case:** Decline
CANCER: MALIGNANT MELANOMA	• Date of diagnosis • Type of cancer/tumor • Depth and thickness of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Details of regular full body surface skin examinations • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	**Requirement:** APS **For faster decision:** • Pathology report • Evidence of regular dermatology follow-up • Hospital treatment reports	**Best case:** Standard **Typical case:** Standard with a flat extra **Worst case:** Decline
CANCER: THYROID	• Type of thyroid cancer (papillary, follicular, anaplastic, etc.) • Pathology • Age of applicant • Type of treatment and date(s) performed • Any remission and for how long • Any recurrence • Any complications from treatment	**Requirements:** APS **For faster decision:** • Pathology report • Treatment and hospital report • Evidence of regular follow-up	**Best case:** Standard **Typical case:** Standard or Standard with a flat extra **Worst case:** Decline
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	• Current age • Smoking history and current tobacco use • Build, any current weight loss • Severity of symptoms • Degree of impaired respiratory function • Speed of disease progression • Alpha-1 antitrypsin deficiency or other biochemical abnormality • Any concurrent impairment (e.g., CAD, cancer, malnutrition) • Any hospitalization • Any treatment with oxygen is a decline	**Requirement:** APS **For faster decision:** • Pulmonary function tests (PFT), serial PFTs • Details of lifestyle modification • Level of activity	**Best case:** Standard **Typical case:** Table 2-8 **Worst case:** Decline

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
CORONARY ARTERY DISEASE	• Current age • Date of diagnosis and age at onset • Severity of the disease (how many vessels and which ones) • Current symptoms • Treatment • Medications • Smoking history • Any concurrent serious impairment • Any history of congestive heart failure or arrhythmia • Active lifestyle • Blood pressure and cholesterol readings • Family history	**Requirements:** APS, EKG (or TST) if current test is not available **For faster decision:** • Cardiac test results (e.g., angiogram, recent stress tests, perfusion) • Detailed list of medications • Copies of lipid testing • Details of any lifestyle change. Best ratings possible with testing including perfusion and stress echocardiograms within the past 12 months	Unable to consider until six months post-surgery **Best case:** Standard **Typical case:** Table 2-8 **Worst case:** Decline
CROHN'S DISEASE	• Current age • Severity of the disease • Frequency of flare ups • Severity of symptoms • Medication – ongoing oral steroid therapy • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease	**Requirement:** APS **For faster decision:** • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	**Best case:** Possible Preferred **Typical case:** Standard – Table 5 **Worst case:** Table 6 – Decline
DIABETES	• Current age • Date of diagnosis and age at onset • Type of diabetes • Treatment • Medication • Degree of control – blood sugar readings • Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease • Current height and weight • Blood pressure	**Requirements:** APS, blood (if not already required or current results not available) **For faster decision:** • Type of diabetes including age at onset • Copies of specialist reports (neurologist, nephrologist, endocrinologist) • History of blood sugar control – copies of blood tests (incl. Hemoglobin A1c where possible) • Details of risk factor modification • Active lifestyle	**Type 1** Also known as Insulin Dependent Diabetes Mellitus (IDDM) **Best case:** Table 3-4 **Typical case:** Table 5-8 **Worst case:** Decline (complications, poor or uncontrolled) **Type 2** Also known as Non-Insulin Dependent Mellitus (NIDDM) or Adult Onset Diabetes **Best case:** Standard **Typical case:** Table 2-4 **Worst case:** Decline (complications, poor or uncontrolled)
EMPHYSEMA	Refer to COPD.		
EPILEPSY/ SEIZURE DISORDER	• Age onset • Compliance with medication • Control of seizures • Reason for the seizure activity • Any alcohol use • Any other significant medical conditions	**For faster decision:** • Type of epilepsy • Age diagnosed • Duration of history • Date of last seizure and number of seizures per year	**Best case:** Standard **Typical case:** Table 2-6 **Worst case:** Decline

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
GASTRIC SURGERY FOR OBESITY	• Pre-operative weight • Current weight • Any co-morbid conditions (such as diabetes, hypertension, coronary disease) • Date of surgery • Type of surgery • Any surgical complications • Outcome of surgery (weight loss, improvement of risk factors)	**Requirements:** APS **For faster decision:** • Supply all medical reports relating to the surgical procedure and follow-up • Current weight	Unable to consider until 6 months after surgery. **Restrictive surgery (gastric banding or gastroplasty):** **6 months to 3 years:** Table 3 **>3 years:** Standard to Table 2 **Malabsorptive surgery/bypass:** **<1 year:** Postpone **1-5 years:** Table 4 **>5 years:** Standard to Table 2
HEART ATTACK	Refer to Coronary Artery Disease.		
HEPATITIS B	• Date of diagnosis • Is this acute or chronic infection • Laboratory results (liver function) • If chronic, was a biopsy done • Any alcohol usage or other medical conditions	**Requirement:** APS **For faster decision:** • Laboratory results • Sonograms, CTs, biopsy results	**Best case:** Standard **Typical case:** Table 2-6 **Worst case:** Decline
HEPATITIS C	• Duration of the disease • Laboratory results • Has a biopsy been done • Does the client use alcohol, and if so, amount per day	**Requirement:** APS **For faster decision:** • Laboratory results • Biopsy results • Sonogram and/or CT scan results	**Best case:** Table 3-4 **Typical case:** Table 5-8 **Worst case:** Decline
HYPERTENSION	• Current age • Date of diagnosis • Type of hypertension (essential or secondary to another impairment) • Medication/treatment • Response to medication treatment • Current BP readings and history of readings for past 2 years (demonstrate stable course) • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, stroke, kidney disease, build)	**Requirements:** APS, para or medical exam, selectively **For faster decision:** • Record of blood pressure readings • Copies of any cardiac investigation • Details of risk factor modification • Active lifestyle	Rating depends on severity of hypertension. May qualify for Preferred or Super Preferred if well-controlled and compliant with medication.
LIVER FUNCTION TEST	• How many liver functions are outside the normal lab range? • Is client taking any medications or using alcohol? • Is there a medical condition that is causing the elevation in liver function? • How long has this finding been monitored by the attending physician? • Is this a new finding which has not been fully evaluated with additional testing?	**Requirements:** APS, Hepatitis screens, all markers, selectively **For faster decision:** • All laboratory tests • Any sonograms • Details of medications being taken • Amount of alcohol used • Results of any investigations for elevated liver functions	Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, and any diagnosis for the elevated liver function finding. **Best case:** Preferred or Super Preferred **Typical case:** Standard to Table 4 **Worst case:** Decline
MYOCARDIAL INFARCTION	Refer to Coronary Artery Disease.		

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
PARKINSON'S DISEASE	• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Severity of the disease • History of falling or indications of dementia • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., depression)	**Requirement:** APS **For faster decision:** • Details of type of Parkinson's • Type of treatment • Compliance and response to medication • Severity of the disease • Active and independent lifestyle (outline Activities of Daily Living)	**Best case:** Standard **Typical case:** Table 2-4 **Worst case:** Table 5 – Decline
PERIPHERAL ARTERY DISEASE (PAD)/ PERIPHERAL VASCULAR DISEASE (PVD)	• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Smoking status – if currently smoking this will have a greater impact on disease progression • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build)	**Requirements:** APS, medical exam, insurance blood profile, EKG – selectively **For faster decision:** • Copies of any vascular and cardiac investigation • Details of any ongoing symptoms • Ankle-brachial index (ABI) score • Details of risk factor modification • Active lifestyle	**Best case:** Standard **Typical case:** Table 2-4 **Worst case:** Table 5 – Decline
PULMONARY NODULE	• Current age • Date of diagnosis • Size and number of nodules • Any treatment • Date treatment completed • Benign pathology • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis)	**Requirement:** APS **For faster decision:** • Copies of tests • Details of follow-up • Demonstrated stability of nodule(s)	**Best case:** Preferred possible **Typical case:** Standard **Worst case:** Decline
RHEUMATOID ARTHRITIS	• Severity of symptoms • What medications are being taken • Any limitations of daily activities • No other significant medical condition(s)	**Requirement:** APS **For faster decision:** Laboratory results	**Best case:** Preferred or Super Preferred **Typical case:** Standard to Table 3 **Worst case:** Table 4 to Decline
STROKE	• Current age • Date of diagnosis and age at onset • Current symptoms/extent of neurological deficit • Cause of stroke • Treatment • Medications • Number of strokes • Smoking history • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	**Requirement:** APS **For faster decision:** • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	**Best case:** Table 4 **Typical case:** Table 4 with a flat extra **Worst case:** Decline

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
TRANSIENT ISCHEMIC ATTACK (TIA)	• Current age • Date of diagnosis and age at onset • Any neurological deficit • Number of episodes • Treatment • Medications • Smoking history • Test results • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	**Requirement:** APS **For faster decision:** • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	**Best case:** Standard **Typical case:** Table 2-3 for single TIA, Table 4 with a flat extra for multiple TIAs **Worst case:** Decline
ULCERATIVE COLITIS	• Current age • Age of onset • Severity of the disease • Frequency of flare-ups • Severity of symptoms • Date of last episode • Extra-colonic complications • Effect on ADLs • Medication (ongoing oral steroid therapy) • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up	**Requirement:** APS **For faster decision:** • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	**Best case:** Possible Preferred **Typical case:** Standard to Table 5 **Worst case:** Table 6 to Decline

Impairments | NON-MEDICAL

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
AVIATION	• Current age • Pilot experience • Flight ratings and type of license held • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying • Purpose of flights and number of flying hours per year • Medical history • Lifestyle	**Requirement:** Aviation Statement **For faster decision:** • Overall experience • Hours flown per year • Pilot experience • Flight ratings • Aircraft • Details of specialized flying	**Best case:** Preferred or Super Preferred possible* **Typical case:** Standard* **Worst case:** Aviation Exclusion Rider if available or Decline *Flat extra may apply to base rating
CLIMBING AND MOUNTAIN-EERING	• Current age • Frequency • Type of terrain: established trails • Altitude/heights • Location: North America/Europe or elsewhere • Medical history • Lifestyle	**Requirement:** Sport Statement, Foreign Travel questionnaire, if applicable **For faster decision:** • Overall experience • Frequency • Type of terrain • Difficulty of climbs	**Best case:** Preferred or Super Preferred possible* **Typical case:** Standard* **Worst case:** Hazardous Sports Exclusion Rider if available or Decline *Flat extra may apply to base rating
DRIVING	• Current age • Types of infractions • Frequency of infractions • DWI (Multiple) • Other suspensions and number of suspensions • Accident (at fault) • Risk-taking avocations	**Requirement:** MVR **For faster decision:** • Number and types of violations • Date of last violation • Date of last suspension, length of, and reason for suspension	**Best case/typical case:** Preferred or Super Preferred for infrequent, minor violations **Worst case:** Decline NOTE: A single DUI can be considered with a flat extra 0-1 year since violation. Standard is available after 2-3 years.
MOTOR VEHICLE RACING	• Current age • Type of vehicle/size of engine • Type of fuel • Frequency • Speeds attained (average, highest) • Type of course • Location (outside U.S. or Canada) • Concurrent avocations	**Requirements:** Sport Statement, Foreign Travel Questionnaire (if applicable) **For faster decision:** • Type of racing and frequency • Speeds attained	**Best case:** Preferred or Super Preferred **Typical case:** Standard to Standard with a flat extra **Worst case:** Decline

	RISK FACTORS	TYPICAL REQUIREMENTS	LIKELY UNDERWRITING DECISION
SCUBA DIVING	• Current age • Experience including certification • Depths and frequency of dives • Medical history • Lifestyle • Dive location (e.g., lake, open ocean, beaches) • Dive sites (e.g., wreck, salvage) • Diving activities (e.g., search and rescue, caves, ice) • Commercial diving	**Requirement:** Avocation Questionnaire, Foreign Travel Questionnaire (if applicable) **For faster decision:** • Type of diving (location, site, activities) • Experience • Frequency	**Best case/typical case:** Preferred or Super Preferred **Worst case:** Decline

Height/Weight Charts

Super Preferred, Preferred, Super Standard, Standard Build Height																										
AGE 20-44 MALE AND FEMALE																										
Height	4′8″	4′9	4′10	4′11	5′0	5′1	5′2	5′3	5′4	5′5	5′6	5′7	5′8	5′9	5′10	5′11	6′0	6′1	6′2	6′3	6′4	6′5	6′6	6′7	6′8	6′9
Super Preferred	129	134	139	144	149	154	159	164	169	174	180	185	191	197	202	208	214	220	226	232	239	245	251	258	264	271
Preferred	138	143	148	153	159	164	170	175	181	186	192	198	204	210	216	222	229	235	242	248	255	262	269	276	283	290
Super Standard	147	152	158	163	169	175	180	186	192	198	205	211	217	224	230	237	244	250	257	264	271	279	286	293	301	308
Standard	162	168	174	180	186	193	199	206	212	219	226	233	240	247	254	261	269	276	284	292	299	307	315	323	332	340

Super Preferred, Preferred, Super Standard, Standard Build Height																										
AGE 45-64 MALE AND FEMALE																										
Height	4′8″	4′9	4′10	4′11	5′0	5′1	5′2	5′3	5′4	5′5	5′6	5′7	5′8	5′9	5′10	5′11	6′0	6′1	6′2	6′3	6′4	6′5	6′6	6′7	6′8	6′9
Super Preferred	132	136	141	146	151	156	161	167	172	177	183	188	194	200	206	212	218	224	230	236	243	249	256	262	269	276
Preferred	140	146	151	156	161	167	172	178	184	189	195	201	207	213	220	226	232	239	246	252	259	266	273	280	287	294
Super Standard	152	157	163	168	174	180	186	192	198	204	211	217	224	230	237	244	251	258	265	272	280	287	295	302	310	318
Standard	167	173	179	185	192	198	205	211	218	225	232	239	246	253	261	268	276	284	292	300	308	316	324	332	341	349

Super Preferred, Preferred, Super Standard, Standard Build Height																										
AGE 65 & UP MALE AND FEMALE																										
Height	4′8″	4′9	4′10	4′11	5′0	5′1	5′2	5′3	5′4	5′5	5′6	5′7	5′8	5′9	5′10	5′11	6′0	6′1	6′2	6′3	6′4	6′5	6′6	6′7	6′8	6′9
Super Preferred	134	139	144	149	154	159	164	169	175	180	186	192	197	203	209	215	221	228	234	240	247	253	260	267	273	280
Preferred	143	148	153	158	164	169	175	181	187	192	198	204	211	217	223	230	236	243	250	256	263	270	277	284	292	299
Super Standard	156	162	167	173	179	185	191	198	204	210	217	224	230	237	244	251	258	266	273	280	288	295	303	311	319	327
Standard	167	173	179	185	192	198	205	211	218	225	232	239	246	253	261	268	276	284	292	300	308	316	324	332	341	349



Super Standard/Preferred/Super Preferred

Super Standard/Preferred/Super Preferred classes are designed for individuals whom we expect to have lower or better mortality than individuals rated Standard.

How does our program differ from other programs?

- Our Healthy Lifestyle Credits allow us to offset one negative risk factor/knockout if the individual has enough favorable credits.
- We allow individuals taking medication for high blood pressure and cholesterol to qualify for a Preferred rating.
- Preferred ratings are available with aviation/sports exclusions.
- Individuals with an imperfect family history may still qualify for a Preferred rating if they have routine preventative screening tests.

Basic guidelines

The following describes our criteria for rating a case Preferred or Super Preferred:

- Preferred ages = 20 to 85;
  Super Preferred ages = 20 to 80
- The Principal uses a knockout system.
  Knockouts are provided on pages 26 and 27.

  Healthy Lifestyle Credits can improve the rating up to one class if they have enough favorable credits and only one knockout for build, blood pressure or cholesterol.
- Tobacco use:
  - Super Preferred class requires no tobacco use for prior 60 months.
  - Preferred Non-Tobacco class requires no tobacco use for prior 24 months (prior 36 months for ages 71 to 85).
  - Preferred Tobacco class includes all forms of tobacco.

	EXAMPLES		
	SCENARIO	**OUR RATING**	**COMPETITOR RATING**
MALE, AGE 68	• Blood Pressure = 130/87 • 6'0" and 210 pounds • Pulse = 74 and regular • Cholesterol/HDL = 6.2 • EKG = normal • Family history: father suffered a heart attack at age 62 • Last complete physical was 18 months ago, including a colonoscopy and PSA. All results were normal.	Client is Super Standard due to a Preferred knockout for Cholesterol/HDL ratio. We can improve the rating to Preferred using Healthy Lifestyle Credits (HLCs) based on his other favorable factors and routine physicals. • Final rating: **Preferred**	Client is not allowed the Preferred class due to high cholesterol/HDL.
FEMALE, AGE 52	• Blood Pressure = 128/76 • 5'5" and 135 pounds • Pulse = 72 and regular • Cholesterol/HDL = 3.2 • EKG = normal • Family history: mother died of breast cancer at age 65 • Last complete physical was 9 months ago including mammogram, which was within normal limits • Mammograms last 10 years have been within normal limits	Client meets criteria to remain Super Preferred/Preferred. When looking at the overall risk profile, we are able to offset family history due to favorable HLCs and regular mammograms. • Final rating: **Super Preferred**	Client is not allowed the Super Preferred class due to family history (mother died of breast cancer at age 65).
FEMALE, AGE 74	• Blood pressure = 145/80 • 5'1" and 181 pounds • Pulse = 72 and regular • Cholesterol/HDL = 5.8 • EKG = normal • Family history: both parents died in their 90s • No heart disease or cancer noted in family history • Last exam was 12 months ago, including a colonoscopy and mammogram within normal limits	Client is Super Standard due to a Preferred knockout for build. We can improve the rating to Preferred using HLCs based on her other favorable factors and routine physicals. • Final rating: **Preferred**	Client is not allowed the Preferred class due to her build and cholesterol/HDL ratio.

Super Standard/Preferred/Super Preferred Guidelines

	SUPER STANDARD	PREFERRED	SUPER PREFERRED
FAMILY HISTORY • Includes: parents & siblings • Cardiovascular defined as: Coronary Artery Disease, Peripheral Vascular Disease, Stroke, and Transient Ischemic Attack	• Up to one death prior to age 60 of: Cardiovascular Disease, Breast Cancer, Colon Cancer, Ovarian Cancer, Prostate Cancer, Diabetes • Disregard cancer of opposite sex except for colon cancer • Family history not considered for applicants aged 71+	• No death prior to age 60 of: Cardiovascular Disease Breast Cancer Colon Cancer Ovarian Cancer Prostate Cancer Diabetes • Disregard cancer of opposite sex except for colon cancer • Family history not considered for applicants aged 71+	• No death prior to age 65 of: Cardiovascular Disease Breast Cancer Colon Cancer Ovarian Cancer Prostate Cancer Diabetes • Disregard cancer of opposite sex except for colon cancer • Family history not considered for applicants aged 71+
BLOOD PRESSURE • Use exam average if no hypertension treatment • Use 12 month average if hypertension history	Cannot exceed: • 145/90 at ages 20-64 • 150/90 at ages 65-85	Cannot exceed: • 140/85 at ages 20-44 • 140/90 at ages 45-64 • 145/90 at ages 65-85	Cannot exceed: • 135/85 at ages 20-44 • 140/85 at ages 45-64 • 140/90 at ages 65-85
CHOLESTEROL • Medication may be disregarded • We assess the ratio within the context of the entire lipid profile	Cannot exceed: • Total Cholesterol 300, Cholesterol/HDL of 6.5 at ages 20-64 • Total Cholesterol 300, Cholesterol/HDL of 7.0 at ages 65-85	Cannot exceed: • Total Cholesterol 270, Cholesterol/HDL of 5.5 at ages 20-64 • Total Cholesterol 280, Cholesterol/HDL of 6.0 at ages 65-85	Cannot exceed: • Total Cholesterol 240, Cholesterol/HDL of 4.5 at ages 20-64 • Total Cholesterol 260, Cholesterol/HDL of 5.0 at ages 65-85
HISTORY OF: • Alcohol abuse • Drug abuse • Cancer • Diabetes	• No rating	• No personal history of alcohol or drug abuse **within 10 years** • No personal history of diabetes or cancer **ever** • **Exception – Basal and Squamous Cell** • Personal history of certain cancers will be allowed. Consult your home office underwriter for criteria.	• No personal history of alcohol or drug abuse, diabetes or cancer **ever** • **Exception – Basal and Squamous Cell**
FOREIGN RESIDENCY/ TRAVEL	• Applicant must be a U.S. citizen or permanent U.S. resident • Travel to hazardous area may disqualify for Super Standard, Preferred and Super Preferred • Consult with your home office underwriter for applicants who are not U.S. citizens or permanent residents		

	SUPER STANDARD	PREFERRED	SUPER PREFERRED
TOBACCO[1] • Tobacco use includes any tobacco or nicotine product (i.e., cigar, patch, gum & marijuana)	• No tobacco use for: one year, ages 20-70 three years, ages 71-85	• No tobacco use for: two years, ages 20-70 three years, ages 71-85 • **Exception – 12 or fewer cigars per year with a negative urine** • For Tobacco/Preferred rates all preferred criteria must be met except tobacco use	• No tobacco use for: five years, ages 20-80
DRIVING[2]	• No rating	• No more than two moving violations in the past three years • No driving under the influence or reckless driving in five years	
OCCUPATION/ MILITARY/AVIATION/ HAZARDOUS SPORTS	• Not ratable for occupation and military • For aviation and hazardous sports risk, refer to your home office underwriter		

[1] Tobacco definitions:
- *Tobacco:* Current or past use in the prior 12 months of any tobacco including cigarettes, cigars, pipe, chew, snuff or nicotine aids. (For ages 71-85, a client will be classified as tobacco if they have used any types of tobacco in the last 3 years.)
- *Non-tobacco:* No tobacco use in any form currently or in the prior 12 months.
- *Exception to non-tobacco:* Twelve or fewer cigars in the prior 12 months with admitted use on the application (or TeleApp) and a negative urine specimen for nicotine will qualify for non-tobacco.
- Marijuana: A recreational user of marijuana with a maximum use of 1-2 times per month, may qualify for non-tobacco rates. For increased frequency and for other types of use (medicinal, non-smoked forms, etc.), please contact your Home office Underwriter for details.
- In New Jersey, marijuana only users (no tobacco use) are considered non-tobacco.

[2] Subject to review of specific infractions.

Financial Underwriting

As a valued partner of The Principal, we strive to give you an edge in doing business with us. We are committed to maintaining market-leading underwriting and service, and we want you to be familiar with our financial underwriting requirements and guidelines when submitting cases to us.

Financial requirements

FACE AMOUNT	CONFIDENTIAL FINANCIAL STATEMENT	FINANCIAL UNDERWRITING SUPPLEMENT FOR LIFE INSURANCE	INSPECTION REPORT WITH FINANCIAL QUESTIONS	THIRD PARTY FINANCIAL VERIFICATION
$2,000,000 to $4,999,999	X	X (For Ages 70+)		
$5,000,000	X	X		
$5,000,001 to $10,000,000	X	X	X (For Ages 70+)	
$10,000,001 and up	X	X	X	X
Any face amount, age 70+, trust less than two years	X	X	X	X

Note: Underwriters have discretion to request additional financial information at any age and/or amount.

Premium to income ratio

- If net worth is less than or equal to $5 million, acceptable ratio of premium to income is up to 25 percent.
- If net worth is greater than $5 million, acceptable ratio of premium to income is up to 40 percent.
- If net worth is greater than $10 million, acceptable ratio of premium to income is up to 60 percent.

Personal financial underwriting guidelines

PURPOSE OF INSURANCE	FORMULAS AND GUIDELINES	INFORMATION NEEDED
Income replacement	**MAXIMUM COVERAGE** **AGES: MULTIPLY INCOME BY:** 18-35 30 36-45 25 46-55 20 56-60 15 61-65 10 66-70 5 71+ 1	• Gross annual income • How amount of insurance was determined • Other coverage in force or pending with all carriers
Estate planning	**ESTATE GROWTH PERIOD** **AGES: GROWTH ASSUMPTION:** Up to age 70 75% of life expectancy not to exceed up to 20 years 71-80 75% of life expectancy not to exceed up to 10 years 81+ Use current estate value • Estate growth factor up to 8% • Assume 50% of estimated future estate value will be lost to estate tax • Insurance amount = 50% of estimated future estate value	• Estate analysis • Net worth • How insurance amount was determined • Risk amounts

Note: If you have questions regarding juvenile, charitable insurance or creditor insurance, please contact your home office underwriter.

Business financial underwriting guidelines

PURPOSE OF INSURANCE	FORMULAS AND GUIDELINES	INFORMATION NEEDED
Key executive	• Up to 10 times annual income • Business owner and beneficiary	• Verification of income • List of other key executives and their coverage • Explanation of lay role to employer
Buy-sell and stock redemption plans	• Percent of ownership = X value of company • Cross purchase – partners are owners and beneficiaries • Entity purchase – business is owner and beneficiary • Value of business and how the value was determined	Business financials: • Balance sheet • Income statement • List of owners/ownership percent • Confirmation all partners are similarly insured
Executive Bonus/ S Owner	• Insurance amount = a multiple of the executive's income	• Verification of income
Deferred compensation	• Insurance amount = a multiple of the executive's income	• Deferred compensation plan formula and description of insurance benefit • Verification of compensation

Note: If you have questions regarding creditor insurance, please contact your home office underwriter.

Principal UnderRight℠

Fast. Easy. ***Just Right.***

- Applications accepted electronically or by fax (1035 Exchange paperwork needs wet signature). Toll-free fax: 866-542-1359
- Dedicated home office case managers plus access to your underwriter when you need it. Toll-free phone: 800-654-4278

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