



Easy to get. Easy to understand. Offers essential tools to do the job.
HERE'S A TERM LIFE POLICY FOR FAMILIES AND HOMEOWNERS.

EQUITY PROTECTOR

UNDERWRITING GUIDE



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Policies underwritten by GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY (GPM Life).

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QUESTIONS?

Contact GPM Life’s Sales Support Team
(800) 938-4765 ext. 4003

APPLICATION KIT & FORMS

Online – Agent Access: www.gpmagent.com

RISK ASSESSMENT LINE

(800) 938-4765 ext. 2299
Email: uwrisk@gpmlife.com



GUIDELINES

NEW BUSINESS

1. This product requires an electronic application (e-app) to apply for coverage. The e-app is available on Agent Access – www.gpmagent.com.
2. This Equity Protector Underwriting Guide is intended to be a reference guide. GPM Life reserves the right to request information other than as stated in this guide. Underwriting will make its decisions based on the entirety of the information provided to and received by GPM Life, which may result in a decision that is more or less favorable than this guide, or the HELP provided on the e-app.

Note: All sales need to be suitable to the needs of the client. Please refer to the GPM Life Market Conduct Guide for details.

PREMIUM MODES

1. Electronic Funds Transfer (Monthly EFT)
Available Draft Dates: 1st through 28th
2. Direct Billing
 - Quarterly
 - Semi-Annual
 - Annual

SUBMITTING INITIAL PREMIUM

1. Draft First Premium is permitted with EFT premium mode.
2. Direct Billing modes: Initial premium can be submitted on
 - Payor's Personal Check
 - Money Order (cash receipt form is required)
 - Cashier's Check (cash receipt form is required)

The following forms of payment will not be accepted.

- Cash on Delivery (COD)
- Agent/Agency checks (unless there is an immediate familial relationship identified between the agent and the insured and/or owner)
- Third Party checks
- Cash
- Post-dated checks (all checks will be cashed upon receipt)
- Charges to the agent's account

All forms of payment are subject to review.

3. Payors of the initial and/or recurring premiums must have an immediate familial relationship to the Proposed Primary Insured (PPI) or policy Owner.
4. If the PPI's name is not listed on the form of payment, please print the PPI's name on the form of payment. If the Owner's/payor's name is not listed on the check, indicate whether they are an authorized signor on the account.
5. All checks are cashed upon receipt.

UNDERWRITING TIPS

Underwriting is the process of estimating the mortality and/or morbidity of an individual by applying the law of large numbers and the specifics of that individual's health history and habits. This estimate is based on information gathered on the individual from a variety of sources.

The best way to expedite the underwriting process is to ask proposed Insured(s) detailed questions regarding past and present health status, and include complete answers on the application. The more detailed information provided to the underwriter, the quicker a decision can be made.

Use this guide for assistance in determining the appropriate risk classification: Classic 1 or Classic 2, or Decline.

REQUIREMENTS FOR THE CHILDREN'S INSURANCE RIDER

1. Insurable Interest: The Proposed Primary Insured (PPI) should be the parent (by birth or adoption) or the stepparent of the child.
 - Stepparents may not insure stepchildren without written consent of a custodial parent.
 - Foster Parents DO NOT have an insurable interest.
2. Children ages 15 and older MUST sign the application.

REPLACEMENT BUSINESS

If the state uses the NAIC Replacement Form, the proposed Insured and Agent must disclose all in force life insurance and annuity policies, whether there are plans to replace the policy or not. If a life or annuity policy is in force, a Replacement Form must be submitted.

For all other states, any required Replacement Form and form 01.56, GPM Life Understanding of Policy Replacement, is required.

UNDERWRITING RATE CLASSES

Classic 1 Non-Tobacco	Applicants in this rate class have not used tobacco in any form in the past 12 months. This rate class is designed to accept mildly substandard risks (Standard through Table C).
Classic 2 Non-Tobacco	Applicants in this rate class have not used tobacco in any form in the past 12 months. This rate class is designed to accept substandard risks (Table D-F).
Classic 1 Tobacco	Applicants in this rate class have used a form of tobacco in the past 12 months. This rate class is designed to accept mildly substandard risks (Standard through Table C).
Classic 2 Tobacco	Applicants in this rate class have used a form of tobacco in the past 12 months. This rate class is designed to accept substandard risks (Table D-F).

ACTIVE DUTY MILITARY APPLICATION LIMITS

To determine the military insurance limit from the following table, include

1. The total initial amount of life insurance applied for.
2. The current amount (exclusive of paid-up additions) of any life insurance already in force with GPM Life.

GENERAL LIMITS ON ACTIVE DUTY MILITARY PERSONNEL FOR EQUITY PROTECTOR TERM INSURANCE

PAYGRADE	LIMITS
E1, E2, E3	\$50,000
E4 – 1st enlistment	\$100,000
E4 – 2nd enlistment	\$250,000
E5, E6	\$250,000
E7, E8, E9	\$300,000
O1, O2, W1, W2	\$250,000
W3, W4, W5	\$300,000
O3 and up	\$300,000

▲ PLEASE NOTE:

Military personnel currently serving in the Special Forces, Rangers, SEALs, Airborne, Recons, other elite or commando forces are not eligible for coverage. Pilots and crew members of A, B, F, H, R, and T type aircraft will require individual consideration.

EQUITY PROTECTOR BUILD CHART

GPM APPROVED GUIDELINES								
HEIGHT	CLASSIC 1	HEIGHT	CLASSIC 1		HEIGHT	CLASSIC 2	HEIGHT	CLASSIC 2
4'8"	177	5'9"	268		4'8"	195	5'9"	295
4'9"	183	5'10"	276		4'9"	201	5'10"	304
4'10"	189	5'11"	284		4'10"	209	5'11"	312
4'11"	196	6'0"	292		4'11"	216	6'0"	321
5'0"	203	6'1"	300		5'0"	223	6'1"	330
5'1"	210	6'2"	308		5'1"	231	6'2"	339
5'2"	216	6'3"	316		5'2"	238	6'3"	348
5'3"	223	6'4"	325		5'3"	246	6'4"	358
5'4"	231	6'5"	334		5'4"	254	6'5"	367
5'5"	238	6'6"	342		5'5"	262	6'6"	377
5'6"	245	6'7"	351		5'6"	270	6'7"	387
5'7"	253	6'8"	360		5'7"	278	6'8"	396
5'8"	260	6'9"	369		5'8"	287	6'9"	406

IMPAIRMENT GUIDE

Below are common impairments frequently encountered with potential applicants. This is not meant to be a comprehensive list. All cases are subject to underwriting review. Probable Underwriting Action is shown for a single impairment and is meant to provide the agent with general parameters of risk classification. Probable Underwriting Action should not be interpreted as quotes in any way. Please contact the Underwriting Risk Assessment line with any questions or for impairments not listed.

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
AIDS/HIV	Decline
Alcoholism	Current abuse, or within two years of treatment: Decline .
	Treatment within two to five years: minimum Classic 2 to Decline .
	Treatment over five years prior: Classic 1 .
Alzheimer's	Decline
Aneurysm	Possible Classic 1 if surgically corrected over three years prior.
	Otherwise minimum Classic 2 to Decline .
Angina	Over age 60, non-tobacco: minimum Classic 2 if investigated with cardiac catheterization and treated/stable, described as either mild or moderate.
	Unstable angina, described as severe, not fully investigated with cardiac catheterization, tobacco user, or under age 60 yrs: Decline .
Angioplasty	Under age 60: minimum Classic 2 if currently non-tobacco user.
	If tobacco user: Decline .
	Over age 60: minimum Classic 1 if currently non-tobacco user.
	If tobacco user: Classic 2 . Ongoing angina after procedure: Decline .
Arthritis – Rheumatoid	Mild or moderate, without use of corticosteroids, Gold, sulphasalazine, chloroquine or methotrexate and able to perform all ADLs: Classic 1 .
	Severe, use of any drugs listed above and able to perform most or all ADLs: Classic 2 .
	Otherwise: Decline .
Asthma – Mild	Treated daily with single medication, inhaler use only as needed: Classic 1 .
Asthma – Moderate	Non-tobacco user, treated daily with single medication, inhaler use only as needed: Classic 1 .
	Tobacco user: Classic 2 .
Asthma – Severe	Non-tobacco user with continuous use of steroids and rescue inhalers: Classic 2 .
	Recent history of hospitalization or tobacco user: Decline .
Atrial Fibrillation	Corrected with successful Ablation: Classic 1 .
	Ongoing treatment or current symptoms: Classic 2 .
	Accompanied by coronary or cerebral vascular disease: Decline .
Bipolar Disorder	Mild or moderate, well controlled with fewer than three medications, little impact on daily living: Classic 2 .
	Otherwise: Decline .
Bypass Surgery	Under age 60 non-tobacco: minimum Classic 2 to Decline .
	Under age 60 tobacco: Decline .
	Over age 60 non-tobacco: minimum Classic 1 .
	Over age 60 tobacco: Classic 2 .
	Ongoing angina after procedure: Decline .
Cancer – Basal Cell	Rate class depends on tumor stage, grade, location, type of and time since treatment.
	Stage 1 or 2, over two years since successful treatment: Classic 1 .

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Cancer – Internal	Potential rate class depends on tumor stage, Gleason Score, location, type of and time since treatment.
	History of recurrence of cancer: Decline.
Cardiomyopathy	Decline
	Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59 yrs: minimum Table F. Age 60 yrs and over: minimum Table D.
Cirrhosis – Liver	Decline
	Would consider application for UL subject to medical records. Table D to Decline.
Colitis – Ulcerative	Intermittent, mild or moderate (single or intermittent attack with clinical remission greater than 1 month), without corticosteroid or immunosuppressive therapy: Classic 1.
	Otherwise minimum Classic 2 to Decline.
Congestive Heart Failure	Decline
	Would consider application for UL policy subject to current cardiac medical records. Minimum two years after diagnosis, stable symptoms. Age 40 to 59 yrs: minimum Table F. Age 60 yrs and over: minimum Table D.
COPD	Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: Classic 2.
	Severe, on oxygen or smoker: Decline.
Crohn’s Disease	Over one year since last attack, no ongoing treatment with corticosteroids or immunosuppressive drugs and no current symptoms: Classic 1.
	Otherwise: Classic 2.
	Current symptoms or within one year of last attack: Decline.
Cerebrovascular Accident	Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user.
	Under age 40 yrs at time of diagnosis: Decline.
	If multiple strokes or single stroke with severe residuals: Decline.
	Age at diagnosis 40 to 69 yrs: Classic 2.
	Age at diagnosis 70 yrs or greater: Classic 1.
Depression – Mild	Treated with one or two medications and no impact on daily living: Classic 1.
	Treated with 3 or more medications: Classic 2.
	More than 3 medications, recent hospitalization, interferes with daily living: Decline.
Depression – Moderate	Minimum Classic 2 to Decline.
	More than 3 medications, recent hospitalization, interferes with daily living: Decline.
Depression – Severe	Decline
	Would consider application on UL policy subject to medical records. More than two years since single episode, stable symptoms, on low dose antidepressant preventive medication only, fully functioning: minimum Table D.
Diabetes (Gestational)	After childbirth and recovery: Classic 1. If diabetes isn’t resolved post-partum, refer to Diabetes section below.

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION																							
Diabetes Type 1	Under age 30 yrs: Decline.																							
	Current age 30 through 59, good control, non-tobacco user: Classic 2.																							
	Current age 30 through 59, good control, tobacco user: Decline.																							
	Current age 60 and older, good control, non-tobacco user: Classic 1.																							
	Current age 60 and older, good control, tobacco user: Classic 2.																							
	History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: Decline.																							
Diabetes Type 2	Under age 20: Decline.																							
	History uncontrolled blood sugars or complications such as insulin shock, diabetic coma or significant neuropathy: Decline.																							
	Current age 20 through 39, good control, non-tobacco user: Classic 2.																							
	Current age 20 through 39, good control, tobacco user: Decline.																							
	Current age 40 and older, good control, non-tobacco user: Classic 1.																							
	Current age 40 and older, good control, tobacco user: Classic 2.																							
Drug Use	Minimum five years after successful treatment, no relapse: Classic 1.																							
	History of attempted reform with relapse, minimum five years after successful treatment: Classic 2.																							
	Within five years of treatment or current substance abuse: Decline.																							
Emphysema	Mild or moderate, no current shortness of breath, non-smoker and only occasional time off work: Classic 2.																							
	Severe and/or on oxygen or smoker: Decline.																							
Epilepsy	Absence or petit mal seizures: Classic 1.																							
	Grand mal seizures, less than 12 episodes per year: Classic 1.																							
	Grand mal seizures, greater than 12 episodes per year: Classic 2.																							
	History of status epilepticus, personality or cognitive changes, progression of underlying disease: Decline.																							
Felony	Classic 1 if conviction, parole, probation over three years ago.																							
	Otherwise, or if multiple separate criminal convictions: Decline.																							
Gastric Bypass	Classic 1 if successful surgery over 6 months before application.																							
Heart Attack	All cases must be at least six months since heart attack, no or minimal heart damage, non-smoker without other medical issues.																							
	All ages, described as severe attack, or multiple attacks: Decline.																							
	Any current age, tobacco user: minimum Classic 2 to Decline.																							
	<table border="1"> <thead> <tr> <th colspan="3">MILD HEART ATTACK</th> <th colspan="3">MODERATE HEART ATTACK</th> </tr> <tr> <th>UNDER AGE 40</th> <th>AGE 40 TO 59</th> <th>AGE 60 & OVER</th> <th>UNDER AGE 50</th> <th>AGE 50 TO 69</th> <th>AGE 70 & OVER</th> </tr> </thead> <tbody> <tr> <td>Decline</td> <td>Classic 2</td> <td>Classic 1</td> <td>Decline</td> <td>Classic 2</td> <td>Classic 1</td> </tr> </tbody> </table>						MILD HEART ATTACK			MODERATE HEART ATTACK			UNDER AGE 40	AGE 40 TO 59	AGE 60 & OVER	UNDER AGE 50	AGE 50 TO 69	AGE 70 & OVER	Decline	Classic 2	Classic 1	Decline	Classic 2	Classic 1
	MILD HEART ATTACK			MODERATE HEART ATTACK																				
UNDER AGE 40	AGE 40 TO 59	AGE 60 & OVER	UNDER AGE 50	AGE 50 TO 69	AGE 70 & OVER																			
Decline	Classic 2	Classic 1	Decline	Classic 2	Classic 1																			
Hepatitis B	Fully resolved with no residual effects and not currently on anti-viral drugs: Classic 1.																							
	Currently on anti-viral drug treatment: Classic 2.																							
Hepatitis C	Fully resolved with no residual effects and not currently on anti-viral drugs: Classic 1.																							
	Currently on anti-viral drug treatment: Classic 2.																							

IMPAIRMENT GUIDE (cont.)

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Hypertension	Well controlled (with or without medication): Classic 1.
	Uncontrolled: minimum Classic 2 to Decline.
Kidney Disease	Decline
	Would consider application on UL policy subject to medical records. Minimum Table D to Decline. If cleared of virus with Harvoni treatment would consider Standard after one year.
Lap Band Surgery	Classic 1 if successful surgery over 6 months before application.
Liver Disease	Decline
	Would consider application for UL policy subject to medical records. Rating dependent upon cause of disease and extent of liver damage.
Lupus – Discoid	Classic 1
Lupus – Systemic	Mild: Classic 1
	Moderate: Classic 2
	Severe: Decline
Multiple Sclerosis	Within one year of diagnosis: Decline.
	Greater than one year since diagnosis, mild (no or minimal symptoms and disability): Classic 1.
	Moderate (moderate symptoms and disability preventing full time work): Classic 2.
	Severe (requiring assisted ambulation to being restricted to wheelchair): Decline.
Osteoarthritis	Classic 1.
Osteoporosis	Mild or moderate with little impact on daily activities: Classic 1.
	Regular use of aids for ambulation: Decline.
Oxygen Use	Decline
Pacemaker	Classic 1
	Accompanied by ischemic heart disease or other organic heart disease: Decline.
Pancreatitis	Single acute episode, over one year since recovery, not alcohol related: Classic 1.
	Chronic condition, not related to alcohol, without complications (such as malabsorption, diabetes, or impaired glucose tolerance), less than three years since last symptoms: Classic 2.
	Greater than three years since last symptoms: Classic 1.
	Related to alcohol, or complications mentioned above: Decline.
Sleep Apnea	Well controlled with consistent CPAP use: Classic 1.
	If treated with oxygen: Decline.
Stent	Under age 60, non-tobacco: minimum Classic 2 to Decline.
	Under age 60, tobacco user: Decline.
	Over age 60, non-tobacco: minimum Classic 1.
	Over age 60, tobacco user: Classic 2.
	If ongoing angina after procedure: Decline.

IMPAIRMENT	PROBABLE UNDERWRITING ACTION
Stroke	Must be at least one year since single stroke, no or minimal residual symptoms, non-tobacco user.
	If multiple strokes or single stroke with severe residuals: Decline.
	Under age 40 yrs at time of diagnosis: Decline.
	Age at diagnosis 40 to 69 yrs: Classic 2.
	Age at diagnosis 70 yrs or greater: Classic 1.
TIA	All applicants must be at least one year since single TIA and a non-tobacco user.
	Ages less than 40: Classic 2.
	Ages 40 and older: Classic 1.
	If multiple TIA's or current tobacco use: Decline.
Tuberculosis	Classic 1 if treatment complete and recovered.
	Otherwise: Decline.
Weight Loss Surgery	Classic 1 if successful surgery over 6 months before application.

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Terminal Illness Accelerated Death Benefit Rider Series
#ICC17 70G ALBR17, #70G ALBR17 and state variations
Waiver of Premium Benefit Rider Series #580 WPD08
Children's Benefit Rider Series ICC14 70M CIR14
Accidental Death Benefit Rider Series ICC14 70L ADB14