



# GUIDE TO INITIAL UNDERWRITING REQUIREMENTS



**As of February 2011**



Transamerica Life Insurance Company  
Transamerica Financial Life Insurance Company

**For producer use only. Not for distribution to the public.**



## *A Message from Bill Wysong*

**VP, Chief Underwriter**

Thank you for trusting clients' life insurance needs to Transamerica. We greatly value our relationship with both you and those you serve. We want to do everything within our power to not only help you succeed, but help you provide clients with the peace of mind they are looking for.

At Transamerica, we continually strive to offer insurance products you can be proud to represent. Through your valuable input, we've come to realize how important realistic underwriting guidelines can be to that offering. To that end, we have carefully reviewed our requirements—not to lower our standards by any means—but to create a more comprehensive view. In doing so we have discovered certain benefits that might balance potential risks—making it more practical to relax many of our guidelines.

The fact is we have made over 45 separate enhancements to our underwriting guidelines over the past 18 months. Our underwriters are trained to more thoroughly and objectively assess each unique situation to offer clients the fairest rates and status possible. And that can only mean one thing: making the sales process a lot easier and faster.

Again, we are grateful for the opportunity to serve both you and your prospects, and we value our partnership.



# Table of Contents

---

General Financial Guidelines.....	2
Underwriting Policies.....	4
Personal History Interviews.....	4
Second-to-Die Coverage.....	4
Cover Letter.....	4
Cash with Application.....	4
Illustrations.....	4
Retention and Reinsurance.....	5
Automatic Issue Limits.....	5
Jumbo Limit Definition.....	5
APS Ordering Guidelines.....	6
APS Requirements.....	7
Underwriting Requirements.....	8
Initial Underwriting Requirements Chart.....	10
Underwriting Criteria.....	12
Height and Weight Chart.....	15
Table Rating Guide.....	17



# General Financial Guidelines

The following financial guide is intended to assist you in determining maximum coverage.

Please refer to the guide often as it will provide a means of anticipating the Underwriting Requirements for all large amount cases you write.

Amounts over \$10,000,000—third-party verification required.

Financial underwriting guidelines are calculated based on net worth, income and current in-force policies, irrespective of estate-tax liability.

## Juvenile Applicants

- Up to \$500,000, with individual consideration for amounts over \$500,000
- The parents or guardian should have minimum of 2 times the amount requested
- Siblings should have equal amounts of coverage
- An APS and/or inspection can be ordered for cause

## Personal Insurance Needs Based on Annual Earned Income

To determine the qualifying coverage based on annual earned income, a 3% Cost of Living Adjustment is applied to the insured’s current annual income for a certain number of years depending on the insured’s age. Remember that “earned income” includes salary, bonuses, commissions and deferred compensation. It excludes income from investments.

3% COLA	
AGE	COLA Factor
To age 49	20
50 to 70	10

The adjusted annual income is then multiplied by the appropriate income factor as dictated by the insured’s age and reflected in the table below:

Age	Income Factor
Up to age 35	30
36 to 45	25
46 to 50	20
51 to 55	15
56 to 65	10
66 to 70	5
71 and over	Individual Consideration

## Personal Needs Based on Projected Estate Value

Net Worth x 50% x 7% growth rate for the applicable number of years.

Age	Growth Rate	Number of Years
Up to age 65	7%	15
66 to 75	7%	10
76 and over	7%	7



## Business Insurance Needs

### Key Person

Age	Income Factor
Up to age 65	10 times income
66 and above	5 times income

A cover letter from the writing producer is needed to explain the key person’s value to the company, how the coverage amount was determined, whether the Proposed Insured has ownership in the company and, if so, the percentage of ownership.

### Buy-Sell and Stock Repurchase

The amount should be related directly to the Proposed Insured’s ownership percentage and the fair market value of the company.

### Creditor or Business Loan Coverage Guidelines

- Ceiling of no more than 80% of the loan
- Amount depends upon the amount and purpose of the loan, the duration of the loan, collateral pledged, and interest rate
- Term of the loan is 5 years or more
- Coverage considered on key individuals only

## Personal Financial Supplement

When indicated on the requirements chart, a PFS is required at time of application and must be submitted with the application.

Ages 18–60: Insurance amounts over \$5,000,000

Ages 61–70: Insurance amounts over \$1,000,000

Ages 71+: Insurance amounts over \$500,000

A PFS will be requested if:

- the income and net worth of PI is not provided on application
- the underwriter finds the financial information is unclear, inconsistent, or additional details are needed
- insurance is being used for business coverage including Buy/Sell, Loan, and Keyman applications

Personal Financial Supplement are good for 1 year.

## Inspection Reports

### Authorized Inspection Companies

The companies listed below are authorized to perform Inspection Reports (IRs) on our behalf. Inspection Reports are good for 1 year. These will be ordered by the Home Office.

- Examination Management Services, Inc. (EMS)
- Exam One
- Portamedic/Hooper Holmes, Inc.

### Personal Coverage

Electronic Inspection Report required for:

- All Ages: Insurance amounts between \$3,500,001 & \$10,000,000 (obtained by Home Office)

Inspection Report required for:

- All Ages: Insurance amounts \$10,000,001 and higher

### Business Coverage

Business coverage may require Business Beneficiary Inspection Report (**BBIR**) at face amounts \$2 million and above.



# Underwriting Policies

## Personal History Interviews (PHI)

A Personal History Interview may be ordered at the discretion of the underwriter for any amount of coverage. Please provide phone number(s) and best time to reach the proposed insured.

## Second-to-Die Coverage

- *If the Proposed Insureds are husband and wife:* Follow regular Inspection Report age and amount guidelines for the Primary Insured.

For the Secondary Insured, order a Spousal Supplement if an Inspection Report is needed on the Primary Insured.

- *If the Proposed Insureds are not husband and wife:* Follow regular Inspection Report age and amount guidelines for each Proposed Insured.
- *For the Uninsurable Version:* Do not order an Inspection Report on the Proposed Insured who is uninsurable.

## Cover Letter (What to Include)

The writing producer is an important source of information. Through the cover letter, he or she can provide an explanation of the purpose of the coverage and the method used to establish the requested face amount.

Specific information should be included regarding the background of the sale and the purpose and need for the coverage. Be sure to clarify any unusual aspects of the case. List all coverage

amounts in force and the amount being replaced, if any. Copies of an estate planning analysis and available financial statements should accompany the cover letter.

A cover letter should be sent on all cases over \$5,000,000 and on any unusual cases needing further detail. This will help expedite handling and result in less inconvenience to all parties.

## Cash with Application

Money may be taken with an application(s), provided the total of all amounts applied for does not exceed \$2,000,000.

Even though we allow money to be collected on applications up to and including \$2,000,000, the Company's liability is limited to the terms of the Conditional Receipt.

The Conditional Receipt can be used only if payment is made at the time the application is signed. If money is not collected with the application, the blank Conditional Receipt must be submitted with the application.

## Illustrations

A signed illustration is required to be submitted with all applications in jurisdictions where the NAIC Model Illustration Regulation has been passed and the policy is illustratable.

All UL applications require an illustration regardless of jurisdiction.\*

\*Illustrations are not required for TransTerm policies.



## Retention and Reinsurance

Reinsurance plays an important role in our business and we have developed valuable relationships with our reinsurers over the years that enable us to meet and service the needs of our field representatives and clients effectively.

The amount of life insurance retained varies by the age and rating class of the client. Amounts in excess of what we retain are reinsured with top-rated reinsurance companies through an automatic reinsurance pool or facultative reinsurance. Under the automatic arrangement, the reinsurers are automatically bound to accept our decision and do not review our underwriting papers.

Facultative cases do not qualify for automatic pool arrangements. These require the entire underwriting file to be sent to the reinsurance company for the reinsurer's review and decision.

## Automatic Issue Limits

The automatic issue limit is the amount of life insurance coverage we can issue without seeking facultative coverage. It includes the amount we retain, as well as the amount we automatically cede to our reinsurers.

Our limits are among the highest in the industry and have been made possible by the strength and integrity of our underwriting standards and practices, and the quality of our field underwriting.

## Jumbo Limit Definition

The jumbo limit cannot be exceeded, or we must seek facultative coverage. It is defined as the sum of all in force coverage plus the sum of all face amounts applied for whether to be placed or not, excluding policies being exchanged for current coverage. If the applicant completes an absolute assignment form, that policy (or policies) will be excluded from our calculations for jumbo. This is subject to receipt and approval of all forms and underwriting review.



# APS Ordering Guidelines

APS will be ordered on any impairment that may potentially require a rating, including but not limited to: Asthma/Chronic Bronchitis/COPD/Emphysema, Cancer/Tumor, TIA/Cerebrovascular Accidents/Stroke, Crohn's Disease/Ulcerative Colitis, Diabetes, Epilepsy/Seizures, Heart Disease, Hypertension, Kidney Disorders, Liver Disorders, Anxiety Depression (on multiple medications), Neurological Disorders (Parkinson's, MS), Peripheral Vascular Disease, Sleep Apnea, Substance Abuse.

APS will be ordered if prior adverse action was taken due to medical history. Example: Decline, postpone, rating, and approved other than as applied for.

Definition of Established Primary Care Physician (PCP): Receiving ongoing standard clinical surveillance and follow-up that is appropriate for age, gender, as well as family history.

## Authorized APS Retrieval Companies

The companies listed below are authorized to obtain Attending Physician Statements (APS) on behalf of TLIC and TFLIC.

- Examination Management Services, Inc. (EMSI)
- ExamOne/Lab One
- Express Imaging Services, Inc.
- Mediconnect.net, Inc.
- Parameds.com
- Portamedic/Hooper Holmes, Inc.
- Westside Copy

## Additional APS Guidelines

An APS is **not** always needed for some conditions:

- *Hypertension* with one medication and a diagnosis over a year ago. If the readings are within normal limits, would allow without a for cause APS.
- *Asthma*, mild with no attacks within the last five years, one preventive medication or medication as needed and no steroids, would allow without a for cause APS. (Question or order records if there has been a recent hospitalization.)
- *Basal Cell Carcinoma (BCC)*, clearly identified and diagnosed as BCC, would not obtain records unless there are multiple incidences.
- *Anxiety*, with no problems and a low dose of medication or no medication may not need an APS. (Also may not need records for situational depression that has been resolved for over a year and there are no medications needed.) (Question or order records if there has been a recent hospitalization.)
- *Cholesterol* treatment, may not require an APS (ordered at underwriter's discretion).
- *Hypothyroid* over one year after diagnosis if medication confirms diagnosis or medications are not needed.



APS Requirements			
Face Amounts			
Age	Up to and including \$1 million	\$1,000,001 to \$2,500,000	Over \$2.5 million
0-50	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on ALL applications**
51-60	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on ALL applications
61-69	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	Yes Within the last 3 years for preferred classes and has an established PCP	Yes Within the last 3 years for preferred classes and has an established PCP
70-74	Yes***	Yes***	Yes
75 and older	Yes***	Yes***	Yes

\*APSs not needed on annual female exams unless exam was noted as abnormal or regular annual exams that are marked within normal limits. (If it is determined that an APS is not needed on recent exams and not marked within normal limits, please amend noting normal results.)

\*\*Individual consideration up to and including \$5 million (and under age 40) if applicant has not seen an MD for more than 3 years (manager referral if over \$5 million).

\*\*\*Ages 70 to 79, normal underwriting guidelines if seen in the last 24 months by PCP. Age 80 and above should have seen an MD in the last 12 months for any consideration.



# Underwriting Requirements

## Paramedical Testing Information

In calculating the coverage amount that requires these tests, be sure to include the total amount applied for with any AEGON company within the past 6 months.

## Examination Authority over Paramedical Limits

Medical exams may be arranged through an authorized paramedical company. Board-certified medical exams are not required.

Examinations by physicians not arranged by a paramedical company, such as applicant's personal physician, should not be used without prior approval from Underwriting.

## Authorized Paramedical Companies

The companies listed below are authorized to perform paramedical and medical exams on our behalf.

- American Para Professional Systems, Inc. (APPS)
- Examination Management Services, Inc. (EMSI)
- ExamOne, Inc.
- Portamedic/Hooper Holmes, Inc.
- Superior Mobile Medics

## Testing of Proposed Insureds Blood Tests (ABC)

Testing is performed by Exam One/LabOne, Clinical Reference Labs, and Heritage Labs. Appointed paramedical services can obtain the abbreviated blood draw. A 12-hour fast is recommended.

## Home Office Urine Specimen (HOS)

An HOS is required with all medical and paramedical exams.

## Resting Electrocardiogram (ECG) and Treadmill (TRD)

If Resting ECG or TRD records are available from a test conducted within the last 12 months, the test need not be repeated. Please provide a copy.

A normal (standard rate) Treadmill ECG will be valid for 2 years with a current normal (standard rate) resting ECG (done within the last 90 days) for insureds up to age 70.

## Minnesota Cognitive Acuity Screen (CS)

Proposed insureds age 71 and older will complete the Minnesota Cognitive Acuity Screen (CS) which screens for cognitive deficits. The CS is a simple, short telephone interview, conducted by registered nurses (RNs) trained to administer the test. The CS will be good for 6 months.



**Paramed and Medical Exams**

(We always reserve the right to order any additional requirements as needed to determine proper rate class and financial justification.)

<b>Exam</b>	<b>Up to Age 70</b>	<b>Age 71 and Older</b>
<b>Paramed or MD</b>	Good for 1 year	Good for 6 months
<b>Part 2 (Nonmed)</b>	Good for 3 months	Good for 3 months
<b>Resting Electrocardiogram (ECG)**</b>	Good for 1 year	Good for 1 year
<b>Treadmill (TRD)**</b>	Good for 2 years	Good for 2 years
<b>Inspection Reports (IR)</b>	Good for 1 year	Good for 1 year
<b>Personal Financial Supplement (PFS)</b>	Good for 1 year	Good for 1 year
<b>Home Office Urine Specimen (HOS) Abbreviated Blood Chemistry (ABC)</b>	Good for 1 year Please note that an underwriter can always request additional labs if there are abnormalities in the current results or there is other information that may cause concern.	Good for 6 months
<b>Minnesota Cognitive Acuity Screen (CS)</b>	NA	Good for 6 months
<b>Motor Vehicle Report (MVR)</b>	Good for 6 months	Good for 6 months



## Initial Underwriting Requirements Chart

		Issue Age							
TransTerm <sup>SM</sup> / Trendsetter <sup>®</sup>	All Other Products	0–17	18–40	41–50	51–60	61–70	71–75	76–80	81+
\$25,000 – 50,000 <sup>1,2</sup>	N/A	N/A	Nonmed	Nonmed	Nonmed	Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Medical ABC HOS ECG MVR
\$50,001 – 99,999 <sup>1,2</sup>	N/A	N/A	Nonmed	Nonmed	Nonmed	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Medical ABC HOS ECG MVR
N/A	Up to \$99,999	Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Medical ABC HOS ECG MVR
\$100,000 – 250,000		Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS ECG CS MVR	Paramed ABC HOS ECG CS MVR	Medical ABC HOS ECG CS MVR
\$250,001 – 500,000		Nonmed	Paramed ABC HOS MVR	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS ECG MVR <sup>3</sup>	Paramed ABC HOS ECG CS MVR	Paramed ABC HOS ECG CS MVR	Medical ABC HOS ECG CS MVR
\$500,001 – 1,000,000		*	Paramed ABC HOS MVR	Paramed ABC HOS MVR <sup>3</sup>	Paramed ABC HOS ECG MVR <sup>3</sup>	Paramed ABC HOS ECG MVR <sup>3</sup>	Paramed ABC HOS ECG CS PFS MVR	Paramed ABC HOS ECG CS PFS MVR	Medical ABC HOS ECG CS PFS MVR
\$1,000,001 – 2,000,000		*	Paramed ABC HOS MVR	Paramed ABC HOS MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR PFS CS	Medical ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS
\$2,000,001 – 3,500,000		*	Paramed ABC HOS MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS
\$3,500,001 – 5,000,000 <sup>5</sup>		*	Paramed ABC HOS MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR	Paramed ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS
\$5,000,001 – 10,000,000 <sup>5</sup>		*	Paramed ABC HOS MVR PFS	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR PFS	Paramed ABC HOS ECG MVR PFS	Medical ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS	Medical ABC HOS ECG MVR CS PFS
\$10,000,001 and higher <sup>6</sup>		*	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS ECG MVR IR PFS	Medical ABC HOS TRD MVR IR PFS	Medical ABC HOS TRD MVR IR PFS	Medical ABC HOS ECG MVR CS IR PFS	Medical ABC HOS ECG MVR CS IR PFS	Medical ABC HOS ECG MVR CS IR PFS

Please refer to Product Guides to verify available face amounts for specific product.  
**Transamerica reserves the right to request other evidence of insurability as it deems necessary.**



## Initial Underwriting Requirements Chart

Paramed	= Paramed Exam
Medical	= Medical Exam by a physician, must be arranged through an approved Paramedical Company
ABC	= Abbreviated Blood Chemistry
HOS	= Home Office Specimen (urine)
ECG	= Resting Electrocardiogram—interpretation to be done by HO (Home Office)
TRD	= Treadmill Electrocardiogram—interpretation to be done by HO
MVR	= Motor Vehicle Report (ordered by HO)
MVR*	= Ordered at HO discretion
IR	= Inspection Report (ordered by HO)
CS	= Cognitive Screen (ordered by HO)
PFS	= Personal Financial Statement

<sup>1</sup> Not available for foreign residence applicants.

<sup>2</sup> Non-med application (Part 2) and HIPAA notice required. Script check will be obtained by Home Office.

<sup>3</sup> MVRs will be ordered at Home Office discretion.

<sup>4</sup> Face amount is reduced by 50% for joint survivor cases when determining Initial Underwriting Requirements needed for each proposed insured.

<sup>5</sup> Electronic inspection report ordered by Home Office.

<sup>6</sup> Third-party financial verification required.

\*Call Transamerica New Business & Underwriting Support Unit at (800) 295-3990 as applicable.



Underwriting Criteria						
Class	Preferred Plus (Trendsetter® & TransTerm <sup>SM</sup> ) & Select (UL)	Preferred Nonsmoker	Standard Plus (Trendsetter & TransTerm)	Standard Nonsmoker	Preferred Smoker	Standard Smoker
<b>Tobacco Usage</b>	None in the past 5 years	Not available 2 years	Not available 2 years	Not available 2 years	Tobacco permitted	Tobacco permitted
<b>Incidental Cigar Usage</b>	Available subject to: <ul style="list-style-type: none"> <li>Admitted on app and exam</li> <li>HOS neg for cotinine</li> <li>No more than 1 per month</li> </ul>	Available subject to: <ul style="list-style-type: none"> <li>Admitted on app and exam</li> <li>HOS neg for cotinine</li> <li>No more than 1 per month</li> </ul>	Available subject to: <ul style="list-style-type: none"> <li>Admitted on app and exam</li> <li>HOS neg for cotinine</li> <li>No more than 1 per month</li> </ul>	Available subject to: <ul style="list-style-type: none"> <li>Admitted on app and exam</li> <li>HOS neg for cotinine</li> <li>No more than 1 per month</li> </ul>	Permitted	Permitted
<b>Cholesterol</b> With or without treatment Cholesterol Chol/HDL	230 5.0 for ages ≤70 5.5 for ages 71+	260 5.5 for ages ≤70 6.0 for ages 71+	300 6.2 for ages ≤70 6.7 for ages 71+	* 7.0 for ages ≤70 7.5 for ages 71+	260 5.5 for ages ≤70 6.0 for ages 71+	* 7.0 for ages ≤70 7.5 for ages 71+
<b>Blood Pressure</b>	<ul style="list-style-type: none"> <li>135/85 through age 70</li> <li>145/85 for ages 71+</li> </ul>	<ul style="list-style-type: none"> <li>145/85 through age 70</li> <li>150/90 for ages 71+</li> </ul>	<ul style="list-style-type: none"> <li>148/88 through age 70</li> <li>152/88 for ages 71+</li> </ul>	* *	<ul style="list-style-type: none"> <li>145/85 through age 70</li> <li>150/90 for ages 71+</li> </ul>	* *
<b>Treatment</b>	<ul style="list-style-type: none"> <li>Through age 49: Without treatment</li> <li>Ages 50–80: With treatment, as long as readings fit criteria above</li> <li>Ages 81+: Without treatment</li> </ul>	With or without treatment	With or without treatment	*	With or without treatment	*

\*Individual consideration on a case-by-case basis—may or may not be eligible



Underwriting Criteria						
Class	Preferred Plus (Trendsetter® & TransTerm <sup>SM</sup> ) & Select (UL)	Preferred Nonsmoker	Standard Plus (Trendsetter & TransTerm)	Standard Nonsmoker	Preferred Smoker	Standard Smoker
<b>Family History</b> Includes coronary artery disease and the following cancers <sup>**</sup> : <ul style="list-style-type: none"> <li>▪ Breast</li> <li>▪ Ovarian</li> <li>▪ Prostate</li> <li>▪ Colon</li> <li>▪ Lung</li> <li>▪ Melanoma</li> </ul>	No family deaths before age 65 of either parent or sibling. Disregard if PI is age 65 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	*	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	*
<b>Personal History</b>	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No ratable impairments	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No ratable impairments
<b>Driving History</b> DUI/Reckless	None in past 5 years			*	None in past 5 years	*
MVR—Major Violations	No more than 1 major violation in the last 3 years and NONE in the last 12 months	No more than 1 major violation in last 3 years		*	No more than 1 major violation in last 3 years	*
MVR—Minor Violations	No more than 3 minor moving violations within the last 3 years			*	No more than 3 minor moving violations within the last 3 years	*

\*Individual consideration on a case-by-case basis—may or may not be eligible

\*\*Some gender specific cancers may qualify for preferred rates



Underwriting Criteria						
Class	Preferred Plus (Trendsetter® & TransTerm <sup>SM</sup> ) & Select (UL)	Preferred Nonsmoker	Standard Plus (Trendsetter & TransTerm)	Standard Nonsmoker	Preferred Smoker	Standard Smoker
<b>Private Aviation<sup>1</sup></b>	Only available with Aviation Exclusion Rider; not available to those age 71 and older	<b>TransTerm and TransACE®</b> —Preferred can be offered with or without ratable aviation. <b>All other products:</b> Preferred available for those clients who qualify for Preferred for all accounts and they are not ratable for aviation.	Can be offered with or without ratable aviation	Available as qualifies	<b>TransTerm and TransACE</b> —Preferred can be offered with or without ratable aviation. <b>All other products:</b> Preferred available for those clients who qualify for Preferred for all accounts and they are not ratable for aviation.	Available as qualifies
<b>Avocation (Hazardous)</b>	No participation in activities listed below <sup>2</sup>	No participation in activities listed below <sup>2</sup>	No participation in activities listed below <sup>2</sup>	No participation in activities listed below, if ratable <sup>2</sup>	No participation in activities listed below <sup>2</sup>	No participation in activities listed below, if ratable <sup>2</sup>
<b>Alcohol/Substance Abuse</b>	No history or treatment at any time	No history or treatment at any time	No history or treatment in the past 10 years	No history or treatment in the past 7 years	No history or treatment at any time	No history or treatment in the past 7 years
<b>Citizenship/Residence</b>	US citizen or legal permanent resident/green card residing in the US—all others contact Underwriting for individual consideration.					
<b>Foreign Travel (Unsafe)</b>	No traveling to “dangerous” areas of the world where the State Department has issued travel advisories. <sup>3</sup>					
<b>Military</b>	Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area. <sup>4</sup>					

<sup>1</sup> Private Aviation: An Aviation Exclusion Rider (AER) is not available on joint life applications.

<sup>2</sup> Avocation: Prohibited activities involving aeronautics (e.g., hang-gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing, competitive vehicles, mountain climbing, rodeos, competitive skiing or scuba/skin diving at a depth greater than 75 feet.

<sup>3</sup> Foreign Travel: Unless otherwise prohibited by statute.

<sup>4</sup> Military: Unless otherwise prohibited by statute.



### Height & Weight Chart

Male (Up to Age 70)					Male (Age 71+)				
Height	Select (UL) & Preferred Plus (Trendsetter® & TransTerm <sup>SM</sup> )	Preferred	Standard Plus (Trendsetter & TransTerm)	Standard	Height	Select (UL) & Preferred Plus (Trendsetter & TransTerm)	Preferred	Standard Plus (Trendsetter & TransTerm)	Standard
4'6"	119	132	139	155	4'6"	123	133	143	158
4'7"	123	136	144	160	4'7"	127	138	148	164
4'8"	127	140	149	166	4'8"	131	143	153	170
4'9"	131	145	154	172	4'9"	135	148	158	176
4'10"	135	150	159	178	4'10"	140	153	163	182
4'11"	140	155	164	184	4'11"	145	158	168	188
5'0"	144	160	169	190	5'0"	149	163	173	194
5'1"	149	164	175	196	5'1"	154	168	179	200
5'2"	154	169	180	202	5'2"	159	173	185	206
5'3"	159	174	186	208	5'3"	164	178	191	212
5'4"	164	179	192	214	5'4"	169	184	197	218
5'5"	169	184	198	220	5'5"	174	189	203	225
5'6"	174	189	204	227	5'6"	179	194	209	232
5'7"	179	195	210	233	5'7"	185	200	215	238
5'8"	184	200	215	239	5'8"	190	205	221	244
5'9"	189	206	221	244	5'9"	195	211	227	249
5'10"	195	211	227	250	5'10"	200	216	232	255
5'11"	200	217	233	256	5'11"	206	222	238	261
6'0"	205	223	239	263	6'0"	212	228	244	268
6'1"	211	229	245	269	6'1"	217	234	250	274
6'2"	217	235	251	276	6'2"	222	240	256	281
6'3"	223	241	257	283	6'3"	228	246	262	288
6'4"	228	247	263	289	6'4"	234	252	268	295
6'5"	233	253	269	296	6'5"	239	258	274	302
6'6"	238	259	276	303	6'6"	244	264	281	309
6'7"	244	265	283	310	6'7"	250	270	287	316
6'8"	249	271	289	317	6'8"	255	276	293	323
6'9"	254	277	295	324	6'9"	261	282	300	331
6'10"	260	283	302	331	6'10"	266	288	306	338
6'11"	265	289	308	338	6'11"	272	294	313	345
7'0"	270	295	314	346	7'0"	277	300	319	353



### Height & Weight Chart

Female (Up to Age 70)					Female (Age 71+)				
Height	Select (UL) & Preferred Plus (Trendsetter® & TransTerm <sup>SM</sup> )	Preferred	Standard Plus (Trendsetter & TransTerm)	Standard	Height	Select (UL) & Preferred Plus (Trendsetter & TransTerm)	Preferred	Standard Plus (Trendsetter & TransTerm)	Standard
4'6"	117	128	136	149	4'6"	120	132	140	152
4'7"	121	132	141	154	4'7"	124	136	145	157
4'8"	125	136	146	159	4'8"	128	140	150	162
4'9"	129	140	151	164	4'9"	133	145	155	168
4'10"	133	144	156	169	4'10"	137	150	160	174
4'11"	138	149	161	175	4'11"	142	155	165	180
5'0"	142	154	166	181	5'0"	146	160	170	186
5'1"	147	159	171	187	5'1"	151	164	176	192
5'2"	151	164	176	193	5'2"	156	169	181	198
5'3"	156	169	181	197	5'3"	160	174	186	203
5'4"	161	174	185	202	5'4"	165	179	190	207
5'5"	165	179	189	206	5'5"	170	184	195	211
5'6"	170	184	194	210	5'6"	175	189	199	215
5'7"	174	189	199	215	5'7"	179	195	204	220
5'8"	178	195	204	220	5'8"	183	200	210	225
5'9"	182	200	210	225	5'9"	187	205	215	230
5'10"	186	205	215	230	5'10"	191	210	220	235
5'11"	190	210	221	236	5'11"	196	216	226	241
6'0"	195	216	227	242	6'0"	201	222	232	247
6'1"	200	222	233	248	6'1"	206	228	238	254
6'2"	205	228	239	254	6'2"	211	233	244	260
6'3"	210	233	244	260	6'3"	216	239	251	267
6'4"	215	239	250	267	6'4"	221	244	257	273
6'5"	220	245	256	274	6'5"	226	250	263	279
6'6"	225	250	262	281	6'6"	231	256	270	286
6'7"	230	256	268	287	6'7"	237	261	277	292
6'8"	235	262	274	293	6'8"	243	267	284	299
6'9"	240	267	280	300	6'9"	249	273	291	305
6'10"	245	273	286	306	6'10"	254	279	298	312
6'11"	250	279	292	313	6'11"	259	285	305	319
7'0"	255	284	298	319	7'0"	264	290	312	325



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>AIDS/HIV</b>	Decline	N
<b>Alcohol Abuse</b>	T2 to Decline	N
<b>Alcoholism*</b>	<ul style="list-style-type: none"> <li>▪ &lt;2 years since complete abstinence—Decline</li> <li>▪ 3–5 years since complete abstinence—T3 to T10</li> <li>▪ &gt;5 years since complete abstinence—Standard to T3</li> </ul>	Yes, with greater than 10 years of sobriety
<b>Allergies, Hayfever</b>	Standard	Y
<b>ALS (Lou Gehrig’s)</b>	Decline	N
<b>Alzheimer’s Disease</b>	Decline	N
<b>Amputations</b>	Limited, traumatic injury—Standard otherwise, see specific cause/disease	Possible in those cases of limited, traumatic injury resulting in amputation
<b>Anemia</b>	Fully investigated with no underlying cause identified. <ul style="list-style-type: none"> <li>▪ Mild—Standard</li> <li>▪ Moderate—T2 to T5</li> <li>▪ Severe to Decline</li> </ul>	N
<b>Aneurysm, abdominal* **</b>	<ul style="list-style-type: none"> <li>▪ No surgery but with periodic surveillance—T2 to T6</li> <li>▪ No surgery or surveillance—Decline</li> <li>▪ No surgery, size &gt;5 cm—Decline</li> <li>▪ Treated with surgery:                             <ul style="list-style-type: none"> <li>&lt;6 months since surgery—Postpone</li> <li>&gt;6 months since surgery—T2 to T6 depending on length of time since surgery</li> </ul> </li> </ul>	N
<b>Aneurysm, cerebral* **</b>	No surgery—\$7.50 flat extra to Decline <ul style="list-style-type: none"> <li>▪ &lt;6 months since surgery—Postpone</li> <li>▪ 6 months to 2 years since surgery—\$5 flat extra</li> <li>▪ &gt;2 years since surgery—Standard (if multiple cerebral aneurysms or significant residuals, possible Decline)</li> </ul>	N
<b>Angina*</b>	See Coronary Artery Disease	N
<b>Anxiety</b>	<ul style="list-style-type: none"> <li>▪ Mild (minimal amount of medication, no counseling, no time off work, no psychiatric counseling)—Standard</li> <li>▪ Moderate (satisfactory response to treatment, out-patient psychotherapy, no more than 1–2 weeks off work)—Standard to T4</li> <li>▪ Severe (recurring episodes requiring in-patient care, unable to work)—T4 to Decline</li> </ul>	Y  N  N

\*Indicates an Attending Physician’s Statement will probably be needed.  
 \*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Atrial Fibrillation* **</b>	<ul style="list-style-type: none"> <li>No underlying heart disease, short duration &lt;4 episodes per year—Standard to T3</li> <li>Chronic or prolonged episodes—T2 to T6</li> </ul>	N
<b>Arthritis, osteo</b>	<ul style="list-style-type: none"> <li>Mild or Moderate—Standard</li> <li>Severe—possible T2</li> </ul>	Y—mild only N
<b>Arthritis, rheumatoid* **</b>	<ul style="list-style-type: none"> <li>Mild (minimal pain, no deformity, no continuous treatment required)—Standard</li> <li>Moderate (moderate activity, frequent drug therapy, slight deformity)—T2 to T3</li> <li>Severe (chronic active disease, serious restrictions of movement, continuing treatment including steroids)—T4 to Decline</li> </ul>	N
<b>Asthma**</b>	<ul style="list-style-type: none"> <li>Mild—Standard to T2</li> <li>Moderate—T3 to T8</li> <li>Severe—Decline</li> <li>Children:               <ul style="list-style-type: none"> <li>&lt;Age 7 can be considered for coverage at a standard rate if their asthma is mild and well-controlled.</li> <li>Age 2 or younger, cannot be considered for coverage</li> </ul> </li> </ul>	Y—mild only
<b>Aviation, private</b>	<ul style="list-style-type: none"> <li>Student pilot—\$3.50 flat extra</li> <li>Qualified pilot—Standard—\$3.50 flat extra (Rating determined by client age, number of hours flown each year and total flying experience)</li> </ul>	See preferred guidelines
<b>Aviation, paid</b>	<ul style="list-style-type: none"> <li>Commercial pilot, passenger or freight flying within the U.S. or Canada—Standard</li> <li>Corporate Pilot—Standard</li> <li>Other, \$2.5–\$10 flat extra (Rating determined by occupation)</li> </ul>	Y Y N
<b>Back Pain</b>	<ul style="list-style-type: none"> <li>Mild to Moderate—Standard</li> <li>Severe—possible T2 to T4</li> <li>See also Pain, Chronic</li> </ul>	Y N
<b>Barrett’s Esophagus*</b>	Standard to Decline	N
<b>Bell’s Palsy</b>	Standard	Y—If >3 months since diagnosis, fully recovered with no complications.
<b>Bipolar Disorder*</b>	<ul style="list-style-type: none"> <li>Mild (no loss of work, stable symptoms, low-dose single antidepressant)—T2 to T4</li> <li>Moderate (1 or more episodes, satisfactory response to treatment, infrequent disabling attacks)—T4 to T6</li> <li>Severe (recurring episodes, inpatient care, disabled from work)—T8 to Decline</li> </ul>	N

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Blindness</b>	<ul style="list-style-type: none"> <li>Total blindness—Standard to T3</li> <li>Partial—Standard</li> </ul>	Possible, if otherwise considered standard and no impairment of functional capacity
<b>BPH (Benign Prostatic Hypertrophy)</b>	Normal PSA, urinalysis, no impairments—Standard	Y
<b>Breast Disorders (not Cancer)</b>	<ul style="list-style-type: none"> <li>Benign mass without atypia per biopsy</li> <li>Benign mass with atypia per biopsy</li> <li>Standard—T4 (determined by client’s age and if family history is positive for breast cancer)</li> </ul>	Y N
<b>Broken Bone</b>	Standard	Y
<b>Bronchiectasis*</b>	<ul style="list-style-type: none"> <li>Minimal or Mild—Standard to T3</li> <li>Moderate—T4 to T6</li> <li>Severe—T8 to Decline (could be considered Standard, if successful surgery &gt;1 year out)</li> </ul>	N
<b>Bronchitis, acute</b>	Standard	Y
<b>Bronchitis, chronic (COPD)*</b>	<ul style="list-style-type: none"> <li>Mild—Standard to T3</li> <li>Moderate—T4 to T8</li> <li>Severe—Decline (if currently using oxygen—Decline)</li> </ul>	N
<b>Bundle Branch Block, right</b>	<ul style="list-style-type: none"> <li>Incomplete—Standard</li> <li>Complete:                             <ul style="list-style-type: none"> <li>No CAD risk factors—Standard</li> <li>With CAD risk factors—T2 to T3</li> </ul> </li> </ul>	Y N N
<b>Bundle Branch Block, left*</b>	T4 to Decline	N
<b>Bursitis</b>	Standard	N
<b>Cancer (internal organ)*</b>	Call Home Office	N
<b>Cancer, skin (not Melanoma)</b>	Standard	Y
<b>Carpal Tunnel Syndrome</b>	Standard	Y
<b>Cataracts</b>	Standard	Y

\*Indicates an Attending Physician’s Statement will probably be needed.  
 \*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Cerebral Palsy*</b>	<ul style="list-style-type: none"> <li>▪ Age 8 or less—Decline</li> <li>▪ Age 9 or greater, very mild &amp; no mental retardation—Standard</li> <li>▪ Otherwise, T4 to Decline</li> </ul>	N N
<b>Cerebral Vascular Accident, Stroke (CVA)* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since occurrence—Postpone</li> <li>▪ &gt;1 year since occurrence—T4 to Decline</li> <li>▪ Multiple CVAs—Decline</li> </ul>	N
<b>Chronic Fatigue Syndrome</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since symptoms—Postpone</li> <li>▪ &gt;1 year fully recovery—Standard</li> </ul>	Y—if fully recovered
<b>Chronic Obstructive Pulmonary Disorder (COPD)**</b>	<ul style="list-style-type: none"> <li>▪ Minimal to Mild—Standard to T4</li> <li>▪ Moderate—T6 to T8</li> <li>▪ Severe—Usually Decline (Ratings will be higher if currently using tobacco.)</li> <li>▪ Supplemental Oxygen use is a Decline</li> </ul>	N
<b>Chronic Pain</b>	<ul style="list-style-type: none"> <li>▪ Mild—Standard to T3</li> <li>▪ Moderate—T4 to T8</li> <li>▪ Severe—Decline (if currently using oxygen—Decline)</li> </ul>	N
<b>Cirrhosis (liver)</b>	<ul style="list-style-type: none"> <li>▪ Complete abstinence from alcohol for &gt;5 years, no complications, normal liver enzymes—T6 to Decline</li> <li>▪ Otherwise, Decline</li> </ul>	N
<b>Colitis, ulcerative* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since diagnosis—T3 to 4</li> <li>▪ 1–5 years since diagnosis—T2 to T6</li> <li>▪ &gt;5 years since diagnosis—Standard</li> <li>▪ Severe colitis or with complications—Decline</li> </ul>	N
<b>Colitis, other than ulcerative</b>	Standard—Decline, depending on cause	Y
<b>Concussion (head injury)</b>	<ul style="list-style-type: none"> <li>▪ Mild—Postpone 6 months and then Standard (if no residuals)</li> <li>▪ Moderate—Postpone 1 year, then Standard (if no residuals)</li> <li>▪ Severe—Postpone 2 years, then Standard (if no residuals)</li> </ul>	Y—if no residuals
<b>Congestive Heart Failure (CHF)* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since complete recovery—Postpone</li> <li>▪ Otherwise, T4 to Decline</li> </ul>	N
<b>Convulsions *</b>	See Epilepsy	N

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Coronary Artery Disease* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;3 months after bypass—Postpone</li> <li>▪ &lt;6 months after angioplasty—Postpone</li> </ul> Ages: <ul style="list-style-type: none"> <li>▪ &lt;40—Decline</li> <li>▪ 40–45—T6 to Decline</li> <li>▪ 46–59—T4 to Decline</li> <li>▪ &gt;60—T2 to Decline</li> </ul> May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing.	N
<b>Criminal Activity</b>	<ul style="list-style-type: none"> <li>▪ Criminal charges pending, or currently on probation or parole—Postpone</li> <li>▪ Otherwise, call home office</li> </ul>	N
<b>Crohn’s Disease* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year from diagnosis or major attack—Postpone</li> <li>▪ &gt;1 year from diagnosis or major attack—T2 to T6</li> </ul>	N
<b>Cyst, benign</b>	Standard	Y
<b>Cystic Fibrosis</b>	Decline	N
<b>Depression</b>	<ul style="list-style-type: none"> <li>▪ Mild (minimal amount of medication, no counseling, no time off work, no psychiatric counseling)—Standard</li> <li>▪ Moderate (satisfactory response to treatment, out-patient psychotherapy, no more than 1–2 weeks off work)—Standard to T4</li> <li>▪ Severe (recurring episodes requiring in-patient care, unable to work)—T6 to Decline</li> </ul>	Possible N N
<b>Dermatitis</b>	Standard	N
<b>Diabetes* **</b>	<ul style="list-style-type: none"> <li>▪ Standard to Decline—rating determined by current age, how long since diagnosis, and control.</li> <li>▪ Well-controlled diabetes, older than age 20, no tobacco with no complication, stable—T2 to Decline</li> </ul>	N
<b>Diverticulitis **</b>	<ul style="list-style-type: none"> <li>▪ Mild attacks, fully recovered—Standard to T2</li> </ul>	Y
<b>Down’s Syndrome* **</b>	<ul style="list-style-type: none"> <li>▪ Mild—T8 to T10</li> <li>▪ Moderate or Severe—Decline</li> </ul>	N

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Driving Under the Influence (DUI)*</b>	▪ <1 year since violation	N
	▪ <Age 26—Decline	N
	▪ Ages 26–35—\$5 Flat Extra	
	▪ Ages 36 & older—\$3.50 Flat Extra	
	▪ 1–5 years since violation—Standard to \$5.00 Flat Extra depending on age	N
	▪ >5 years since violation—Standard	
<b>Drug Abuse, marijuana</b>	▪ Current use, <9 times a month—tobacco rates	N
	▪ Current use, more frequent—T2 to Decline	
<b>Drug Abuse, other than marijuana* **</b>	▪ Current use or use within last 3 years—Decline	N
	▪ 3–6 years since complete abstinence—\$7.50 temporary flat extra	
<b>Eczema</b>	Standard	Y
<b>Emphysema* **</b>	▪ Minimal to Mild—Standard to T4	N
	▪ Moderate—T6 to T8	
	▪ Severe—Usually Decline	
	▪ Ratings will be higher if currently using tobacco	
	▪ Supplemental Oxygen use is a Decline	
<b>Endocarditis</b>	Postpone 1 year, then Standard (if no residuals)	Y
<b>Epilepsy, petit mal* **</b>	▪ <6 months since diagnosis—Postpone	N
	▪ >6 months since diagnosis: <7 seizures per year—Standard	N
	▪ 7–12 seizures per year—Standard to T2	
	▪ >12 seizures per year—T2 to T3	
	▪ >2 years since last seizure—Standard	Y (if last seizure >5 years ago)
<b>Epilepsy, grand mal* **</b>	▪ Diagnosis <1 year	N
	▪ Ages <36—Postpone	
	▪ Diagnosis <6 months ages 36 & up—Postpone	
	▪ <7 seizures per year: Age <36—T6 Ages 36 & up—T4	
	▪ 7–12 seizures per year: Age <36—T8 Age 36 & up—T6	
	▪ >12 seizures per year: Age <36—T12 to Decline Ages 36 & up—T8 to Decline	
	▪ Seizures Ceased >1 year—T3 to Standard	

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Esophageal Stricture</b>	<ul style="list-style-type: none"> <li>▪ Mild to Moderate—Standard to T4</li> <li>▪ Severe—T4 to T8</li> <li>▪ Consider Standard if successful surgery &gt;1 year ago</li> </ul>	N
<b>Fibromyalgia, fibrositis</b>	Possible Standard (severe, disabling cases may require rating)	Y
<b>Fistula &amp; Fissure, anal</b>	Standard	Y
<b>Fracture, bone or skull (no residuals)</b>	Standard	Y
<b>Gallbladder Disorders</b>	Standard	Y
<b>Gastric Bypass Surgery *</b>	<ul style="list-style-type: none"> <li>▪ Banding, LAGB, VBG Surgeries: 3 months or less since surgery—Postpone 3 months to 2 years—T2 &gt;2 years—Standard</li> <li>▪ Malabsorptive Surgeries: &lt;6 months since surgery—Postpone &gt;6 months to &lt;2 years—T3 2–5 years—T2 &gt;5 years—Standard</li> </ul>	N  N
<b>Gastroenteritis, recovered</b>	Standard	Y
<b>Gastroesophageal Reflux Disease (GERD)</b>	Standard	Y
<b>Glaucoma</b>	Standard	Y
<b>Glomerulonephritis, chronic*</b>	Standard to Decline (depends on cause & severity)	N
<b>Gout</b>	Standard (chronic, severe cases may require rating)	Y
<b>Headache, migraine or tension</b>	Standard	Y
<b>Hearing Impairment</b>	Standard	Y
<b>Heart Attack* **</b>	See Coronary Artery Disease	N
<b>Heart Bypass Surgery* **</b>	See Coronary Artery Disease	N
<b>Heart Valve Replacement*</b>	<ul style="list-style-type: none"> <li>▪ &lt;6 months since surgery—Postpone</li> <li>▪ &gt;6 months since surgery—T2 to Decline Rate dependent on age &amp; valve replaced</li> </ul>	N

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Heart Valve Surgery* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;6 months since surgery—Postpone</li> <li>▪ &gt;6 months since surgery—Standard to Decline</li> </ul>	N
<b>Heartburn</b>	Standard	Y
<b>Hemorrhoids</b>	Standard	Y
<b>Hepatitis A</b>	Standard (fully recovered)	Y
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>▪ One episode, fully recovered—Standard</li> <li>▪ Chronic—Standard to Decline</li> </ul>	N
<b>Hepatitis C</b>	Standard to Decline	N
<b>Hernia</b>	Standard	Y
<b>Herniated disc</b>	Standard	Y
<b>High Blood Pressure (Hypertension)</b>	Usually Standard (if under control)	Y
<b>Histoplasmosis</b>	<ul style="list-style-type: none"> <li>▪ Present—Postpone</li> <li>▪ Recovered w/o residuals &gt;6 months—Standard</li> <li>▪ W/residual lung impairment—T2 to Decline</li> </ul>	N Y N
<b>Hodgkin’s Disease* **</b>	T2 to Decline	N
<b>Huntington’s Disease**</b>	<ul style="list-style-type: none"> <li>▪ Present—Decline</li> <li>▪ Family history, with negative genetic testing—Standard</li> <li>▪ Family history, without genetic testing \$2.50–\$10 flat extra</li> </ul>	N N
<b>Hydronephrosis**</b>	<ul style="list-style-type: none"> <li>▪ Resolved or cause corrected—Standard</li> <li>▪ Cause still present—T2 to Decline</li> </ul>	N
<b>Hysterectomy</b>	Standard if no cancer history	Y
<b>Ileitis* **</b>	See Crohn’s Disease	
<b>Indigestion</b>	Standard	Y
<b>Kidney Failure, dialysis</b>	Decline	N
<b>Kidney Infection, recovered</b>	Standard	Y
<b>Kidney Removal</b>	Standard to Decline (depending on cause & current renal function)	Y (depending on reason)

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Kidney Stones</b>	Standard (frequent attacks may require rating)	Y
<b>Kidney Transplant** **</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since transplant—Decline</li> <li>▪ &gt;1 year since transplant—T6 to Decline</li> </ul>	N
<b>Leukemia* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;2 years since last treatment—Postpone</li> <li>▪ &gt;2 years since last treatment— T4 to Decline</li> </ul>	N
<b>Lou Gehrig’s Disease (ALS)</b>	Decline	N
<b>Myocarditis*</b>	<ul style="list-style-type: none"> <li>▪ &lt;2 years since diagnosis—Postpone</li> <li>▪ &gt;2 years since diagnosis, fully recovered—Standard to T2</li> </ul>	N Y
<b>Muscular Dystrophy**</b>	<ul style="list-style-type: none"> <li>▪ Becker or limb girdle T10 to Decline</li> <li>▪ Duchene—Decline</li> <li>▪ Dystrophia Myotonica—Decline</li> <li>▪ Facioscapulohumeral—Standard to T6</li> <li>▪ Mitochondrial—Standard to Decline</li> <li>▪ Myotonia Congenita—Standard</li> <li>▪ Periodid Paralysis—Standard to T2</li> </ul>	N
<b>Nephrectomy</b>	Standard to Decline (depending on cause & renal function)	Possible depending on the circumstances
<b>Nephritis, acute</b>	<ul style="list-style-type: none"> <li>▪ S1 episode, fully recovered—Standard</li> <li>▪ Multiple episodes—Standard to T3</li> </ul>	Y N
<b>Neurosis, anxiety</b>	See Anxiety	
<b>Non-Hodgkin’s Lymphoma* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;3 year from last treatment—Postpone</li> <li>▪ &gt;3 years—T2 to Decline</li> </ul>	N
<b>Occupations with special hazards</b>	Examples of occupations with special hazards: Aviation, Military, Building and Construction, Mining and Quarrying, and Professional Athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the Home Office if you have a question about an occupation.	Possible if occupation is considered Standard, otherwise no preferred.
<b>Operating While Intoxicated (OWI)</b>	See DUI	
<b>Osteoarthritis</b>	See Arthritis, osteo	
<b>Pacemaker*</b>	<ul style="list-style-type: none"> <li>▪ Standard to Decline</li> </ul> Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.	N

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Pancreatitis</b>	<ul style="list-style-type: none"> <li>▪ Acute: &lt;6 months since attack—Postpone Otherwise, probably Standard</li> <li>▪ Chronic: &lt;1 year since last symptoms—Decline 1–4 years since symptoms—T3 to T6 &gt;4 years since symptoms—Standard to T2 With complications—T8 to Decline</li> </ul>	N
<b>Paralysis*</b>	<ul style="list-style-type: none"> <li>▪ Monoplegia—Standard to T2</li> <li>▪ Hemiplegia—Standard to T4</li> <li>▪ Paraparesis—T2 to T10</li> <li>▪ Paraplegia—Highly substandard to Decline</li> <li>▪ Quadriplegia—Decline</li> </ul>	N
<b>Parkinson’s Disease* **</b>	<ul style="list-style-type: none"> <li>▪ Mild—Standard to T3</li> <li>▪ Moderate—T2 to T4</li> <li>▪ Severe—T4 to Decline</li> </ul>	N
<b>Pericarditis*</b>	<ul style="list-style-type: none"> <li>▪ Single Episode: &lt;3 months since diagnosis—Postpone &gt;3 months since full recovery—Standard</li> <li>▪ Multiple Episodes: &lt;6 months since full recovery—Postpone 6 months to 1 year—T3 1 to 3 years—T2 &gt;3 years—Standard</li> </ul>	N
<b>Peripheral Vascular Disease (PVD)*</b>	<ul style="list-style-type: none"> <li>▪ Nonsmoker—T2 to T4</li> <li>▪ Smoker—T5 to Decline</li> </ul>	N
<b>Phlebitis, Thrombosis, Blood Clot</b>	<ul style="list-style-type: none"> <li>▪ Single episode, fully recovered—Standard</li> <li>▪ Multiple episodes—Standard to T4</li> </ul>	Y N
<b>Pilonidal Cyst</b>	Standard	Y
<b>Pituitary Adenoma</b>	Standard to Decline	N
<b>Pleurisy</b>	Usually Standard (multiple episodes may be rated)	Y
<b>Pneumoconiosis</b>	<ul style="list-style-type: none"> <li>▪ Minimal to Mild—Standard to T4</li> <li>▪ Moderate—T6 to T8</li> <li>▪ Severe—Decline</li> </ul>	N
<b>Pneumonia, full recovery</b>	Standard	Y
<b>Pregnancy, no current or history of complications</b>	Standard	Y

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Prostatitis, with normal PSA</b>	Standard	Y
<b>Psychosis*</b>	<ul style="list-style-type: none"> <li>▪ &lt;2 years since diagnosis/episode—Postpone</li> <li>▪ 2–10 years since diagnosis/episode—T2 to T8</li> <li>▪ &gt;10 years since diagnosis/episode—Standard to T3</li> </ul>	N
<b>Pyelonephritis, acute</b>	<ul style="list-style-type: none"> <li>▪ 1 episode, fully recovered—Standard</li> <li>▪ Multiple episodes—Standard to T3</li> </ul>	Y N
<b>Pyelonephritis, chronic*</b>	Standard to Decline (depending on renal function)	N
<b>Quadriplegia</b>	Decline	N
<b>Racing, motor vehicle</b>	<ul style="list-style-type: none"> <li>▪ Amateur—Standard</li> <li>▪ Professional or semi-professional—\$2.50–\$5.00 flat extra</li> </ul>	Y N
<b>Raynaud’s Disease</b>	Standard to T4	Y (if not rated)
<b>Rheumatic Fever, no heart complications</b>	<ul style="list-style-type: none"> <li>▪ Mild—Standard to T2</li> <li>▪ Moderate—T2</li> <li>▪ Severe—T4 to Decline</li> </ul>	N
<b>Rheumatoid Arthritis*</b>	<ul style="list-style-type: none"> <li>▪ Mild—Standard to T2</li> <li>▪ Moderate—T2</li> <li>▪ Severe—T4 to Decline</li> </ul>	N
<b>Sarcoidosis* **</b>	Standard to Decline	N
<b>Sebaceous Cyst</b>	Standard	Y
<b>Sciatica</b>	Standard	Y
<b>Schizophrenia*</b>	<ul style="list-style-type: none"> <li>▪ &lt;2 years since diagnosis/episode—Postpone</li> <li>▪ 2–10 years since diagnosis/episode—T2 to T8</li> <li>▪ &gt;10 years since diagnosis/episode—Standard to T3</li> </ul>	N
<b>Scuba diving, recreational, lakes, rivers, coastal waters</b>	<ul style="list-style-type: none"> <li>▪ 100 feet or less—Standard</li> <li>▪ 101–250 feet—\$2.50 to \$5.00 flat extra</li> <li>▪ &gt;250 feet—\$7.50–\$10.00 flat extra</li> </ul>	Y N N
<b>Seizures</b>	See Epilepsy	
<b>Sinusitis</b>	Standard	Y
<b>Skydiving</b>	\$5.00–\$7.50 flat extra	N

\*Indicates an Attending Physician’s Statement will probably be needed.

\*\*Indicates range of rating will depend on client’s age, date of diagnosis, and severity of condition.



Underwriting Guideline for Medical Impairments		
T=Table		
Impairment	Term/UL	Preferred Possible
<b>Sleep Apnea**</b>	<ul style="list-style-type: none"> <li>▪ Mild—Standard</li> <li>▪ Moderate—Standard to T3</li> <li>▪ Severe—T2 to T4</li> </ul>	N
<b>Stroke * *</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since occurrence—Postpone</li> <li>▪ &gt;1 year since occurrence—T4 to Decline</li> <li>▪ Multiple CVAs—Decline</li> </ul>	N
<b>Suicide Attempt*</b>	<ul style="list-style-type: none"> <li>▪ &lt;1 year since attempt—Postpone</li> <li>▪ 1–5 years since attempt—\$5 flat extra</li> <li>▪ &gt;5 years since attempt—Standard (if history of multiple attempts, expect higher ratings)</li> </ul>	N
<b>Thyroid Disorder</b>	Usually Standard	Y
<b>Transient Ischemic Attack (TIA)* **</b>	<ul style="list-style-type: none"> <li>▪ &lt;6 months since occurrence—Postpone</li> <li>▪ &gt;6 months since occurrence—Standard to T4 (if history of multiple TIA's, postpone 1 year since last occurrence and expect higher ratings)</li> </ul>	N
<b>Tuberculosis</b>	Usually Standard	Y (if fully recovered)
<b>Tumors, benign</b>	Usually Standard	Y
<b>Tumors, malignant</b>	Call Home Office	N
<b>Ulcerative Colitis* **</b>	See Colitis, ulcerative	N
<b>Ulcer, stomach</b>	Standard	Y
<b>Upper Respiratory Tract Infection, cold</b>	Standard	Y
<b>Urinary Bladder Infection, acute</b>	Standard	Y
<b>Varicocele, Hydrocele, Cystocele</b>	Standard	Y
<b>Varicose Veins</b>	Standard	Y

**Table Rating Guide**

2/B = 50%	5/E = 125%
3/C = 75%	6/F = 150%
4/D = 100%	8/H = 200%

\*Indicates an Attending Physician's Statement will probably be needed.

\*\*Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.



**If you have questions concerning any of the information contained in this guide, please contact the Transamerica New Business & Underwriting Support Unit at (800) 295-3990.**

Transamerica Financial Life Insurance Company is authorized to conduct business in New York. Transamerica Life Insurance Company is authorized to conduct business in all other states.



Transamerica Life Insurance Company

Transamerica Financial Life Insurance Company

---

**AEGON** companies