

The logo for Legacy ACCEL is a circular speedometer. The needle is positioned at the 12 o'clock position. The word "Legacy" is written in a green script font above the word "ACCEL" in a bold, blue, sans-serif font. The speedometer's outer ring is blue on the left and green on the right.

Legacy
ACCEL

Accelerate
Performance with
Options & Protection

Legacy Accel™ IUL Underwriting Guide

UNITED LIFE
INSURANCE COMPANY

a KUVARE company



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ABOUT UNITED LIFE

United Life Insurance Company is an Iowa domiciled life insurance company which has provided outstanding product solutions and service to policy-holders since 1962. United Life is authorized to do business in 46 states, and we offer a broad suite of life insurance solutions, including index universal life, whole life, and term life. We also offer compelling deferred fixed indexed annuities, fixed index annuities and immediate annuities. United Life distributes its products through a network of leading independent agencies and financial institutions.

OUR MISSION

United Life is dedicated to fostering the financial security and peace of mind of our customers, agents and employees. Building on a foundation of exemplary service and professional relationships, we offer straightforward, high-value products using strategic pricing and investment philosophies.

THE KUVARE FAMILY OF COMPANIES

In 2018, United Life became a proud member of the Kuvare family of companies. Kuvare is a life and annuity business focused on delivering value oriented solutions to the middle market through its subsidiary insurance companies. Chicago-based Kuvare has consolidated assets of over \$28.8 billion across its companies including United Life, Guaranty Income Life Insurance Company (GILICO), Lincoln Benefit Life (LBL), and Bermuda subsidiary Kuvare Life Re. Ltd.

For more information about Kuvare, visit kuvare.com.





We realize you have options as to where you place your business. At United Life we are committed to underwriting practices and policies focused on building the relationships you've established with your clients. We are committed to helping strengthen those relationships by executing well-informed underwriting decisions and providing an elevated level of customer service to you and your clients.

Our underwriting approach helps to ensure that:

- Favorable and unfavorable risk factors are balanced to deliver the best risk class possible.
- Underwriting decisions are fair and consistent.
- Our highly skilled team provides exemplary service and ease of doing business with United Life.

COMPETITIVE ADVANTAGES WITH LEGACYACCEL™ IUL UNDERWRITING

- Many medical impairments that are controlled and not rated could qualify for Preferred rate classes.
- Less invasive - opportunity to avoid exams and labs depending on Net Amount at Risk (NAR) and age of proposed insured. See page 3 for details.
- Simple electronic application online process with opportunity for immediate underwriting decision.
- Marijuana users may qualify for Standard Non-Nicotine rates.
- Occasional cigar use (up to 24 per year) may qualify for Preferred and Standard Non-nicotine rate classes.
- No MD exams or treadmills are required.
- No phone inspection reports are required.

GENERAL GUIDELINES

Underwriting requirements are based on the total Net Amount at Risk of current application plus all amounts in force with United Life. Requirements are also ordered based on the actual age of the proposed insured on the date of the application.

United Life reserves the right to require a paramedical and other testing on any applicant with unusual risks or when the age and Net Amount at Risk applied for exceeds the non-med underwriting limits as described in the Eligibility Specifications section.

Non-Nicotine risk class - Applicant must not have used nicotine or nicotine-based products (including cigarettes, e-cigarettes, vapor products, pipe, snuff, chewing tobacco, nicotine gum or patches) in any form within the last 24 months for Preferred non-nicotine rates and 12 months for Standard non-nicotine rates. Occasional cigar (up to 24 per year) is allowed.

Nicotine risk class - Any admitted or non-admitted tobacco or nicotine-based products (including cigarettes, e-cigarettes, vapor products, pipe, snuff, chewing tobacco, nicotine gum or patches) in any form within the last 12 months.

Marijuana, Hemp & CBD Considerations - Personal or business coverage is not available to applicants involved in administrative duties, growing, distribution, or sales associated with the marijuana industry. However, we will consider applicants involved or associated with hemp, hemp oil, and CBD oil businesses.

Foreign Residence & Travel Considerations - Applicants who are making short trips out of the country for business, pleasure, or educational purposes to non-hazardous areas are usually acceptable risks. Foreign travel restrictions do not apply to states that prohibit underwriting based on travel.



CONNECT 24/7 AT THE SECURE AGENT PORTAL

Access our agent website through unitedlife.com for marketing resources and up-to-date information on your cases.

- **Get Quotes** is the starting point to illustrate LegacyAccel™ and continue to the electronic application step.
- **New Business Center** shows status of pending life app submissions.
- **Policy Service Center** provides daily updates on your in-force business.
- **Field Underwriting** provides a list of Red Flag Medications and can be found in the Underwriting Manual.

LEGACYACCEL™ ELIGIBILITY SPECIFICATIONS

Underwriting Classes, Age and Face Amount Limits

- Standard Non-Nicotine (allows use of up to 24 cigars per year)
- Standard Nicotine
- Preferred Non-Nicotine (allows use of up to 24 cigars per year)
- Preferred Nicotine
- Issue Ages 18-85
- Face Amount Limits \$25,000 to \$10,000,000

Applicant Eligibility Specifications

- Applicants who do not have any major medical conditions and who are the best underwriting risks may receive approval during the e-application process.
- Applicants age 18-75 with a Net Amount at Risk (NAR) of \$400,000 or less will receive a decision during the e-application process. If the NAR exceeds \$400,000 the application is Refer to Underwriter (RTU) for full underwriting.
- Applicants age 76-85 with NAR of \$200,000 or less will receive a decision during the e-application process; if the NAR exceeds \$200,000 the application is Refer to Underwriter (RTU) for full underwriting.
- Eligibility is based on responses to application questions; MIB, Inc. data; prescription history and medical data reports; financial and credit information; court records; motor vehicle reports; and property records.

UNDERWRITING REQUIREMENTS BY AGE AND AMOUNT



NET AMOUNT AT RISK	AGE	AGE	AGE	AGE	AGE
	18 - 40	41 - 55	56 - 65	66 - 75	76 - 85
Less than or equal to \$200,000	NONE	NONE	NONE	NONE	NONE
\$200,001 - \$400,000	NONE	NONE	NONE	NONE	Physical Measurements Labs EKG Functional Capacity Exam APS required
\$400,001 - \$2,000,000	Physical Measurements Labs APS for cause	Physical Measurements Labs APS for cause	Physical Measurements Labs APS for cause	Physical Measurements Labs APS Required	Physical Measurements Labs EKG Functional Capacity Exam APS Required
\$2,000,001 - \$2,999,999	Physical Measurements Labs APS Required	Physical Measurements Labs APS Required	Physical Measurements Labs APS Required	Physical Measurements Labs APS Required	Physical Measurements Labs EKG Functional Capacity Exam Financial Justification APS Required
\$3,000,000 - \$5,000,000	Physical Measurements Labs Financial Justification APS Required	Physical Measurements Labs Financial Justification APS Required	Physical Measurements Labs Financial Justification APS Required	Physical Measurements Labs Financial Justification APS Required	Physical Measurements Labs EKG Functional Capacity Exam Financial Justification APS Required
\$5,000,001 - \$10,000,000	Physical Measurements Labs Financial Justification APS Required	Physical Measurements Labs Financial Justification APS Required	Physical Measurements Labs EKG Financial Justification APS Required	Physical Measurements Labs EKG Financial Justification APS Required	Physical Measurements Labs EKG Functional Capacity Exam Financial Justification APS Required



LEGACYACCEL™ PRE-QUALIFICATION STEPS

It is our intent to help you determine the potential eligibility of your client. These knockout questions appear on the LegacyAccel™ application. If your client can answer 'No' to ALL of the questions and falls within the acceptable BMI range, he or she may be an ideal candidate for LegacyAccel™.

First, verify your client's height and weight at the CDC BMI table site below.

Clients with a BMI of 17.0 or less or higher than 41.0 are not a good fit for this product. Preferred rates are allowed for BMI of 19.0-30.0.



Healthy Weight, Nutrition, and Physical Activity

Adult BMI Calculator

This calculator provides body mass index (BMI) and the corresponding BMI weight status category for adults 20 years and older. For children and teens, 2 through 19 years, use the [BMI Calculator for Children and Teens](#).

Adult BMI Calculator

(English | [Metric](#))

1. Height:

Feet Inches

2. Weight:

Pounds

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Next, review these Knockout Questions and Additional Impairments:

1. In the past 12 months, have you been advised by a member of the medical profession to have any surgery, hospitalization, treatment or test that was not completed or for which you are waiting the results, excluding those tests relating to HIV?
2. Due to a physical or mental impairment, do you require or have you been advised to receive human assistance with any of the following activities of daily living: eating, dressing, toileting, transferring, bathing or taking medication?
3. Have you ever been diagnosed by a member of the medical profession with Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?
4. Have you ever been diagnosed, treated for or prescribed medication by a member of the medical profession for Alzheimer's disease or any other type of dementia?
5. Have you had or been advised by a member of the medical profession to have an organ transplant or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less?
6. Do you currently use oxygen equipment to assist in breathing, are you currently receiving kidney dialysis or do you have a defibrillator implanted?
7. Within the past 5 years have you been confined to a hospital, nursing facility, convalescent care facility, assisted living facility or mental care facility for more than 7 days?



8. Within the past 10 years have you been convicted of a felony, do you have a felony charge currently pending against you or are you currently on probation or parole?
9. Within the past 5 years, have you been convicted of more than one violation for operating a vehicle while intoxicated, impaired or under the influence and/or for reckless driving?
10. Within the past 2 years have you been declined for life, disability or long-term care insurance?
11. If female, are you currently pregnant with gestational diabetes, preeclampsia, toxemia, HELLP syndrome, pregnancy induced hypertension, multiple gestation or have you been diagnosed by your physician as high risk?

A client is **NOT** eligible to apply if, **within the past 5 years**, he or she has been diagnosed with, treated for, prescribed medication for, or been given medical advice by a member of the medical profession for any of the following medical conditions*:

1. **Cardiovascular/Cerebrovascular diseases including:** angina (chest pain), cardiomyopathy, congestive heart failure, coronary artery disease, heart attack, heart surgery including defibrillator, angioplasty or stent, heart valve disease, peripheral arterial or vascular disease, stroke, ventricular tachycardia.
2. **Respiratory diseases including:** chronic bronchitis, chronic obstructive pulmonary disease (COPD), cystic fibrosis, emphysema, pulmonary fibrosis.

3. **Gastrointestinal/Genitourinary diseases including:** chronic hepatitis, chronic kidney disease, chronic pancreatitis, chronic renal failure, cirrhosis, liver disease, sclerosing cholangitis, polycystic kidney disease, Crohn's disease.
4. **Cancers/Carcinomas including:** bone, brain, cervical, kidney, liver, lung, leukemia, lymphoma, multiple myeloma, ovarian, pancreatic, testicular, uterine.
5. **Psychiatric/Dependency conditions including:** alcohol dependency or abuse, drug dependency or abuse, schizophrenia, suicide attempt.
6. **Neurological/Musculoskeletal diseases including:** ALS (Lou Gehrig's disease), Huntington's disease, muscular dystrophy, paralysis.
7. **Immune System/Blood diseases including:** chronic anemia (other than iron deficiency anemia), CREST syndrome or scleroderma, systemic lupus.
8. **Down syndrome or autism.**

** Being treated for, prescribed medication for or given medical advice by a member of the medical profession for any of the above conditions includes follow-ups, renewed and continuing prescriptions, testing, etc. within the past 5 years. Example: If your client was diagnosed with angina (chest pain) 8 years ago, but HAS needed cardiology follow-ups, heart tests or prescription medications for angina during the past 5 years, then they should answer YES to that question and would not be eligible to apply.*

If your client can honestly answer 'No' to ALL questions and impairments above and falls within the acceptable BMI range, please proceed to the illustration and application process.



LEGACYACCEL™ IUL ELECTRONIC APPLICATION PROCESS

At the [UnitedLife.com](https://www.unitedlife.com) Agent portal, begin an illustration for LegacyAccel™ IUL in the [Get Quotes](#) section, which flows into the Electronic Application. Data from the illustration carries over to the electronic app. Complete the application details, including medical questions. After performing the electronic signature function, the application can be submitted.

After submitting the application online, within moments you can expect one of the following responses:

- **Approval:** For the majority of applicants who have no major medical impairments based on application question answers, no adverse third party data reports, and also do not exceed the max Net Amount at Risk may expect an approval with no medical testing.
- **Amended Offer:** Applicants who are not approved as applied for may receive an amended offer of coverage, which they can accept or reject. For example, rate class change or living benefit rider deletion.
- **Decline:** For applicants who do not qualify based on answers to the medical questions or due to unfavorable third party data report results. Refer to the following [Medical Impairments & Non-Medical Risks](#) section for risks that are not acceptable.
- **Refer to Underwriter:** For applicants with unusual risks or those who require additional medical testing when applying for Net Amount at Risk above the non-med limits. These cases will be looked at closer by an underwriter.

As a member of MIB, Inc. we are obligated to report certain medical impairments, lifestyle factors and motor vehicle violations. Our underwriting decision is not reported to MIB, Inc.

United utilizes LexisNexis behind the scenes to examine public records for the applicant as part of the electronic underwriting process. The following details are reviewed for each applicant: public records such as credit and motor vehicle report that include details regarding felony and non-felony criminal history, bankruptcies, liens, judgments, collections, and major motor vehicle violations like DUI. Although medically a client may qualify, other unfavorable findings could result in a declination.

Race, religion, national origin, marital status, sexual orientation, geography, disability, title, employer, and employment history are not considered regarding applications for life insurance. Credit score is not used. Non-FCRA compliant data such as consumer shopping data, facial recognition, and social media information are also not used.

A consumer may receive a copy of their report by sending a request in writing to:

LEXISNEXIS CONSUMER CENTER
ATTN: LIFE REPORT
PO BOX 105108
ATLANTA, GA 30348-5108

Refer to the [Getting Started Guide](#) for more details about the illustration and electronic application process.



The chart below lists major medical conditions that are considered during the application process but is not all-inclusive. It is meant to be a reference tool regarding Rate Class availability. **Combinations of medical impairments can cause an application to be Refer to Underwriter (RTU) or decline status.**

Nicotine use includes use of any of the following: cigarettes, e-cigarettes, vape pens or vaping devices, nicotine gum/lozenges/patches, chewing tobacco, snuff, dip, pipes, more than 24 cigars per year.

MEDICAL IMPAIRMENT	Standard Non-Nicotine	Standard Nicotine	Preferred Non-Nicotine	Preferred Nicotine
Current Marijuana Use	✓	✓	✗	✗
Diabetes and Pre-Diabetes	✓	✓	✗	✗
Atrial Fibrillation	✓	✗	✗	✗
TIA (Mini-Stroke)	✓	✗	✗	✗
Aneurysm	✓	✗	✗	✗
Carotid Artery Disease	✓	✓	✗	✗
Blood Clot/Phlebitis	✓	✗	✗	✗
Seizures	✓	✓	✗	✗
Asthma	✓	✓	✗	✗
Depression	✓	✓	*see below	*see below
Bi-Polar Disorder	✓	✓	✗	✗

* If applicant has combined medical diagnoses of Depression **and** Anxiety, then the Preferred rate classes are not available.

Nicotine use includes use of any of the following: cigarettes, e-cigarettes, vape pens or vaping devices, nicotine gum/lozenges/patches, chewing tobacco, snuff, dip, pipes, more than 24 cigars per year.

MEDICAL IMPAIRMENT	Standard Non-Nicotine	Standard Nicotine	Preferred Non-Nicotine	Preferred Nicotine
Anxiety	✓	✓	*see below	*see below
PTSD (Post-Traumatic Stress)	✓	✓	✗	✗
Parkinson's Disease	✓	✗	✗	✗
Multiple Sclerosis	✓	✓	✗	✗
Rheumatoid Arthritis	✓	✓	✗	✗
Certain Cancers	**see below	**see below	✗	✗
Obstructive Sleep Apnea	✓	✓	✗	✗
Ulcerative Colitis	✓	✓	✗	✗
High Blood Pressure	✓	✓	✓	✓
High Cholesterol	✓	✓	✓	✓
Chronic Pain	✓	✓	✗	✗
Positive COVID-19 (Corona Virus)	✓	✓	✓	✓

* If applicant has combined medical diagnoses of Depression **and** Anxiety, then the Preferred rate classes are not available.

** The following types of cancer can be considered but will always be **Refer to Underwriter (RTU)** for review: bladder, breast, colon, melanoma, prostate, thyroid. If the applicant says yes to two (2) or more of these cancers, then coverage is declined.



Nicotine use includes use of any of the following: cigarettes, e-cigarettes, vape pens or vaping devices, nicotine gum/lozenges/patches, chewing tobacco, snuff, dip, pipes, more than 24 cigars per year.

NON-MEDICAL RISK	Standard Non-Nicotine	Standard Nicotine	Preferred Non-Nicotine	Preferred Nicotine
Aviation/Pilot	*IC	*IC	*IC	*IC
Hazardous Sports	*IC	*IC	*IC	*IC
Foreign Travel**	*IC	*IC	*IC	*IC
DUI/DWI in Past 5 Years	✓	✓	✗	✗
3+ Moving Violations in Past 3 Years	✓	✓	✗	✗
Hazardous Occupation	*IC	*IC	*IC	*IC

* IC = Individual Consideration. Preferred rates possible depending on details provided and if the individual otherwise qualifies.

** Foreign travel restrictions do not apply to states that prohibit underwriting based on travel. United Life refers to the U.S. Department of State Travel Advisories at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>



Nicotine use includes use of any of the following: cigarettes, e-cigarettes, vape pens or vaping devices, nicotine gum/lozenges/patches, chewing tobacco, snuff, dip, pipes, more than 24 cigars per year.

CRITERIA	Standard Non-Nicotine	Standard Nicotine	Preferred Non-Nicotine	Preferred Nicotine
Tobacco/Nicotine Use	Within the past 12 months, no use of any type of tobacco or nicotine products except up to 24 cigars per year.	All forms of tobacco or nicotine products are allowed.	Within the past 24 months, no use of any type of tobacco or nicotine products except up to 24 cigars per year.	All forms of tobacco or nicotine products are allowed.
Alcohol/Drugs	No history of alcohol or drug abuse, treatment or counseling within the past 5 years.	No history of alcohol or drug abuse, treatment or counseling within the past 5 years	No history of alcohol or drug abuse, treatment or counseling within the past 10 years.	No history of alcohol or drug abuse, treatment or counseling within the past 10 years.
Aviation	Non-ratable commercial or private pilots may be acceptable; aviation exclusion is an option.	Non-ratable commercial or private pilots may be acceptable; aviation exclusion is an option.	Non-ratable commercial or private pilots may be acceptable; aviation exclusion is an option.	Non-ratable commercial or private pilots may be acceptable; aviation exclusion is an option.
Blood Pressure	Blood pressure average not to exceed 160/105, treatment allowed.	Blood pressure average not to exceed 160/105, treatment allowed.	Blood pressure average not to exceed 140/90, treatment allowed.	Blood pressure average not to exceed 140/90, treatment allowed.
Cholesterol	Cholesterol of 400 or less.	Cholesterol of 400 or less.	Cholesterol of 240 or less, plus a cholesterol/HDL ratio of 5.5 or less; treatment allowed.	Cholesterol of 240 or less, plus a cholesterol/HDL ratio of 5.5 or less; treatment allowed.
BMI	Body mass index (BMI) 17.1-41.0.	Body mass index (BMI) 17.1-41.0.	Body mass index (BMI) 19.0-30.0.	Body mass index (BMI) 19.0-30.0.
Personal Medical History	Individual consideration.	Individual consideration.	No history of heart disease, diabetes, or cancer (excluding certain types of skin cancer).	No history of heart disease, diabetes, or cancer (excluding certain types of skin cancer).
Family History	N/A	N/A	No death of a parent or sibling prior to age 60 due to heart disease, diabetes or cancer. Ovary, breast & prostate cancers are disregarded if proposed insured is opposite gender.	No death of a parent or sibling prior to age 60 due to heart disease, diabetes or cancer. Ovary, breast & prostate cancers are disregarded if proposed insured is opposite gender.



Nicotine use includes use of any of the following: cigarettes, e-cigarettes, vape pens or vaping devices, nicotine gum/lozenges/patches, chewing tobacco, snuff, dip, pipes, more than 24 cigars per year.

CRITERIA	Standard Non-Nicotine	Standard Nicotine	Preferred Non-Nicotine	Preferred Nicotine
Citizenship	US citizen or permanent US resident only.	US citizen or permanent US resident only.	US citizen or permanent US resident only.	US citizen or permanent US resident only.
Driving Record	Individual consideration.	Individual consideration.	No DWI or DUI conviction in the past 5 years. No more than 3 moving violations in the past 3 years.	No DWI or DUI conviction in the past 5 years. No more than 3 moving violations in the past 3 years.
Foreign Travel*	No travel to countries which are politically unstable or underdeveloped. *may vary by state.	No travel to countries which are politically unstable or underdeveloped. *may vary by state.	No travel to countries which are politically unstable or underdeveloped. *may vary by state.	No travel to countries which are politically unstable or underdeveloped. *may vary by state.
Recreation	Non-ratable hazardous sports are acceptable. Ratable hazardous sports-individual consideration.	Non-ratable hazardous sports are acceptable. Ratable hazardous sports-individual consideration.	Non-ratable hazardous sports are acceptable.	Non-ratable hazardous sports are acceptable.
Criminal Record	No felony convictions in the past 10 years.	No felony convictions in the past 10 years.	No felony convictions in the past 10 years.	No felony convictions in the past 10 years.

*Foreign travel restrictions do not apply to states that prohibit underwriting based on travel. United Life refers to the U.S. Department of State Travel Advisories at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>



UNDERWRITING REQUIREMENTS and DEFINITIONS

APS (Attending Physician's Statement)	Generally requesting the last five years of medical and/or clinical records on the proposed insured - obtained by United Life.
EKG	A 12-lead resting electrocardiogram (without interpretation) obtained through a preferred paramedical service.
Paramedical Exam	A basic paramedical examination includes medical history, height, weight, blood pressure readings and pulse.
Physical Measurements	Physical measurements comprised of height, weight, blood pressure readings and pulse conducted by a preferred paramedical service; please note, medical history is not acquired.
Labs	Blood and urine specimens obtained by a preferred paramedical service.
Financial Justification	Financial statements may be required.
Functional Capacity Exam	Cognitive testing performed by a preferred paramedical service.

UNDERWRITING REQUIREMENTS and SHELF LIFE FOR ALL AGES and RATINGS

Financial Justification Documents	Up to 6 months
Paramedical Exam	Up to 6 months
Blood and Urine Results	Up to 6 months
EKG	Up to 6 months



PREPARING APPLICANT FOR EXAM VISIT (IF APPLICABLE)

Requirements are based on the proposed insured's actual age on the date of the application. When determining the underwriting requirements, we take into consideration the current net amount at risk of life insurance being applied for in addition to all amounts of coverage in force with United Life. Please do not set up any paramedical requirements. If your client requires full underwriting due to Net Amount at Risk guidelines or if the application is Refer to Underwriter (RTU) for other reasons, United Life will order the necessary requirements.

Applicant should have the following information available:

- Names and dosages of current medications
- Names, addresses, and phone numbers of any doctors or clinics visited in the last five years
- List of medical conditions or diagnoses including date diagnosed, treatment, result of treatment, and treating physician information

To achieve optimal results, the applicant should do the following prior to exam appointment:

- Bring a picture ID to the appointment
- Limit salt and high-cholesterol foods 24 hours prior to the exam
- Refrain from drinking alcoholic beverages for at least 12 hours prior to your appointment
- Avoid strenuous exercise 12 hours prior to the examination
- Limit caffeine and nicotine one hour prior to your appointment
- Drink a glass of water one hour prior to the appointment
- Provide any history of problems associated with providing a blood sample
- Get a good night of sleep prior to the examination

Please note additional precautions during the Covid-19 Pandemic.

ExamOne has implemented rigorous safety procedures to protect you and our employees during the health crisis. Some of our updated safety protocols include:

- **Pre-screening questions:** We will ask you a series of screening questions prior to your appointment date to assess your health and comfort.
- **Protective wear:** Our health professionals will be utilizing full PPE (Personal Protective Equipment), including long sleeves, long pants (or scrubs), closed-toe shoes, gloves, and facial protection that covers eyes, nose, and mouth.
- **We recommend you wear a facemask during an in-home appointment. Applicants are required to wear facemasks for Quest Diagnostics Patient Service Centers collections.**
- **Frequent cleaning and social distancing at exam sites:** All equipment and surfaces are sanitized between appointments and receive a daily deep clean.
- **We have also implemented social distancing precautions in our public areas like waiting rooms, if mandated.**

FREQUENTLY ASKED QUESTIONS

- **What is a paramedical exam?** The examination usually includes recording of height, weight, blood pressure and pulse. The examination may also include the collection of blood, urine, oral fluid, and an electrocardiogram (EKG) depending on the insurance company's guidelines.
- **How long does an exam last?** Estimated examination times:
 - 10-20 minutes for blood draw and urine
 - 20-30 minutes for paramedical exam, blood draw, and urine
 - 30-45 minutes for paramedical exam, blood draw, urine, and EKG
- **Where is the exam performed?** ExamOne professionals perform examinations at your home, workplace or at a convenient ExamOne or Quest Diagnostics location.
- **What if blood must be drawn?** If a blood sample is required by the insurance company, a medically trained ExamOne professional will perform the draw. Only single-use, sterile, disposable needles are used to collect the specimen and vinyl gloves are always worn.
- **What is an EKG?** If an electrocardiogram (EKG) is required by the insurance company, it will be performed at the time of the examination. An EKG records electric impulses of the heart. Testing is usually completed in less than 10 minutes.
- **What happens when the exam is complete?** Any specimens obtained during the examination are sent to our laboratory or another designated laboratory, and the results forwarded to the insurance company for assessment. ExamOne professionals are not aware of the tests performed on the specimen(s) at the laboratory and do not receive the test results.



FINANCIAL UNDERWRITING GUIDELINES

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

FINANCIAL UNDERWRITING INFORMATION REQUIREMENTS

- Annual earned income information provided on the application or additional financial supplement forms.
- W2s, tax returns or CPA or tax attorney verifications for larger face amounts.
- Refer to the Age & Amount Requirements chart on page 4 for when financial justification documents will be required.
- Cover letter explaining purpose of insurance and justification for insurance amount applied for.
- Financial information as provided on the application or additional financial supplement forms.
- Personal or business financial statements, estate plans and trust agreement copies.

Maximum percent of income guidelines to use when determining premium for funding the policy:

- The proposed insured's annual earned income compared to the annual premium of the intended policy should also be taken into consideration.
- Total annual premium should generally not exceed 20% of the proposed insured's earned annual income.

INCOME REPLACEMENT

An important factor when determining an acceptable amount of coverage is the proposed insured's age and gross annual earned income. This generally includes salary, wages, tips, regular bonus payments, regular commissions, deferred compensation or other employee benefits resulting from the proposed insured's abilities that would cease upon their death. Use a three-year average in cases where income fluctuates from year to year.

It is generally customary to insure an individual for a multiple of earned income to address their need. We use the table of income factors below. Using the age of the proposed insured, multiply his or her annual earned income by appropriate Earned Income Factor, and then subtract existing life insurance coverage that is not being replaced.

AGE	EARNED INCOME FACTOR
Under 30	40X
30-39	35X
40-49	30X
50-59	20X
60-64	10X
65+	5X



ESTATE PRESERVATION GUIDELINES

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

- Life insurance proceeds provide immediate cash for estate tax liabilities, thus preserving the assets of the estate for the heirs.
- Estate valuation takes into consideration the current estate value multiplied by a growth factor (rate of growth compounded for the expected growth period).
- Suggested growth period to calculate the projection is one-half of life expectancy based on current age and rating, up to a maximum of 20 years.
- Consider using a lower compounding factor when considering coverage on applicants age 70 and above.

POST-ISSUE REVIEW

Applications may be reviewed post-issue to confirm disclosures provided by the applicant. A policy may be rescinded or adjusted if information is discovered that reveals a material misrepresentation in the application submitted.



SUPPLEMENTAL FORMS COMMONLY USED WITH APPLICATIONS

Trust Statement & Affidavit	Complete this form whenever a trust is listed as a policyowner or beneficiary.
Electronic Fund Transfer Authorization	Complete this form to provide information needed if paying with an electronic fund transfer.
HIPAA Authorization	This form allows the proposed insured to authorize the release of health-related information. It must be signed and returned with the application.
Important Notice: Replacement of Life Insurance or Annuities	Complete this state-specific form where an existing life insurance policy or annuity contract will be discontinued changed, or will be financing new coverage.
Power of Attorney (POA) Statement & Affidavit	Complete this form when an authorized POA is signing on behalf of an owner.

Any time you have underwriting questions, please contact our team at 833-940-8542.

** Life insurance is available to insurable risks only. Benefits are only generally described here. Products and availability may vary by state. Read the policy for exact details on benefits and exclusions. If there is a discrepancy between the product as it is generally described here and the policy or rider issued to you, the provisions of the policy or rider will prevail.*