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LINCOLN FOR LIFE



ADVISOR GUIDE

# Underwriting Guidelines

Lincoln individual and survivorship products

The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York

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**Not for use with the public.**

2049027

Not a deposit	Not FDIC-insured	May go down in value
Not insured by any federal government agency		
Not guaranteed by any bank or savings association		

At Lincoln, we realize that the quality of our underwriting service is critical to your success. Our dedicated, customer-focused underwriting is one reason we're a top producer of life insurance. Read more to learn about our outstanding service and value.

## Preferred criteria (standard risk with no extra mortality)

Criteria	Preferred Plus Nontobacco
Tobacco use	No tobacco/nicotine products in 36 months. Occasional cigar use of up to 12 cigars a year with a urine specimen negative for nicotine.
Personal history	No personal history of cardiovascular disease, diabetes, and/or cancer (excluding benign skin cancer).
Drug and alcohol history	No history of alcohol or drug abuse within the past 10 years.
Family history	<b>Up to age 69</b> —No deaths of parent or sibling prior to age 65 due to cardiovascular disease or diabetes. <b>Age 70 and up</b> —Disregard family history of cardiovascular disease and diabetes.
Driving history	No more than two moving violations in the past 3 years. No DUI or license suspension in the past 5 years.
Labs	Blood tests other than lipids—within normal limits.
Cholesterol	<b>Up to age 69</b> —Treated and untreated readings: Cholesterol $\leq 240$ <b>and</b> Cholesterol/HDL ratio $\leq 5.0$ <b>or</b> Cholesterol $\leq 230$ <b>and</b> Cholesterol/HDL ratio $\leq 5.5$ . <b>Age 70 and up</b> —Cholesterol $\leq 275$ <b>and</b> Cholesterol/HDL ratio $\leq 5.5$ . Minimum untreated cholesterol reading is 125.
Blood pressure	<b>Up to age 69</b> —No treated hypertension within past 12 months with a 12-month average of 135/85 or lower. <b>Age 70 and up</b> —Treated and untreated hypertension within past 12 months with an average of 140/90. Has not been treated for more than 5 years.
Aviation and avocations	No private aviation or ratable avocations or occupations.
Build	<b>Up to age 69</b> —BMI of 29 or less <b>and</b> minimum BMI of 18. <b>Age 70 and up</b> —BMI of 30 or less <b>and</b> minimum BMI of 19.

## Preferred Nontobacco

No tobacco/nicotine products in 24 months. Occasional cigar use of up to 24 cigars a year with a urine specimen negative for nicotine.

No personal history of cardiovascular disease, diabetes, and/or cancer (excluding benign skin cancer) under age 70.

**Age 70 and up**— See additional criteria for diabetes.

No history of alcohol or drug abuse within the past 7 years.

**Up to age 69**— No deaths of parent or sibling prior to age 60 due to cardiovascular disease or diabetes.

**Age 70 and up**— Disregard family history of cardiovascular disease and diabetes.

**All ages**— If both parents live to age 80, overlook BMI or Cholesterol/HDL ratio as long as findings are not ratable.

No more than two moving violations in the past 3 years. No DUI or license suspension in the past 5 years.

Blood tests other than lipids—within normal limits.

**Up to age 69**— Treated and untreated readings:  
Cholesterol  $\leq 265$  **and** Cholesterol/HDL ratio  $\leq 5.5$  **or**  
Cholesterol  $\leq 250$  **and** Cholesterol/HDL ratio  $\leq 6.5$ .

**If ratio is  $\leq 4.0$ , disregard total cholesterol.**

**Age 70 and up**— Cholesterol  $\leq 299$  **and** Cholesterol/HDL ratio  $\leq 7.0$ .  
Minimum untreated Cholesterol reading is 125.

**Up to age 69**— Treated hypertension within past 12 months with a 12-month average of 140/90 or lower.

**Age 70 and up**— Treated and untreated hypertension within past 12 months with an average of 155/90.

No ratable avocations or occupations. For private aviation, if pilot has IFR, flies between 50 and 250 hours per year, is under age 70, has clean MVR, and flies in the U.S. and Canada.

**Up to age 69**— BMI of 31 or less **and** minimum BMI of 18.

**Age 70 and up**— BMI of 32 or less **and** minimum BMI of 19.

## Additional criteria for Preferred Nontobacco only

### Personal history of diabetes— age 70 and up

- Type 2, duration 3 years or less
- Oral medications or diet controlled
- Hemoglobin A1c average over past 12 months of 6.0 or lower
- Current urinalysis negative and no history of proteinuria
- No history of retinopathy or neuropathy
- Blood pressure well controlled
- Favorable cardiac workup (for example, negative treadmill EBCT, catheterization within 2 years)
- Good lipids (meets preferred lipids criteria)

# Five underwriting classes

**Preferred Plus Nontobacco**—Preferred Plus is Lincoln’s best risk classification and includes those applicants who have not used tobacco or nicotine in any form in the past 36 months except for the occasional cigar, provided the urine specimen is negative for nicotine, and meet all of the Preferred Plus criteria.

**Preferred Nontobacco**—This class is for clients who enjoy exceptional health and have not used tobacco or nicotine in any form in the past 24 months except for the occasional cigar, provided the urine specimen is negative for nicotine, and meet all the Preferred criteria.

**Standard Nontobacco**—This class represents those insureds who have an average life expectancy and do not meet Preferred criteria. This class includes cigar, pipe, or chewing tobacco users who may test positive for nicotine but excludes cigarette smokers.

**Preferred Tobacco**—This class is similar to the Preferred Nontobacco class where the insured meets all the Preferred criteria, but the insured has smoked cigarettes within the past 12 months.

**Standard Tobacco**—This class is similar to the Standard Nontobacco class, but the insured has smoked cigarettes within the past 12 months.

Note: Classes may vary by product and age. Check product specifications for available classes.

## Minimum/maximum weight in pounds and BMI

Height	Male/female ages up to 69				Male/female ages 70 and up			
	Preferred Plus BMI		Preferred BMI		Preferred Plus BMI		Preferred BMI	
	Min 18	Max 29	Min 18	Max 31	Min 19	Max 30	Min 19	Max 32
4'10"	88	138	88	148	91	143	91	153
4'11"	91	143	91	153	94	148	94	158
5'0"	94	148	94	158	97	153	97	163
5'1"	98	153	98	164	100	158	100	169
5'2"	101	158	101	169	104	164	104	175
5'3"	104	163	104	175	107	169	107	180
5'4"	108	169	108	180	110	174	110	186
5'5"	111	174	111	186	114	180	114	192
5'6"	114	179	114	192	118	186	118	198
5'7"	118	185	118	198	121	191	121	204
5'8"	122	190	122	203	125	197	125	210
5'9"	125	196	125	209	128	203	128	216
5'10"	129	202	129	216	132	209	132	222
5'11"	133	208	133	222	136	215	136	229
6'0"	136	213	136	228	140	221	140	235
6'1"	140	219	140	235	144	227	144	242
6'2"	144	225	144	241	148	233	148	249
6'3"	148	232	148	248	152	240	152	256
6'4"	152	238	152	254	156	246	156	263

For heights not listed on the chart, go to [www.findmybmi.org](http://www.findmybmi.org).

# Age and amount requirements grids

## Permanent and term life products

For second-to-die policies, divide the face amount in half for **all** requirements.

Face amount	Age (insurance age)				
	0–14	15–40	41–50	51–69	70+
\$0 to \$49,999	Non-med	Non-med	Non-med	Short form exam urine w/HIV non-med	Paramed w/senior supp* chem profile urine specimen
\$50,000 to \$99,999	Non-med	Short form exam urine w/HIV non-med	Short form exam urine w/HIV non-med	Short form exam urine w/HIV non-med	Paramed w/senior supp* chem profile urine specimen
\$100,000 to \$250,000	Non-med	Paramed chem profile urine specimen	Paramed chem profile urine specimen	Paramed chem profile urine specimen	Paramed w/senior supp* chem profile urine specimen
\$250,001 to \$1,000,000	Non-med	Paramed chem profile urine specimen	Paramed chem profile urine specimen	Paramed chem profile urine specimen EKG	Paramed w/senior supp* chem profile urine specimen EKG
\$1,000,001 to \$2,500,000	Contact underwriter	Paramed chem profile urine specimen	Paramed chem profile urine specimen	Paramed chem profile urine specimen EKG	Paramed w/senior supp* chem profile urine specimen EKG
\$2,500,001 to \$5,000,000	Contact underwriter	Paramed chem profile urine specimen	Paramed chem profile urine specimen EKG	Paramed chem profile urine specimen EKG	Paramed w/senior supp* chem profile urine specimen EKG
\$5,000,001 to \$10,000,000	Contact underwriter	Paramed chem profile urine specimen	Paramed chem profile urine specimen EKG	Paramed chem profile urine specimen EKG	Paramed w/senior supp* chem profile urine specimen EKG
\$10,000,001 to \$50,000,000	Contact underwriter	Paramed chem profile urine specimen EKG	Paramed chem profile urine specimen EKG	Paramed chem profile urine specimen EKG treadmill (ages 55–69 only)	Paramed w/senior supp* chem profile urine specimen EKG

Amounts over \$50,000,000 require facultative reinsurance, and additional requirements may be needed at reinsurer's discretion.

\*The senior supplement consists of a "Get up and go" test, word recall test, and a clock draw.

# Age and amount grids

## Other requirements

<b>PHI</b>	Ages 18 to 69 \$1,000,001 to \$10,000,000	Age 70+ \$500,001 to \$10,000,000
<b>Inspection report</b>	All ages \$10,000,001 and up	
<b>MVR</b>	Ages 16 to 40 \$250,000 and up	Age 41+ \$500,000 and up
<b>Financial documentation</b>	Underwriting may require financial documentation such as income tax returns, third party verification of net worth, or copies of estate planning materials prepared and provided to support the case design and amount applied for.	

## Expiration date for requirements

Requirement type	Timeframe for expiration	
<b>Paramed and MD exam</b>	Ages 0 to 69 — Up to 12 months	Ages 70+ — Up to 6 months
<b>Chem profile, urine specimen</b>	Ages 0 to 69 — Up to 12 months	Ages 70+ — Up to 6 months
<b>Resting EKG</b>	12 months	
<b>Treadmill EKG</b>	24 months if resting EKG within 90 days is available	
<b>PHI/inspection report</b>	12 months	
<b>MVR</b>	6 months	

# Reinsurance limits

## Permanent life products

<b>Auto bind limits</b>	\$50,000,000 ages 0–80; all risk classes
	\$25,000,000 ages 81–85; maximum rating Table 4 (200%)
<b>Jumbo limit</b>	\$65,000,000 ages 0–80
	\$50,000,000 ages 81–85

## Term life products

<b>Auto bind limits</b>	\$50,000,000 ages 18–75; maximum rating Table 6 (250%)
<b>Jumbo limit</b>	\$65,000,000 all issue ages

## Table reduction program

- Only permanent products are eligible for this program.
- Ages up to 70, maximum face amount is \$10,000,000.
- Medical impairments with table rating of Table C or less will be reduced to Standard on individual products. Both lives on survivorship products can be reduced to Standard provided both are Table C or less, and both lives are age 70 or less.
- Medical flat extra ratings of \$5.00 per thousand or less will be reduced to Standard. Flat extras with table rating will not be eligible for the table reduction program.
- Nonmedical flat extra ratings for aviation, avocation, motor vehicle, occupation, and foreign residence or travel are not eligible for the program.



# Field guidelines for ordering attending physician's statement

Where there has been a routine checkup/physical examination within the periods indicated on the chart below, an attending physician's statement (APS) should be ordered for the corresponding ages and amounts.

Ages	Amount				
	\$1–\$249,999	\$250,000–\$500,000	\$500,001–\$1,000,000	\$1,000,001–\$2,000,000	\$2,000,001 and up
0–14	N/A	N/A	N/A	Within 1 year	Within 2 years
15–49	N/A	N/A	N/A	N/A	Within 2 years
50–59	N/A	N/A	N/A	Within 2 years	Within 3 years
60–79	Within 1 year	Within 1 year	Within 2 years	Within 3 years	Within 3 years
80 and up	Within 1 year	Within 2 years	Within 2 years	Within 3 years	Within 4 years

## Special notes

- Do not order an APS completed for FAA, DOT, insurance, military, or employment purposes.
- For ages under 60 for amounts of \$1 million or less, do not order multiple APSs without prior underwriter approval.
- For ages 50 and older with amounts of \$1 million or more, up to two APSs can be ordered without prior underwriter approval.
- If any of the following impairments are indicated, an APS should be ordered regardless of the age or amount:
  - Cancer/tumor (to include pathology report and follow-up notes from a doctor)
  - Cerebrovascular accidents/strokes or peripheral vascular disease
  - Crohn's disease/ulcerative colitis
  - Diabetes
  - Emphysema/COPD
  - Epilepsy/seizures
  - Heart disease (including coronary artery/valvular disease, heart attack, etc. to include catheterization report and copies of any cardiac tests, if applicable)
  - Liver disorders/kidney disorders (except kidney stones)
  - Mental/emotional disorders
  - Neurological disorders (including Parkinson's disease, muscular dystrophy, and multiple sclerosis)
  - Sleep apnea
  - Substance abuse
- At age 70 and older, if there is no personal physician or no physician seen within the past 12 months, Lincoln will not consider for insurance.
 

While not all inclusive, remember these are guidelines and should only be used as such. If there is any question about whether an APS is needed, contact your underwriting partner. When in doubt, do not order a report.

# Approved vendor list

## Strategic vendors

### Examination, APS, Inspection report services

#### **EMSI**

Phone: 800 472-0454  
Fax: 800 530-0502  
Website: [www.emsinet.com](http://www.emsinet.com)  
E-mail: [careteam@emsinet.com](mailto:careteam@emsinet.com)

### Examination, APS, Inspection report, MVR services

#### **ExamOne**

Phone: 800 768-2056  
Fax: 913 859-6882  
Website: [www.myexamone.com](http://www.myexamone.com)  
E-mail: [CSG.1@examone.com](mailto:CSG.1@examone.com)

## Preferred vendors

### Examination services

#### **APPS**

Phone: 800 635-1677  
Fax: 877 519-3412  
Website: [www.appslive.com](http://www.appslive.com)

#### **Superior Mobile Medics**

Phone: 800 898-3926  
Fax: 888 548-3926  
Website: [www.superiormobilemedics.com](http://www.superiormobilemedics.com)

#### **Portamedic**

Phone: 866 335-5575  
Fax: 866 307-5685  
Website: [www.hooperholmes.com](http://www.hooperholmes.com)  
E-mail: [allentownservicecenter@portamedic.com](mailto:allentownservicecenter@portamedic.com)

## APS services

### **MediConnect**

Phone: 800 489-8549  
Fax: 888 489-8706 (Authorizations)  
Fax: 888 205-0338 (Records)  
Website: [www.medicconnect.net](http://www.medicconnect.net)

## Lab services

### **CRL**

Phone: 800 882-1922  
Fax: 913 492-8880  
Website: [www.crlcorp.com](http://www.crlcorp.com)  
E-mail: [ilscs@crlcorp.com](mailto:ilscs@crlcorp.com)

## Inspection report services

### **First Financial**

Phone: 800 570-3477  
Fax: 800 571-3477  
Website: [www.firstfin.com](http://www.firstfin.com)  
E-mail: [customer-services@firstfin.com](mailto:customer-services@firstfin.com)

Lincoln strongly encourages use of our strategic and preferred vendors because of the many advantages they offer:

- No out-of-pocket expense
- No need to submit reimbursement documentation
- Greater leverage in resolving issues more quickly
- Support from Vendor Management with any vendor-related issues

Lincoln seeks to deliver outstanding service and value through dedicated, customer-focused underwriting. We build strong, trusting relationships with partners, seek the top talent in the industry, and use an underwriting philosophy geared to flexibility in decision making based on case specifics.

# Medical reimbursement guidelines

We appreciate your business and thank you for submitting insurance applications through Lincoln Financial Group. We encourage you to use our approved vendors for medical requirements. However, if you order requirements from your office, please follow the steps below to ensure you receive prompt reimbursement.

If you choose to order from an approved vendor, the vendor will direct bill the company, thus eliminating the need for you to pay out of pocket and submit documentation for reimbursement.

## Ordering process

- Submit a cover letter with the initial application stating what you are ordering, so duplicate orders do not occur. If the Home Office is notified at this time and the requirement is needed by the underwriter, reimbursement requests will be processed according to the following guidelines.

## Reimbursement process

- Include the reason for the reimbursement request, a copy of the invoice, proof of payment, the applicant's full name, the policy number, and the applicant's date of birth. For APS reimbursements, also provide a contact name at the physician's office or medical facility.

- Reimbursement will be made for the actual APS total cost up to \$150 (includes a maximum retrieval fee of \$15). Send fee-approval requests for those over \$150 to [NBVendorMgt@lfg.com](mailto:NBVendorMgt@lfg.com). Please note: We will reimburse up to a total of \$150 from each single doctor or source. The total of \$150 is an aggregate from each single doctor or source, no matter the number of individual APS records received from that doctor or source. Any amount over the total of \$150 will need to be preapproved. Please have the bill submitted in its entirety for a one-time reimbursement.
- Medical requirements completed by unapproved vendors or personal physicians will only be reimbursed up to our average approved fee. Contact the underwriter for personal physician approval.
- All reimbursement requests should be sent to [NBVendorMgt@lfg.com](mailto:NBVendorMgt@lfg.com) or faxed to 336 335-2416.
- For informal or trial applications, we do not pay for requirements, but we will honor requests for reimbursement provided a formal application is submitted and placed in-force (commissions paid).



## Additional important information

- For formal applications, we will reimburse for any record that is needed based on the appropriate age/amount requirement grid. Our approved vendors have the appropriate grids. We will reimburse once the policy has been placed in-force (commissions paid).
- You will be reimbursed within 30 days after receipt of your invoice. Please be sure to include a remittance address and name. Reimbursements must be submitted within six months of placement.
- If you select a nonapproved vendor, you will continue to be responsible for providing the vendor with current exam forms, age/amount grids, and any other necessary documents needed via intranet sites.

## Vendor Management team inbox

- To expedite reimbursement processing, receive fee approvals, and to better respond to your questions, we now have an e-mail address and fax number. Fee approvals will be answered within one business day. Reimbursement will be granted within 30 days of receipt of your invoice.

**E-mail: [NBVendorMgt@lfg.com](mailto:NBVendorMgt@lfg.com)**

**Fax: 336 335-2416**

**Please be sure you send any medical and personal information through a secure method.**

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POD 1/11 **Z03**

**Order code: UW-GUIDE-BRC001**  
10-6311A



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