



**Underwriting
Criteria and
Requirements**

ON THE MOVE.

At Banner and William Penn you'll find underwriters who are skillful, thoughtful, and responsive.

You'll also find underwriting professionals committed to partnering with you in driving revenue.

Effective January 20, 2011



YOUR COMPANY FOR LIFE™



**Legal &
General**
AMERICA

Every day matters in the Underwriting Departments at Banner and William Penn.

Understanding that underwriting is critical to driving revenue and profitability is the reason why our underwriting philosophy is simple. We underwrite the entire individual, not just the impairment.

Our unyielding commitment is to engage highly skilled and experienced underwriters and medical directors to consistently deliver thoughtful and responsible underwriting, attentive and responsive processing and personalized service to you, our treasured brokerage business partners.

Our medical directors are diligent in their review of medical literature for new tests / studies and medical advances (such as drug therapy, procedures and surgery) that most accurately reflect the mortality risk and support adjustments to our guidelines.

Our financial underwriting philosophy is to work with you to provide the amounts of insurance coverage necessary to meet the needs of your clients, through the positive interpretation of income multipliers, projected estate needs and charitable giving programs as well as the full range of business insurance needs.

Our leading-edge technology enables us to provide you with enhanced communication throughout the risk selection process, providing the ease of doing business you require.

Thank you for your business. Please use this underwriting Criteria and Requirements brochure to facilitate your LGA applications.

If you have any questions or require any further underwriting assistance, please do not hesitate to contact us at 800.638.8428. After all, we are Your Company For Life™.

We are pleased to introduce our new Approval Express Team, APEX.

Do you have a proposed insured age 50 or under, applying for ≤ \$1 million of total coverage? Is his or her medical history insignificant? Is an attending physician statement not required according to our published guidelines? If so, your case may be processed by our APEX Team.

Our commitment is to get your case approved and issued expeditiously. This team of underwriters is solely dedicated to processing these cases which require limited underwriting.

With APEX, smaller, cleaner cases won't be slowed down by underwriters handling larger, more complex cases. APEX can help eliminate roadblocks and get you the quick approval you need to drive higher case placement.

Here's all you need to do to help APEX approve the application ASAP:

- Make sure the application and all related forms are completed to their fullest extent.
- Have all medical requirements completed before or shortly after application submission.

With an average turnaround time of 24 hours for initial underwriting review, the more complete your case is when it reaches an APEX underwriter's desk, the more rapidly it may be approved. It's just that simple.

Even your smallest, clean case is our biggest priority.

Rate Reduction and Change to Non-Tobacco Rates

Requests for reconsideration of an original underwriting rate class, including a change to non-tobacco rates, can be facilitated with a quick call to our customer service department to begin the process.

The customer service representative will contact the underwriting department to review the request on a preliminary basis and determine what, if any, underwriting requirements will be necessary. If underwriting agrees the change request can be considered, the service representative will provide the client with the proper change request form and advise him or her of the requirements necessary to proceed. *Please note the cost of underwriting requirements will be at the expense of the policy owner.*

Take the first important step to submitting an impaired risk case to us by sending a QuickQuote request.

We accept emails as well as formatted requests from XRAE. Your QuickQuote can include up to 5 pages of records and you are encouraged to include copies of echocardiograms, stress test reports, pathology reports or any other test or study that best reflects the risk.

We will review your QuickQuote request and provide you an accurate preliminary quote. Simply email your inquiry to your underwriting team's QuickQuote email box and our dedicated team of experienced underwriters will do the rest. Our underwriters work closely with our medical directors to ensure delivery of competitive tentative offerings. Our quotes are processed within 48 hours; many are back in 24 hours.

The QuickQuote rendered is not a final offer. It is a tentative offer based solely on the information you provide. A final decision will be made after receipt and assessment of a formal application, Medical Information Bureau (MIB) review, all age and amount requirements, complete medical records and financial documentation necessary to justify the requested coverage. Facultative reinsurance review may be required. It is our intent to issue a policy that matches your QuickQuote.

The formal application and copy of our tentative QuickQuote offer must be received within 60 days. If you have any questions, or need your team QuickQuote email box, call your sales representative.

A REAL BIG PLUS.

With the exception of cancer cases requiring a flat extra without a table rating, all Banner and William Penn non-tobacco substandard premiums are based off of Standard Plus rates ... not Standard.

The savings add value ... and more reasons to give Legal & General America the first look at your next case.

PREFERRED PLUS CAN LOOK LIKE THIS:

Anxiety / Depression / Mood Disorder

One episode, duration of less than one year, recovered, no current medication.

Asthma

Mild exercise induced asthma or mild seasonal asthma.

Carotid Doppler findings

1-15% stenosis, based upon flow velocity, with no intimal medial thickening and conclusion states no plaque noted.

Colon Adenoma

Tubular, serrated or villous, fully removed with negative margins, no dysplasia.

Echocardiogram

No diagnosis of left ventricular hypertrophy in the report, septal and posterior wall up to 1.2 cm thick, blood pressure well controlled by history. A finding of diastolic dysfunction based solely on E to A ratio and echocardiogram otherwise normal.

Mitral Valve Prolapse

With mitral valve normal appearing and normal thickness and echocardiogram otherwise normal, no regurgitation.

CDT Positive

Evidence supports "false" positive, with full and complete investigation.

Osteoporosis

No known complications.

Skin Cancers

Basal cell carcinoma, superficial squamous cell carcinoma. Single atypical nevus or dysplastic nevus: no history of melanoma or family history of melanoma, with well documented and favorable dermatology follow up.

PREFERRED CAN LOOK LIKE THIS:

Alcohol or Single Drug Abuse Treatment

Last used more than 10 years ago, single episode of treatment, without any relapse, total abstinence from any mood-altering drug and no subsequent alcohol or drug related issues.

Anxiety / Depression / Mood Disorder

Current, on one drug, well controlled.

Asthma

On two medications or less, well controlled.

Epilepsy

No seizures for > 5 years, off medication.

Nevi

Up to 3 atypical or dysplastic nevi with no history of melanoma or family history of melanoma, with well documented and favorable dermatology follow-up care.

Valvular Disease

One valve mildly thickened or redundant valve, no mitral valve prolapse, less than mild regurgitation, rest of echocardiogram normal.

Temporary Insurance Application and Agreement (TIAA)

Our agreement provides a limited amount of life insurance coverage, for a limited amount of time and is subject to specific terms and conditions.

Temporary insurance cannot begin and no payment should be taken, if any question on the TIAA is answered "Yes" or left blank.

Maximum face amount for temporary insurance is \$1,000,000 for all pending applications. Maximum issue age is 70.

If, based on the terms of the TIAA, payment can be and is accepted with the application, please be sure to:

- Read and answer all questions accurately
- Fully explain the terms of the agreement to the Proposed Insured and Owner
- Fully complete the TIAA
- Secure proposed insured and owner signatures and date TIAA
- Provide proposed insured and owner with a copy
- Submit the TIAA along with the application and payment

Policies covered under the TIAA will receive a policy date equal to the issue date, unless an older date is requested.

Note: Underwriting can return the payment and remove temporary insurance at any time within the underwriting process.

Good Health Statement

A Good Health Statement (GHS) is required when the,

- Proposed insured is over age 70
- Application is approved on a substandard / rated basis
- Medical evidence is over 60 days
- Underwriter approves a delivery extension
- Underwriter approves a reissue
- Application previously closed, withdrawn or incomplete is reopened and approved
- Post-issue change request is to increase amount, policy duration, death benefit or an increase in our liability

Note: Should the Good Health Statement indicate that a physician has been consulted during the interim, it is our practice to request an Attending Physician's Statement.

Retention			
Ages	Preferred Plus - Table 4	Table 5 -8	Table 9 -12
20-75	\$2 million	\$500,000	\$500,000
76-80	\$500,000	\$500,000	\$500,000
81-85	\$500,000	\$500,000	\$500,000
Automatic Binding Limits			
Ages	Preferred Plus - Table 4	Table 5 -8	Table 9 -12
20-75	\$20 million	\$5 million	\$5 million
76-80	\$4 million	\$2 million	\$1 million
81-85	\$2 million	None	None
Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.			
Jumbo Limits			
Cases in excess of our jumbo limits require facultative approval by our reinsurers. Case size is determined by total in-force plus total amount currently applied for with all companies, including amounts to be replaced.			
Ages			
20-75	\$40 million		
76-85	\$30 million		

The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.

Financial underwriting is an important aspect of the risk assessment process. In essence, the underwriters must decide “if the case makes sense.” Specifically, they consider the following:

- Is there an insurable interest?**
- Is there a definable economic loss?**
- Is there a valid need and purpose for insurance?**
- Does the amount of insurance applied for correlate with the amount of loss?**

A well-written cover letter by the writing agent will allow the underwriter to better understand the case upon initial review and result in quicker issuance of the policy applied. The cover letter should address how the face amount was determined and the reason for the coverage, including all inforce coverages.

For any case, additional financial statements and / or information may be required to justify coverage amounts. You may need to order an IR (Inspection Report) and / or BBR (Business Beneficiary Report) even though the age / amount underwriting requirements (located on page 14) do not specify it. Third-party verified financials are required for amounts over \$5 million on personal and business applicants.

Note: Banner / William Penn will not approve any applications involving Non-Recourse Premium Financing, Investor-Owned or Stranger-Owned Life Insurance or other similar programs.

Personal Insurance:

AGES	EARNED INCOME MULTIPLIER
20 - 40	30
41 - 50	25
51 - 55	20
56 - 65	15
66 - 70	5 -10
≥ 71	Case-by-case determination

Insurance on Dependent Spouses:

We will consider applicants for coverage in the same amount as the wage-earning spouse for face amounts up to and including \$1 million. Face amounts over \$1 million will be considered on a case-by-case basis. Supporting documentation:

- Amount of insurance inforce and applied for on wage-earning spouse
- Income of wage-earning spouse

Charitable Beneficiary:

Coverage is determined by multiplying the annual donation by the age-specific earned income multiplier (page 8) ... or ... by multiplying the annual donation by the number of years pledged. Supporting documentation must include contribution record (past history of giving to the institution). Other insurance needs must be met.

Estate Tax Planning:

Net assets times the tax rate.

Business Coverage:

In general, we will require a fully completed BBR (Business Beneficiary Report) in addition to the IR for amounts exceeding \$3 million.

Keyperson Coverage:

Ages ≤ 64:	Up to 10 times the applicant’s annual income (salary and bonus)
Ages 65 - 70:	Up to 5 times the applicant’s annual income (salary and bonus)
Ages ≥ 71:	Individual consideration for key person when facts and financial data demonstrate a significant loss to the company

Creditor/Debt Repayment:

We will consider coverage provided the term of the loan is at least 10 years. We will generally consider up to 80% of the loan amount for uncollateralized loans and up to 100% of the loan if structured as a collateral assignment. Supporting documentation must include details of the loan agreement outlining purpose, amount and duration of the loan.

Buy-Sell, Partnership, Stock Redemption Coverage:

Coverage is determined by percentage of ownership held by applicant multiplied by the market value of the company (i.e., 10 times net income).

New Business Coverage/Start-up Entities:

Case-by-case: Total line of coverage cannot exceed 50% of the loan or investment. Detailed cover letter from broker with respect to amount and exact purpose of insurance must include:

- Need amount and source of funding
- Experience of the owners in the field
- Their success as measured by prior income in addition to years of work experience
- Historical balance sheet and income / expense statement

UNDERWRITING CRITERIA

	Preferred Plus non-tobacco	Preferred non-tobacco / tobacco
Aviation	Available only with exclusion rider.	Available only with exclusion rider.
Avocation	Available only if no flat extra premium would be required.	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 136/86.	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 146/90.
Build	See chart on page 12.	See chart on page 12.
Cancer History	Only available on certain types of skin cancer.	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 4.5 with or without treatment.	May not exceed 5.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.
Family History*	No cardiovascular disease or cancer in either parent or siblings before age 60.	No cardiovascular or cancer death in either parent before age 60.
Impairments	No personal history of disease or impairment that would affect mortality.	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	Must be permanent U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.	Must be U.S. permanent resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.
Substance/ Alcohol Abuse	No abuse.	No abuse in past 10 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 36 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.	For the PNT class, no use of tobacco or nicotine-based products in last 24 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.

*For clients over age 70 who do not use tobacco, a family history of cardiovascular disease or cancer is not a consideration in determining underwriting class. At all ages a family history of prostate cancer is not considered for female applicants, nor is cervical cancer for male applicants.

UNDERWRITING CRITERIA

	Standard Plus non-tobacco	Standard non-tobacco / tobacco
Aviation	Available, however may have flat extra or exclusion rider.	Available, however may have flat extra or exclusion rider.
Avocation	Available, however may have a flat extra.	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 152 / 92.	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 156 / 94.
Build	See chart on page 12.	See chart on page 12.
Cancer History	Available depending on type and date of onset of cancer.	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.	120-300, with or without treatment.
Chol / HDL Ratio	May not exceed 6.5 with or without treatment.	May not exceed 8.0 with or without treatment.
Driving History	No more than 3 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 3 years.	No more than 4 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 2 years.
Family History*	No cardiovascular or cancer death of more than one parent before age 60.	No cardiovascular death of more than one parent before age 60.
Impairments	Can have personal history of certain diseases or impairments.	Can have personal history of certain diseases or impairments.
Residency / Citizenship	Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card.	Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card.
Substance / Alcohol Abuse	No abuse in past 7 years.	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.	For the SNT class, no use of tobacco or nicotine-based products in last 12 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.

*For clients over age 70 who do not use tobacco, a family history of cardiovascular disease or cancer is not a consideration in determining underwriting class. At all ages a family history of prostate cancer is not considered for female applicants, nor is cervical cancer for male applicants.

BUILD CHARTS

Half-inch measurements are rounded to the next highest inch.

Preferred Plus Build Chart					
Height	Male	Female	Height	Male	Female
5'0"	144	135	6'0"	207	180
5'1"	148	138	6'1"	213	184
5'2"	153	140	6'2"	219	188
5'3"	158	143	6'3"	225	193
5'4"	163	145	6'4"	230	197
5'5"	168	148	6'5"	237	201
5'6"	174	150	6'6"	243	205
5'7"	179	155	6'7"	249	209
5'8"	185	160	6'8"	256	214
5'9"	190	165	6'9"	262	218
5'10"	196	170	6'10"	268	222
5'11"	201	175	6'11"	276	226

Preferred, Standard Plus, Standard Male / Female Build Chart			
Height	Preferred	Standard Plus	Standard
5'0"	158	166	172
5'1"	163	172	178
5'2"	168	175	183
5'3"	174	182	190
5'4"	179	188	195
5'5"	185	194	202
5'6"	191	200	208
5'7"	197	206	215
5'8"	203	212	221
5'9"	209	219	228
5'10"	215	226	234
5'11"	221	231	241
6'0"	228	240	249
6'1"	234	245	255
6'2"	241	253	263
6'3"	247	259	269
6'4"	253	265	276
6'5"	260	272	283
6'6"	267	280	291
6'7"	274	287	299
6'8"	281	294	306
6'9"	288	302	314
6'10"	295	309	322
6'11"	303	317	330

PERMISSIBLE TIME LIMITS

Permissible Time Limits for Routine Age and Amount Medical Evidence, where the results are normal:

Ages 20 through 60:

- Non-Medical Part II: 1 year
- Exam (abbreviated, paramedical exam, MD exam): 1 year
- Resting and / or treadmill electrocardiogram: 1 year
- Blood and / or urine specimen: 1 year

Ages 61 through 80:

- Non-Medical Part II: 6 months
- Exam (abbreviated, paramedical exam, MD exam): 6 months
- Resting and / or treadmill electrocardiogram: 6 months
- Blood and / or urine specimen: 6 months

Ages Over 80:

- Non-Medical Part II: 3 months
- Exam (abbreviated, paramedical exam, MD exam): 3 months
- Resting and / or treadmill electrocardiogram: 3 months
- Blood and / or urine specimen: 3 months

Note: A Good Health Statement is required after 60 days. Should the Good Health Statement indicate a change in health or a consultation with a physician during the interim, it is our practice to request an Attending Physician's Statement.

ROUTINE REQUIREMENTS

Face Amount:

For the purpose of determining the correct underwriting requirements, please add:

1. The face amount currently being applied for, PLUS
2. The face amount (including rider amount) of all existing policies with the company applied to (Banner and / or William Penn)

Face Amount	20-40	41-50	51-60	61-70	>70
\$50,000 to \$250,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	PM BU APS MVR	PM BU APS DAQ MVR
\$250,001 to \$500,000	APM/NM BU MVR	APM/NM BU MVR	APM/NM BU MVR	PM BU EKG APS MVR	PM BU EKG APS DAQ MVR
\$500,001 to \$1 million	APM/NM BU MVR	APM/NM BU MVR	PM BU MVR	PM BU EKG APS MVR	MDE BU EKG IR APS DAQ MVR
\$1,000,001 to \$2 million	APM/NM BU MVR	APM/NM BU EKG MVR	PM BU EKG MVR	PM BU EKG IR APS MVR	MDE BU EKG IR APS DAQ MVR
\$2,000,001 to \$3 million	APM/NM BU IR HOC MVR	APM/NM BU EKG IR HOC MVR	PM BU EKG IR HOC MVR	PM BU EKG IR APS MVR	MDE BU EKG IR APS DAQ MVR
\$3,000,001 to \$5 million	PM BU EKG IR MVR	PM BU EKG IR MVR	PM BU EKG IR MVR	MDE BU EKG CXR* IR APS MVR	MDE BU EKG CXR* IR APS DAQ MVR
\$5,000,001 to \$10 million	PM BU EKG CXR* IR MVR	PM BU EKG CXR* IR MVR	PM BU EKG CXR* IR MVR	MDE BU EKG CXR* IR APS MVR	MDE BU EKG CXR* IR APS DAQ MVR
\$10,000,001 +	MDE BU EKG CXR* IR MVR	MDE BU TMEKG CXR* IR MVR	MDE BU TMEKG CXR* IR MVR	MDE BU TMEKG CXR* IR APS MVR	MDE BU TMEKG CXR* IR APS DAQ MVR

REQUIREMENT ABBREVIATIONS

APM / NM	Abbreviated Paramed In addition to APM, please complete Nonmed (NM) Part II of the application.
APS	Attending Physicians Statement At any age and amount, an APS is always required for the conditions listed on pages 16-17, as well as at the discretion of the underwriter.
BU	Blood and Urine
CXR*	Chest X-Ray - Required for tobacco users only.
DAQ	Daily Activities Questionnaire
EKG	Electrocardiogram
IR	Inspection Report A third party inspection report is required for amounts: <ul style="list-style-type: none"> • Over \$3 million at all ages • Over \$1 million, ages 61 and up • Over \$500,000, ages 71 and up An interview with the proposed insured in person or by phone is usually part of the investigation. These reports are completed by First Financial Underwriting Services.
IR HOC	Inspection Report Ordered by HO Our AppAssist call center will complete the inspection reports for amounts \$2,000,001 through \$3 million, up to and including age 60.
MDE	Exam by Physician
MVR	Motor Vehicle Report
PM	Paramedical Examination
TMEKG	Treadmill EKG If a TMEKG is necessary to properly evaluate a proposed insured who is age 71 or older, we will close our file until the applicant has obtained a full cardiac evaluation.

The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.

APS ORDERING REQUIREMENTS

At ages 20-60, for all amounts, an APS is not required for the conditions at the bottom of this page and an APS is always required for the conditions listed at right. At all ages, an APS may be requested at the discretion of the underwriter.

Age	Amounts \$50,000-\$500,000 Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-40 41-60 61 & Up	1 Month 3 Months APS always required.
Age	Amounts \$500,001 - \$1 million Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-40 41-50 51-60 61 & Up	1 Month 3 Months 1 Year APS always required
Age	Amounts \$1,000,001 - \$2 million Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-50 51-60 61 & Up	1 Year 2 Years APS always required
Age	Amounts \$2,000,001 and up Order APS if physician is consulted (but not for conditions noted at bottom) within...
20-50 51-60 61 & Up	2 Years 3 Years APS always required

AT AGES 20-60, ALL AMOUNTS, AN APS IS NOT REQUIRED...

NOT for any the following routine examinations:

- Company physicals
- FAA or ICC physical examination
- Insurance examinations
- Routine gynecological exams; all findings normal
- Normal pregnancy and childbirth
- Pre-school, pre-marital or pre-employment examinations

NOT for any of the following routine operations:

- Appendectomy
- Cataract
- Gallbladder
- Hemorrhoidectomy
- Hernia
- Pilonidal cyst
- Sterilization procedure
- Tonsillectomy

NOT if the only reason for medical consultation was for minor illnesses such as:

- Allergies
- Cold / Flu
- Hay Fever
- Minor injuries

APS ORDERING REQUIREMENTS

AT ALL AGES AND AMOUNTS, AN APS IS ALWAYS REQUIRED

IF...the proposed insured has obtained medical consultation for the following conditions. Please ask for details of medical history (or incident), treatment (including copy of hospital records) and follow-up care. For all biopsy and follow-up surgical procedures marked with an asterisk(*), please request Gross and Microscopic Pathology Reports:

Abnormal EKG	Intestinal Bleeding
Alcoholism	Kidney Disorders
Aneurysm	Liver Disorders
Angioplasty	Malignant Tumors*
Apnea	Mental Disorders
Arrhythmia / Palpitations	Mole*
Biopsy*	Multiple Sclerosis
Blood in Urine	Muscular Dystrophy
Blood Disorders	Nephrectomy
Blood Pressure (Elevated)	Nephritis
Brain Tumor	Nervous Conditions
Bronchiectasis	Pancreatic Disorders
Cancer*	Paralysis
Cerebral Hemorrhage	Psychosis
Cerebral Vascular Disease	Pyelonephritis
Chest Pain (Angina)	Regional Enteritis or Ileitis
Chronic Cough	Rheumatoid Arthritis
Cirrhosis of Liver	Schizophrenia
Colitis - Ulcerative	Skull Fracture
Convulsions	Stroke (Cerebral Vascular Accident)
COPD - (Chronic	Syncope
Obstructive Pulmonary Disorder)	Thrombosis (Clots)
Coronary Bypass Surgery	Tumors, Growths, Lesions*
Coronary Artery Disease	Tuberculosis
Crohn's Disease	Ulcerative Colitis / Proctitis
Depression	Ulcers
Diabetes	Vascular Disease (PVD)
Dizzy Spells	Vertigo
Drug Use	
Embolism	
Emphysema, Bronchitis	
Epilepsy (seizures, convulsions)	
Fatigue	
Heart Attack	
Heart Valve Disorders	
Heart Murmur	
Heart Disease	
Heart Disorders	
Hemophilia	
Hepatitis	
Hypertension	

ADDITIONAL CRITERIA - NO TOBACCO USE

How often has this happened?

You submit a case and everything looks good except for one finding. That finding hurts the premium calculation by one rate class.

We can improve an underwriting decision by ONE class ... **IF** the one adverse finding was for build, blood pressure or family history ... **AND** the respective criteria in the yellow box below or Super Criteria is satisfied.

The additional underwriting criteria can only be applied to cases rated Standard or better.

FOR APPLICANTS WHO DON'T USE TOBACCO

If all other criteria for an improved class are met, except for ONE of these adverse findings:

Build

Add one-inch to the proposed insured's measured height when referring to published build charts in the current underwriting brochure.

- Improves rate by one class
- No improvement, so try Super Criteria →

Family History

- Try Super Criteria →

Blood Pressure

- Try Super Criteria →

ADDITIONAL CRITERIA EXAMPLES

- An applicant meets all criteria for Preferred Plus, except for a build of 5 foot 9 inches and 195 pounds, which falls into the Preferred range. By adding one inch, the build becomes 5 foot 10 inches, 195 pounds, which qualifies for Preferred Plus.
- An applicant who is Standard Plus due to family history of cardiovascular or cancer death of a parent before age 60, can qualify for Preferred using the Super Criteria.
- An applicant who is Preferred for blood pressure and Preferred Plus for everything else can qualify for Preferred Plus using the Super Criteria.

SUPER CRITERIA

Three of the six Super Criteria must be met.

1. No tobacco use in the past 10 years. This criteria is met if the applicant occasionally smokes cigars (no more than 12 per year) and has a current urine specimen showing negative for nicotine.
2. Cholesterol / HDL ratio of ≤ 4.5
3. NT Pro BnP under 100
4. A normal cardiac test within the past 2 years yielding superior positive predictive value such as a negative exercise stress test (at least 10 METS), nuclear / perfusion stress test, stress echocardiogram, cardiac angiogram, CT angiogram or EBCT score of 0.
5. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
6. Lifestyle: Demonstration of regular annual checkups, regular participation in exercise / wellness programs and routine age-gender related preventive / baseline studies completed such as gynecological (pap smear, mammography, etc.), urologic (DRE), colonoscopy, etc.

ADDITIONAL CRITERIA - TOBACCO USE

At Banner and William Penn, a tobacco user may qualify for Preferred Tobacco rates through the additional underwriting criteria:

... **IF ALL** criteria for Preferred Tobacco are met except for one finding build, blood pressure or family history.

... **AND IF** that one-off finding meets the Standard Plus criteria

... **AND IF** the respective criteria in the yellow box below or Super Criteria is satisfied.

These additional underwriting criteria can move a Standard Tobacco case to Preferred Tobacco.

FOR TOBACCO USERS

If all other criteria for an improved class are met, except for **ONE** of these adverse findings:

Build

Add one-inch to the proposed insured's measured height when referring to published build charts in the current underwriting brochure.

- Improves rate by one class
- No improvement, → so try Super Criteria

Family History

- Try Super Criteria →

Blood Pressure

- Try Super Criteria →

ADDITIONAL CRITERIA EXAMPLES

- A tobacco user who is Standard Tobacco due to blood pressure readings in the Standard Plus range can qualify for Preferred Tobacco if the Super Criteria is met.
- A tobacco user who is Standard Tobacco due to family history of cardiovascular or cancer death of a parent before age 60 can qualify for Preferred Tobacco if the Super Criteria is met.

SUPER CRITERIA

Three of the five Super Criteria must be met.

1. Cholesterol / HDL ratio of ≤ 4.5
2. NT Pro BnP under 100
3. A normal cardiac test within the past 2 years yielding superior positive predictive value such as a negative exercise stress test (at least 10 METS), nuclear / perfusion stress test, stress echocardiogram, cardiac angiogram, CT angiogram or EBCT score of 0.
4. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
5. Lifestyle: Demonstration of regular annual checkups, regular participation in exercise / wellness programs and routine age-gender related preventive / baseline studies completed such as gynecological (pap smear, mammography, etc.), urologic (DRE), colonoscopy, etc.

APPROVED VENDORS

APS Vendors	
EMSI (Examination Management Service, Inc.)	Phone: 800.566.9318
ExamOne	Phone: 888.521.2004 Fax: 800.997.2771 www.examone.com
J & H Copy Service	Phone: 714.921.0102 ext. 105
Parameds.com	Phone: 888.766.3999
MediConnect	Phone: 800.489.8794 ext. 3705
APS Workflow	Phone: 877.277.9539
Preferred Paramed Exam Vendors	
EMSI (Examination Management Services, Inc.)	Phone: 800.872.3674
ExamOne	Phone: 877.933.9261
Inspection Report Vendor	
First Financial Underwriting Services	Phone: 800.570.3477 Fax: 800.571.3477 customer-services@firstfin.com
Procedures for ordering inspection reports are posted on the Inspection Section of our website Forms Page.	

The phone numbers listed above are subject to change. Please refer to the website version of this booklet posted in the Underwriting Forms section of our website (www.LGAmerica.com) for the most current contact information.

ABOUT APS AND PARAMED ORDERS

About APS Orders:

Only company-approved third-party vendors can secure APSs. These vendors provide excellent service in the processing of requests for medical records. Contact the approved vendors at left for ordering procedures.

While the average APS fee is \$55, the maximum allowable fee is \$100. General agencies who are currently ordering their own APSs may continue in their usual manner. However, we strongly encourage agencies to consider requesting APSs through a company-approved vendor for the following reasons: no out of pocket fee to the physician or facility, reduced processing time and administrative efforts, and equal or better turnaround time.

About Preferred Paramed Vendors:

EMSI and ExamOne are our preferred vendors for paramed exams. Their contact information is provided at left.

Portamedic Services (Hooper Holmes, Inc.) is the only vendor we use for rate reduction and reinstatement requests. They can be reached at 888.442.7571 or Brokerselite@portamedic.com.

APPS (American Para Professional Systems, Inc), Healthmasters, Inc., Superior Mobile Medics and Parameds.com are also approved vendors.

Banner / William Penn will only accept examinations from approved vendors. Please do not make an appointment with a vendor that is not pre-approved. Any exam(s) done by an unapproved examining vendor will neither be accepted nor paid for and will be returned.

We have made every effort to provide you with the broadest geographical coverage and the best possible service. In that rare instance where an applicant is in a remote area not covered by one of our services, kindly contact your general agent. He or she can get in touch with your team's underwriting director to discuss making other arrangements.



About Banner and William Penn

Banner Life Insurance Company and William Penn Life Insurance Company of New York are wholly owned subsidiaries of Legal & General Group Plc. Banner Life and William Penn hold an "A+" (Superior) overall financial strength rating from A.M. Best and an "A+" (Strong) financial strength rating from Standard and Poor's.

Banner is domiciled in Maryland and is licensed to do business in 49 states and the District of Columbia. William Penn is domiciled and licensed to do business in New York; Banner does not solicit business there.

Banner Life Insurance Company
Rockville, MD 800.638.8428

William Penn Life Insurance Company of New York
Garden City, NY 800.346.4773

www.LGAmerica.com