

Life Insurance Underwriting Guide

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Products issued by

National Life Insurance Company® | Life Insurance Company of the Southwest®

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | 800-906-3310 | www.NationalLife.com
Last Updated February 2020.

For Agent Use Only – Not For Use With The Public

Doing Business with National Life Group

Company Website: www.NationalLife.com

National Life Group Contact Center: 800-906-3310

National Life Group Technical Help Desk:
HelpDesk@NationalLife.com | 877-654-3499

Customer Relations:

Life Insurance: LifeCustomerService@NationalLife.com

Annuities: Service@NationalLife.com

Phone: 800-732-8939

Contacting an employee at NLG: initial of first name followed by last name@nationallife.com

Sales

Life & Annuity Sales Desk:

NLGSalesDesk-Life@NationalLife.com

Agent Services:

Compensation (commissions and debt inquiries)

NLGCompensation@NationalLife.com

Contracting - Independent

Contracting (contracting status, training, AML, E&O, Terminations, Servicing Agent Changes, Outstanding Requirements) Contracting@NationalLife.com

New Fact Finders, Web Access:

NAgencyUpdates@NationalLife.com

Billing:

EFT Questions:

ElectronicFundsTransferTeam@NationalLife.com

General Billing Questions and Group Bill Questions:

Billing@NationalLife.com and

GroupBill-Life@Nationallife.com

Life New Business:

Life Forms on Delivery (policy receipt, amendments, statement of health):

FormsOnDelivery@NationalLife.com

Life Inforce Customer Service:

LifeCustomerService@NationalLife.com

New Business Submission:

NBApplicationImages@NationalLife.com

Large Case New Business Submission (Face amounts \$10,000,000 or \$75,000 of CTP premium):

LargeCase@NationalLife.com

Outstanding Requirements (exams, lab slips, questionnaires & policy forms requested by new business or underwriting):

NBRequirementImages@NationalLife.com

Rewrites & Not Taken Policy Requests:

Rewrites@NationalLife.com

Underwriting Risk Assessments (Quick Quote email box):

UnderwritingQuotes@NationalLife.com

Annuity New Business & Inforce Contacts

Annuity Forms on Delivery:

Imaging-New@NationalLife.com

Annuity Inforce Customer Service:

AgentServices@NationalLife.com

New Business Annuity Submission (including applications and transfer forms):

Imaging-New@NationalLife.com

Centralized Mailing Address

One National Life Drive, Montpelier, VT 05604

Quick Tips for Efficient Processing

Familiarizing yourself with National Life Group's New Business and Underwriting Department will inevitably make you a success with the company and help to set realistic expectations with your client.

Our top priority and promise to you is to provide best in class service. With this in mind, we have developed this comprehensive field underwriting guide. Whether it is your first time sending an application or you are a seasoned agent, you will know ahead of time what you and your client can expect. By using this guide we believe you will get your business through faster which will help you to close the sale you worked so hard to earn!

Submitting an Application

We are focused on helping you improve productivity. As part of our journey to Straight through Processing, we have e-App available through iPipeline. e-App is a dynamic interface that only poses the questions the client needs to answer and alerts the agent to potential errors in the responses captured. Agents will no longer have to decide if a question is appropriate and will be guided through all required questions. e-App supports the submission of applications in Good Order. e-App is integrated with our new business platform. Once the e-App is submitted, a policy number will be sent to you.

Other ways to Submit an Application

- Secure upload on website
- Email: NBApplicationImages@NationalLife.com
- U.S. Mail: National Life Group
Attention: New Business Department M300,
One National Life Drive
Montpelier, VT 05604

Choosing to submit an application using a method other than e-App can slow down the underwriting time due to inaccurate state paperwork being submitted, missing forms and missing answers to questions. This could significantly impact the time it takes a file to get through new business and underwriting.

Completing an Application

- Applications should be completed in the physical presence of the proposed insured (face to face). If you have an unusual circumstance and cannot complete the application in person, please contact your NLG Sales Representative for further recommendations.
- Agents should be fluent in their client's native language. An interpreter should not be used to complete an application.
- Ask every question on the application. A life insurance policy is a legal and binding contract. We will uphold our promise to provide your client with the best possible solution based on their needs. The insurance application asks each question for a very specific reason. It helps the underwriter to provide a proper risk assessment and provide your client the best offer with the information in hand. In order to do so though, we need to be sure we have all the correct information about your client upfront. Please collect all information regarding the client's financial and medical history during the application process.

Did you know *If a client does not provide their accurate financial and medical history upfront and it is later discovered to be material misrepresentation, the client could risk having their policy rescinded if approved and issued?*

Common questions missed on an Application that are Required

- Has the insured applied for life or disability insurance elsewhere?
- Will the client replace any life insurance coverage in force?
- Has the insured been convicted of a misdemeanor (including but not limited to DUI or disorderly conduct)
- Name and address of personal physician or name of clinic client last visited. Outcome of the visit.

NLG requires children ages 0-6 to be seen by a physician on an annual basis. If no physician is seen, NLG will need to reject the file.

NLG requires children ages 7-15 to be seen by a physician once every two years. If no physician is seen, NLG will need to reject the file.

NLG requires adults age 60 and over to have routine health care and physical within the last 24 months.

Otherwise, NLG will need to reject the file.

- Names of current prescription medications and the reason the medication is being taken.
- Past and present medical conditions, date diagnosed and treatment received for the condition.
- Upcoming medical appointments, procedures and follow-ups.

Did you know by providing the clients past and current medical history, along with the date the condition was diagnosed, the treatment required and the control of the condition you can speed the underwriting process by up to 5 business days?

By taking the extra necessary time with your client up-front during the underwriting process, you will experience faster turnaround times!

Status Inquiries

At www.NationalLife.com you can check the status of all your pending business by following up on your cases through your agent portal under My Business: **New Business & Underwriting >> All Policies with Outstanding Requirements.**

Did you know the agent portal will tell you if action is required on your part and what outstanding items New Business and Underwriting may need from you?

Call the case manager assigned to the file. This information is also displayed on the agent web-portal. Your case manager can tell if all the requirements have been received, what is still outstanding and where the case stands.

Where to send Outstanding Requirements

Any forms, questionnaires, exams, Attending Physician Statements, Cover letters, Financial Documents, EFT forms, 1035 Forms, Replacement or Rewrite forms should be submitted to NBRequirementImages@NationalLife.com. Using this inbox will assure the safe and timely processing of the requirement.

Did you know as requirements come in, they are attached to the file automatically as they are received and date stamped if you sent to NBRequirementImages@NationalLife.com? This reduces mistakes and allows for timely processing of the requirement.

Need to Speak with Someone in New Business or Underwriting Regarding your File?

We want to hear from you and love talking to you. Please know however, we are busy trying to review, approve and issue your business! If your case manager or underwriter is not able to pick up the phone, please leave a message. They will return your phone call within 1 business day.

Need to Email Someone at National Life Group?

If you know the person's first initial and last name, you can email them using the initial of their first name followed by their full last name@nationallife.com. Example: ASample@nationallife.com

Want to Reduce the Number of Emails Between you and the Home Office?

Please read all communication sent from the home office to you. Please answer each question(s) in its entirety with one email for the most efficient processing. Avoid answering one question at a time. Also, please remember to provide full details!

* The health questions on the application must be completed.

Illustrations

Contact the Sales Desk for assistance with running illustrations at NLGSales@NationalLife.com.

In states that have adopted the NAIC Illustration Regulation, a signed illustration or valid sales certification is required with submission of the application. If a state hasn't adopted the NAIC Model Regulation and the state's regulations do not require a signed illustration one does not need to be submitted. Agents are required to familiarize themselves with their state's regulations.

LifeBuilder applications also require an illustration to be submitted with the application.

Policy Delivery

Policies are sent directly to the agent for delivery to the policyowner unless otherwise directed. The policy should be delivered in person as soon as possible. A policy transmittal accompanies the policy which outlines all delivery requirements and receipts needed to complete the sale. A self-addressed envelope is also enclosed for your convenience in returning these items or they may be emailed to FormsOnDelivery@NationalLife.com.

Agent Commissions and Contracting

- LSW and National Life commissions are generated weekly. Please see the website www.NationalLife.com for a Life commission cutoff schedule.
- Please note that Pennsylvania requires us to appoint you in their State prior to solicitation.

Contact the Life Agent Services Support Center at 800-906-3310, option 3 for commission, contracting, website or forms related questions.

When Medical Testing is Required

Full testing (paramedical exam, blood specimen, urinalysis specimen and electrocardiograms) may be needed depending on product, issue age, face amount applied for and medical history. The medical exam is made part of the policy and can be used during contestable review.

Medical testing should not be ordered by an agent if the testing is not an age and amount requirement without authorization from a home office underwriter. Doing so could result in the agent being charged for the expense incurred.

Testing should not be ordered until the applicant has completed an application, signed the authorization, HIPAA and HIV consent form. Having the client complete the testing ahead of time is against state insurance regulations. The state, in which the contract is signed in, can impose significant fines to the insurer. This could result in extra expense being charged to your client in the form of premium increases. If the testing is ordered without the client signing any of the above, please know you may be liable for the charges incurred that we did not specifically ask for.

- When a paramedical exam is required, please guide your client about the process and help to set realistic expectations.
- Examiner must be fluent in the client's language, or an interpreter furnished by the para-medical company must be used. Family members or anyone benefiting from the proceeds of the policy cannot be used as translators.
- Client should bring photo ID such as driver's license
- Client should fast for at least 12 hours
- Client should avoid strenuous exercise for at least 12 hours prior to exam
- Client should bring a list of all medications

***Did you know** all life insurance contracts have a two year contestability period? This means the company has the right to contest a claim if that claim is submitted within the first two years of the contract of the issue date of coverage. This helps the insurance company to protect themselves against individuals who may have intended to mislead the insurance company by providing inaccurate information to obtain an approval.*

Approved Paramed Vendors

Agent Ordered

Full testing may be needed depending on the product, issue age, rate class, face amount applied for and medical history. Please review the Life Underwriting Requirements in this guide. See website for the most current listing of our company approved paramedical services, age and face amount grid. The paramed company will contact the prospective client to set up an appointment. Reference LSW/National Life when contacting the paramed company. If full testing is needed, one of the following companies must be utilized:

- APPS-Portamedic
– www.appslive.com | 516-822-6230
- Exam One
– www.examone.com | 877-933-9261

Approved Medical Record Retrieval Service

On occasion, medical records from the proposed insured's physician may be needed due to face amount applied for or based on client's medical history.

- Parameds.com
– www.parameds.com | 800-872-3674

Attending Physician Statements can range from 10-2,000 pages. Please allow up to 5 business days for underwriting to review.

Laboratory Testing Services

Clinical Reference Lab is the approved testing service for blood profiles and urinalyses. Use of our approved lab helps ensure the timely transmission of test results. A urinalysis is required whenever blood testing is needed. Please refer to the product-specific charts in this guide for additional information. HIV consent forms must be submitted in those states where required, for all proposed insureds that require laboratory testing. Completion of these forms is the agent's responsibility.

Medical Testing Protocol

Medical Testing Orders

National Life does not authorize medical testing such as paramedical exam or laboratory tests (blood/urine) to be ordered or completed until after the proposed insured has completed and signed National Life or Life of the Southwest application forms which include an authorization and appropriate HIPAA form.

Certain products may not require initial routine medical testing to be ordered. Please refer to the product-specific charts for more information. We reserve the right to request medical testing for cause (such as diabetes, morbid obesity, etc.). National Life Group will request age appropriate medicals anytime the amount of the NL/LSW exceeds the maximum non-fluid coverage amount.

Medical Requirements For Policy's Issued Within the Last 12 Months

When determining the age/amount requirements for total line of coverage with National Life Group issued in the last 12 months, the face amounts will be added together.

Release of Medical Testing

When medical testing is required, it is our standard protocol for the paramedical service providers to send the exam, EKG, senior assessment and lab slip along with the specimens to the lab for timely processing. Medical testing results are provided to the Home Office and a copy of the paramedical exam will be included in any policy issued. A copy of the medical testing is not sent to the agent. If an agent or firm is brokering business they may wish to consider ordering the medical testing using their own account in order to receive a copy of the exam. If a policy is placed with National Life, reimbursement may be requested.

Requests for Lab Results to be Sent to a Client

Form 7935 — Release for Medical Information must be signed by the client and forwarded to the Home Office. Lab results will be sent via U.S. Postal Service to the client's address on record within 5 business days of receipt of the information.

Medical Testing Completed by Other Companies

If copies are made available to us, we will consider using another carrier's paramed exam, EKG and/or lab results completed within the last 12 months through age 69. Age 70 and above, we will consider if completed within last six months. We reserve the right to request current testing at older ages, for large face amounts and at the underwriter's discretion.

Attending Physician Statement (APS)

An APS (copy of the client's medical records) may be required by the underwriter in order to complete the underwriting process. Obtaining these records can take 2-6 weeks, depending on the physician. It's important to provide complete physician information on the application (full name, address, phone number) for the personal physician as well as all other physicians and specialists seen.

The Home Office will order medical records unless otherwise noted. We offer the service of ordering medical records through Parameds.com.

Attending Physician Statement (APS) Guidelines

Medical records should not be ordered unless requested by the Underwriter after initial review of the application. Because it can be cost prohibitive to order multiple APSs on smaller face amounts, all applications should be submitted utilizing Medical Questionnaires whenever possible [see [Medical Questionnaire](#) section in this guide]. You should also consult the listing of [Uninsurable & Problematic Risks](#) in this guide before completing an application on a prospective client with complex medical issues.

The Underwriter will make every effort to use the application, medical questionnaires, prescription database, and other tools to assess the risk while taking into account the total amount of insurance applied for.

Routine (APS) Guidelines

Ages 0 – 15	\$1,000,001 and up
Ages 16 – 60	\$2,000,001 and up
Ages 61 – 69	\$1,000,001 and up
Age 70 & up	All face amounts

Certain medical impairments may require an APS regardless of face amount. These may include, but not limited to:

- Alcohol/Drug abuse and/or treatment
- Cardiovascular or Coronary Artery Disease
- Cancer
- Diabetes treated by insulin or with tobacco use
- Emphysema, COPD, Chronic Bronchitis
- Heart murmur
- Hepatitis
- Kidney/Renal disease
- Lupus
- Mental Disorders requiring multiple or psychotropic medications
- Multiple Sclerosis
- Peripheral Vascular Disease
- Stroke, TIA, CVA, Cerebral Hemorrhage
- Ulcerative Colitis/Crohn's Disease
- Opioid/Narcotic/Chronic Pain Medication
- History of incarceration
- PTSD
- Multiple chronic medical conditions
- Emergency room visit or hospitalization in the last 6 months

Requests for medical records may also be at the Underwriter's discretion due to MIB information, abnormal lab findings, etc as well as larger face amounts and older ages.

Motor Vehicle Report

(Ordered by Home Office)

Motor Vehicle Reports are ordered on all applicants age 16 and up, all face amounts.

Underwriting Programs

Full Medical/Financial Underwriting

National Life Group has a wide range of products that are underwritten using traditional underwriting requirements such as blood profile, urinalysis specimen, paramedical exam and EKG's. Applications requiring full medical underwriting are often on larger face amounts and older age applicants. This allows underwriting to properly assess the mortality risk the client represents. Please refer to NLG's website for the most current listing of these products.

What does the agent need to know?

NLG will review the application containing your client's financial and medical information. The information will be cross-referenced with several databases used for the risk assessment such as:

- Medical Information Bureau (MIB)
- Millimen Intelliscript a Prescription Data Base
- Motor Vehicle Report
- Electronic Inspection Report

What medical requirements might be requested for my client to complete?

- Blood profile and urinalysis specimen
- Paramedical exam
- Senior Assessment
- EKG
- Attending Physician Statement

Are there other requirements that I may need to have my client furnish?

Depending on the type of and purpose of the life insurance sale, the underwriter may request additional financial information to justify the face amount being requested. This information we request, may be in the form of:

- Personal Financial Questionnaire
- Tax returns, 4506T IRS form, W2's or 1099's
- Third Party Verified Financial Statements prepared by CPA or Tax Attorney
- Cover letter explaining the purpose of sale and how the total line of coverage was determined

Do you know how powerful a cover letter can be? If you have a client who is applying for insurance for reasons other than straight income replacement needs, it is best to submit a cover letter. The cover letter will tell the underwriter how the sale was made, the purpose of the sale and the intended use of the funds and/or riders. A well-crafted cover letter helps the underwriter better understand your client's needs. If you submit an application via e-App, you can type this information in the cover letter.

Accelerated Underwriting Products (EZ-Underwriting)

National Life Group is pleased to offer accelerated underwriting to applicants. This means your client may be eligible for our best class without the need to complete medical requirements (blood profile, urinalysis, paramed exam and EKG).

EZ underwriting is available to applicants ages 18-50 applying for face amounts up to and including \$2,000,000 and applicants ages 51-60 applying for face amounts up to and including \$1,000,000 and applicants ages 61-65 applying for face amounts to \$250,000.

Please consult the product's age and face amount grid for current guidelines. (See NLG's website for current listing).

Applicants Applying for the Following Face Amounts:

	Ages 18-50	Ages 51-60	Ages 61-65
FlexLife	Up to \$2M	Up to \$1M	Up to \$250,000
PeakLife	Up to \$2M	\$1M	n/a
Term	Up to \$2M	Up to \$1M	Up to \$250,000
TotalSecure	Up to \$2M	Up to \$1M	Up to \$250,000

What does the agent need to know?

NLG will review the application containing your client's financial and medical information. The information will be cross-referenced with several databases used for the risk assessment such as:

- Medical Information Bureau (MIB)
- Millimen Intelliscript a Prescription Data Base
- Lexis Nexis Risk Classifier a third party data aggregator of FCRA compliant information
- LabPiQture is clinical laboratory results

What is the Lexis Nexis Risk Classifier?

LexisNexis® Risk Classifier aggregates public records from thousands of data sources in compliance with the Fair Credit Reporting Act to determine mortality and an individuals lifestyle risk.¹

This tool provides access to a much larger pool of data enabling us to:

- make quicker underwriting decisions
- meet demand for a much faster and less invasive process to obtain life insurance than in the past.

The Risk Classifier score is determined by a combination of data points that fall into three general buckets:

- Public record attributes
- Motor vehicle records (MVR) attributes
- Credit record attributes

A risk classifier score is not based on a single factor. Rather, it is the combination of multiple data points from these three general buckets that are used to determine an applicant's relative mortality risk.

The LexisNexis® Risk Classifier does NOT use the following data for mortality scoring:

- Race, religion, national origin, marital status, sexual orientation, geography, disability, title, employer, and employment history are NOT used for scoring purposes.
- Data that is NOT compliant with the Fair Credit Reporting Act (consumer shopping data, facial recognition, and social media).

Questions about a Risk Classifier Score?

The LexisNexis® Consumer Center contact number for LIFE is 888-497-9215

Contact the LexisNexis® Consumer Center to:

- Receive a copy of and subsequently discuss their Life Report
- Dispute information contained in their Life Report
- Request a Report to be sent post-dispute

The mailing address for the LexisNexis® Consumer Center is:

LexisNexis® Consumer Center Attn: Life Report P.O. Box 105108 Atlanta, GA 30348-5108

When first calling, it is helpful if you:

Specifically request a Life Report

Advise the representative that you applied for life insurance

Life Reports are not available online.

Life Underwriting Requirements

PeakLife/Advanced Markets IUL

(PeakLife and PeakLife NL)

Underwriting Amount	Issue Ages						
	18-30	31-40	41-50	51-60	61-65	66-69	70+
\$1,000,000	A	A	A	A	D	D	ME/APS
\$1,000,001 - \$2,000,000	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001 - \$5,000,000	D/APS	D/APS	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 & up	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine, EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement. An APS will be required on all applications \$2,000,001 and up in addition to the age and amount chart above.

- Face amounts over \$2,000,000 require an APS, confidential financial questionnaire form 1392 and E-inspection
- Face amounts over \$5,000,000 require a confidential financial questionnaire form 1392, E-inspection and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection and third party verified financials

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	18-85
Express Standard NT 1	Total Face ≤ \$2M	18-85
Express Standard NT 2	Total Face ≤ \$2M	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2M	18-85

Minimum Face \$1,000,000

1 Age Nearest Birthday

2 See product specific information for rate classes and ages available

3 See product specifications for applicable juvenile rates

Life Underwriting Requirements

FlexLife and FlexLife NL IUL

Underwriting Amount	Issue Ages							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70+
Through \$250,000	A	A	A	A	A	A	D	ME/APS
\$250,001 - \$1,000,000	A	A	A	A	A	D	D	ME/APS
\$1,000,001 - \$2,000,000	Call for quote	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001-\$5,000,000	Call for quote	D/APS	D/APS	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 and up	Call for quote	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine, EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	0-85
Express Standard NT 1	Total Face ≤ \$2M	0-85
Express Standard NT 2	Total Face ≤ \$2M	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2M	18-85

- Face amounts over \$2,000,000 require an APS, confidential financial questionnaire form 1392 and E-inspection
- Face amounts over \$5,000,000 require a confidential financial questionnaire form 1392, E-inspection and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection and third party verified financials

For Face Amounts of \$2,000,000 or less

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For Face Amounts Greater than \$2,000,000

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco

¹ Issue Age Nearest Birthday

² 200% rating added to Standard NT for tobacco users under age 18

Life Underwriting Requirements

BasicSecure and BasicSecure NL FUL

Underwriting Amount	Issue Ages							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70+
Through \$250,000	A	A	A	A	A	A	D	ME/APS
\$250,001 - \$1,000,000	A	A	A	A	A	D	D	ME/APS
\$1,000,001 - \$2,000,000	Call for quote	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001-\$5,000,000	Call for quote	D/APS	D/APS	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 and up	Call for quote	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine, EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	0-85
Express Standard NT 1	Total Face ≤ \$2M	0-85
Express Standard NT 2	Total Face ≤ \$2M	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$2M	18-85

- Face amounts over \$2,000,000 require an APS, confidential financial questionnaire form 1392 and E-inspection
- Face amounts over \$5,000,000 require a confidential financial questionnaire form 1392, E-inspection and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection and third party verified financials

For Face Amounts of \$2,000,000 or less

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For Face Amounts Greater than \$2,000,000

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco

¹ Issue Age Nearest Birthday

² 200% rating added to Standard NT for tobacco users under age 18

Life Underwriting Requirements

Term LSW and Term NL Life

Underwriting Amount	Issue Ages						
	18-30	31-40	41-50	51-60	61-65	66-69	70+
Through \$250,000	A	A	A	A	A	D	ME/APS
\$250,001 - \$1,000,000	A	A	A	A	D	D	ME/APS
\$1,000,001 - \$2,000,000	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001-\$5,000,000	D/APS	D/APS	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 and up	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine and EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement

- Face amounts over \$2,000,000 require an APS, confidential financial questionnaire form 1392 and E-inspection
- Face amounts over \$5,000,000 require a confidential financial questionnaire form 1392, E-inspection and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection and third party verified financials.

Term rate class offerings for nontobacco and tobacco

Product/Issue Age	Nontobacco Rate Age Availability	Tobacco Rate Age Availability
10 Year Term	18-75	18-75
15 Year Term	18-75	18-70
20 Year Term	18-70	18-65
30 Year Term	18-55	18-50
ART 18-85	18-85	18-85

Term products rate class offerings:

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	18-75
Preferred NT	All Face Amounts	18-85
Select NT	All Face Amounts	18-85
Standard NT	All Face Amounts	18-85
Express Standard NT 1	Total Face ≤ \$250,000	18-85
Express Standard NT 2	Total Face ≤ \$250,000	18-85
Preferred Tobacco	All Face Amounts	18-85
Standard Tobacco	All Face Amounts	18-85
Express Standard Tobacco	Total Face ≤ \$250,000	18-85

For Face Amounts of \$250,000 or less

- Permanent flat extras are available with all rate classifications. Temporary flat extras are available with Standard and Express classes. Table ratings are not available.
- A nonsmoking insured with a substandard table rating up to and including 200% will be placed in the Express standard Non-tobacco 1 rate classification.
- A nonsmoking insured with a substandard table rating between 225% and 300% (inclusive) will be placed in the Express Standard Non-tobacco 2 rate classification.
- A smoking insured with a substandard table rating up to and including 200% will be placed in the Express Standard Tobacco rate classification.

For Face Amounts Greater than \$250,000

- Substandard: Table ratings and flat extras available with Standard rate classes. Temporary flat extras available with Standard NT/Standard Tobacco

¹ Issue Age Nearest Birthday

² LSW and NL Term product are not available until age 18; see product availability below:

ISSUE AGES OFFERED

ART 18-85

10 Year Term 18-75

15 Year Term 18-75 Non-tobacco 18-70 Tobacco

20 Year Term 18-70 Non-tobacco 18-65 Tobacco

30 Year Term 18-55 Non-tobacco 18-50 Tobacco

Life Underwriting Requirements

TotalSecure LSW and TotalSecure NL Whole Life

Underwriting Amount	Issue Ages							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70+
Through \$250,000	A	A	A	A	A	A	D	ME/APS
\$250,001 - \$1,000,000	A	A	A	A	A	D	D	ME/APS
\$1,000,001 - \$2,000,000	Call for quote	A	A	A	D	D/APS	D/APS	ME/APS
\$2,000,001-\$5,000,000	Call for quote	D/APS	D/APS	D/APS	D/APS	D/APS	D/APS	ME/APS
\$5,000,001 and up	Call for quote	E/APS	E/APS	E/APS	E/APS	E/APS	E/APS	ME/APS

Category / Medical Requirements

A – Application

D – Application, Exam, Blood Profile, Urine

E – Application, Exam, Blood Profile, Urine and EKG

M – Application, Exam, Blood Profile, Urine, Mature Assessment

ME – Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

APS – Attending Physician Statement

- Face amounts over \$2,000,000 require an APS, confidential financial questionnaire form 1392 and E-inspection
- Face amounts over \$5,000,000 require a confidential financial questionnaire form 1392, E-inspection and over age 70 third party verified financials
- Face amounts \$10,000,000 and up require a confidential financial questionnaire form 1392, E-inspection and third party verified financials.

Whole Life products rate class offerings:

Rate Classes	Face Amount	Ages
Elite	All Face Amounts	20-75
Preferred NT	All Face Amounts	20-85
Select NT	All Face Amounts	20-85
Standard NT	All Face Amounts	0-85
Express Standard NT 1	Total Face ≤ \$250,000	0-85
Express Standard NT 2	Total Face ≤ \$250,000	18-85
Preferred Tobacco	All Face Amounts	20-85
Standard Tobacco	All Face Amounts	20-85
Express Standard Tobacco	Total Face ≤ \$250,000	20-85

¹ 200% rating added to Standard NT for tobacco users under age 20.

Underwriting Rate Classes Explained

Elite Preferred Non-Tobacco

See guidelines on next pages.

Preferred Non-Tobacco

See guidelines on next pages.

Select Non-Tobacco

Offered for those clients who do not meet all criteria for preferred but meet the special standard “plus” criteria for this well-priced non-tobacco/non-nicotine class.

Standard Non-Tobacco

Offers competitive rates for applicants, who are standard risks and do not use tobacco or nicotine products. If additional table ratings are applicable, use this rate class as the platform for non tobacco class illustrations with ratings.

Express Standard Non-Tobacco¹

Available to applicants who do not use products containing tobacco or nicotine that qualify as standard under “quick underwriting” and to those with rating of four tables or less who would otherwise be substandard.

Express Standard Non-Tobacco²

Available to applicants who do not use products containing tobacco or nicotine who qualify as standard under “quick underwriting” and to those with rating of 225% to 300%.

Preferred Tobacco

Available to applicants who use products containing tobacco or nicotine and meet all preferred guidelines (see following pages).

Standard Tobacco

Applicants who use tobacco or nicotine products that do not otherwise meet the preferred guidelines will use this rate class. If additional table ratings are applicable, use this rate class as the platform for tobacco class illustrations with ratings.

Express Standard Tobacco

Available to tobacco users that rate four tables or less utilizing “quick underwriting.” Limited availability by product.

Table Ratings converted to Percent Ratings

Table 2	Table B	150%
Table 3	Table C	175%
Table 4	Table D	200%
Table 5	Table E	225%
Table 6	Table F	250%
Table 8	Table G	300%
Table 10	Table H	350%
Table 12	Table I	400%
Table 16	Table J	500%

Ratings are illustrated using Standard or Verified Standard class as the platform for Non-Smoker clients or using Standard Tobacco class as the platform for tobacco users. Some products may show Standard Tobacco vs. Standard Smoker. Please refer to product guides for specific rate classes available.

¹ See product-specific tables

² Please refer to the product-specific charts for class

Accelerated Elite/Preferred Criteria

EZ Underwriting

	Elite for applicants who do not use tobacco products	Preferred Non-Tobacco and Tobacco product users	Select for applicants who do not use tobacco products
Tobacco or Nicotine Use	No use of tobacco or nicotine of any kind within last 60 months	No use of tobacco or nicotine of any kind within last 36 months.	No use of tobacco or nicotine of any kind within last 12 months
Family History	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 65.	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 60.	No family history (parents or siblings) of death from coronary heart disease or cancer prior to age 60.
Health History	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma or cancer (except skin cancer in situ)	Standard risks with no personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma or cancer (except skin cancer in situ)	Standard risks with no current borderline medical problems. No currently ratable medical history.
Driving History	No reckless driving (includes no excessive speed) or alcohol related moving violation within 5 years, no license suspension within 3 years, and no more than one moving violation within last 3 years.	No reckless driving or alcohol related moving violation within 5 years, no license suspension within 3 years, and no more than two moving violation within last 3 years ¹	No reckless driving or alcohol related moving violation within 5 years, no license suspension within 3 years, and no more than three moving violation within last 3 years.
Prescription Drug History	No medications in past 5 years for heart disease, cancer, mood disorders, rheumatoid arthritis, kidney or liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease, and neurological disease. (one hypertensive medication allowed and medication for cholesterol is allowed)	No medications in past 5 years for heart disease, cancer, depression, rheumatoid arthritis, liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease and neurological disease. (one hypertensive medication allowed and medication for cholesterol is allowed)	No medications in past 5 years for heart disease, cancer, depression, rheumatoid arthritis, liver disease, hepatitis, diabetes, dementia, alcohol or drug abuse, lung disease, autoimmune disease, vascular disease and neurological disease.
Aviation/Avocation	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major US carriers permitted.	No aviation, no ratable hazardous avocation or occupation. Commercial pilots for major US carriers permitted.	No ratable aviation, hazardous avocation or occupation.
Alcohol/Drug	No history of drug or alcohol abuse or treatment at any time.	No history of drug or alcohol abuse or treatment within last 10 years.	No ratable history of drug or alcohol abuse.
BMI	>18.5 and <27.1	>18.5 and <29.9	>18.5 and <32.7

¹ For ages 18-25 if one moving violation results in points assessed by underwriting manual, preferred will not be allowed.

Fully Underwritten Elite/Preferred Criteria¹

	Elite Preferred for applicants who do not use tobacco products	Preferred Non-Tobacco and Tobacco users	Select Non-Tobacco
Citizenship	U.S. Resident.*	U.S. Resident.	U.S. Resident.
Tobacco or Nicotine Products ^{1,2}	No use of tobacco or nicotine - containing products of any kind within the last 60 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products ³ of any kind within the past 36 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products ³ of any kind within the past 12 months. Current lab testing negative for nicotine.
Health	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risk with no current borderline medical problems. No currently ratable medical history.
Alcohol/ Drugs	No history of drug or alcohol abuse or treatment at any time, and no current use of drugs.	No history of drug or alcohol abuse or treatment within the last 10 years, and no current use of drugs.	No ratable history of drug or alcohol abuse.
Aviation/ Avocation	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No ratable aviation, hazardous avocation or occupation.
Family History	No parental family history of death from coronary artery disease or cancer prior to age 65. Criteria does not apply if applicant has reached the age of 65 or for gender-specific cancers where the applicant is the opposite gender.	No parental family history of death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.	Parental family history of no more than one death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.
Blood Pressure	Current blood pressure with a 12-month average reading of 135/85 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 140/90 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 150/90 or better.
Cholesterol	Current cholesterol/HDL ratio of 4.5 or less, or 5.0 or less for issue ages 65 and up. Cholesterol must also be 260mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 5.5 or less, or 6.0 or less for issue ages 65 and up. Cholesterol must also be 280mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 6.5 or less, or 7.0 or less for issue ages 65 and up. Cholesterol must also be 300mg/dl or less. Cholesterol treatment is acceptable if cholesterol/HDL ratio is maintained for 12 months.
Driving History	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than one moving violation within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than two moving violations within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than three moving violations within the last three years.

* Some Foreign Nationals may qualify for best class. Please refer to Foreign National guidelines.

¹ Please refer to the National Life and LSW product-specific charts for classes available.

² Not applicable for Preferred Tobacco class.

³ Products such as cigarettes, cigars, chewing tobacco, pipe, nicotine gum products, nicotine patch, etc.

Table of Height and Weight

This chart is used as a guideline to identify the weights that are usually acceptable within the rate classes shown, and to show the acceptable weight to qualify for the disability income rider. Other factors, including age or disproportion in body measurements (girth of chest and abdomen), may impact the final decision.

Rate Class	Elite	Preferred	Select	Standard	Express Standard 1	Express Standard 2
BMI	≥18.5 to <27.1	≥27.1 to <29.9	≥29.9 to < 32.7	≥32.7 to <37.5	≥37.5 to <42.5	≥42.5 to <46.5
Height	Weight (lbs.)					
4' 8"	83-120	121-133	134-145	146-167	168-189	190-207
4' 9"	86-125	126-138	139-151	152-173	174-196	197-214
4' 10"	89-129	130-143	144-156	157-179	180-203	204-222
4' 11"	92-134	135-148	149-161	162-185	186-210	211-230
5' 0"	95-138	139-153	154-167	168-191	192-217	218-238
5' 1"	98-143	144-158	159-173	174-198	199-224	225-246
5' 2"	102-148	149-163	164-178	179-205	206-232	233-254
5' 3"	105-152	153-168	169-184	185-211	212-239	240-262
5' 4"	108-157	158-174	175-190	191-218	219-247	248-270
5' 5"	112-162	163-179	180-196	197-225	226-255	256-279
5' 6"	115-167	168-185	186-202	203-232	233-263	264-288
5' 7"	119-172	173-190	191-208	209-239	240-271	272-296
5' 8"	122-177	178-196	197-215	216-246	247-279	280-305
5' 9"	126-183	184-202	203-221	222-253	254-287	288-314
5' 10"	129-188	189-208	209-227	228-261	262-296	297-324
5' 11"	133-194	195-214	215-234	235-268	269-304	305-333
6' 0"	137-199	200-220	221-241	242-276	277-313	314-342
6' 1"	141-205	206-226	227-247	248-284	285-322	323-352
6' 2"	145-211	212-232	233-254	255-292	293-330	331-362
6' 3"	148-216	217-239	240-261	262-299	300-339	340-371
6' 4"	152-222	223-245	246-268	269-308	309-349	350-381
6' 5"	156-228	229-252	253-275	276-316	317-358	359-392
6' 6"	161-234	235-258	259-282	283-324	325-367	368-402
6' 7"	165-240	241-265	266-290	291-332	333-377	378-412
6' 8"	169-246	247-272	273-297	298-341	342-386	387-423

Individual consideration will be given for low BMI's. Email UnderwritingQuotes@NationalLife.com for proper quote.

Uninsurable and Problematic Risks

Applications should not be written on persons with the following impairments/issues. This list is not intended to be all-inclusive. If your applicant has a serious condition not listed here, please contact your Underwriting Team for a tentative quote.

Age 60 and over must have routine health care and physical within 24 months. We will otherwise need to decline.

If **declined by another carrier** within the last year, contact your Underwriting Team for a quick quote (UnderwritingQuotes@NationalLife.com).

- Abdominal Aortic Aneurysm, present or surgically corrected within the past six months
- Alcohol treatment within the last two years
- Angioplasty/Bypass or MI/heart attack in the last six months; or in combination with history of diabetes, stroke and/or continued tobacco use
- Alzheimer's disease, Dementia or Cognitive Impairment
- Bankruptcy, Chapter 7, that has not been discharged
- Cancer treatment, current; or certain internal organ cancer diagnosed within the past three to five years – contact underwriter with specific details
- Chronic Opioid/Narcotic use
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling) or with current tobacco use
- CVA (stroke) within one year; or with history of diabetes or cardiac history
- Diabetes if uncontrolled (glycohemoglobin A1C 10.0 and above) or if complications present (amputation, retinopathy, kidney or vascular disease) or in combination with cardiac, stroke or morbid obesity. Juvenile onset diabetes (diagnosed prior to age 20)
- Disabled for most non-musculoskeletal related impairments (i.e. on SSDI or DI due to depression, PTSD or other medical issues.)
- Driver's license currently suspended or revoked
- Drug use within the last three years or daily marijuana use
- Single DUI in the last year or multiple DUI's with any occurring within the last 5 years
- **Low BMI when an infant**
- **Low BMI when age 60 and over**
- Epilepsy/Seizures diagnosed within one year
- History of being charged with a felony. History of being charged with a misdemeanor and not released from probation or parole for one full year
- Gastric Bypass within six months
- Heart Surgery within six months or in combination with Diabetes or Stroke history
- Heart Valve Surgery within one year
- HIV positive/AIDS
- IOLI / SOLI – Investor Owned or Stranger Owned Life Insurance
- Kidney Dialysis or Chronic Renal Failure
- Mental Disorder/PTSD requiring hospitalization or disability in last year
- Multiple Sclerosis, if disabling or progressive
- Organ Transplant, awaiting or recipient
- Parkinson's Disease if disabling
- Parole or Probation (see Felony or Misdemeanor)
- Polycystic Kidney Disease
- Pregnancy with current gestational diabetes, toxemia, eclampsia, pre-eclampsia. Would reconsider at six weeks post partum.
- Surgery (major) pending
- Suicide attempt in last year; or more than one attempt within two year
- Valve replacement within year

Financial Underwriting

Financial Underwriting is the evaluation of the proposed insured's personal and business financial background. During the analysis we need to confirm that the need for insurance in force with our company and other carriers as well as applied for is reasonable and is in line with the insured's needs. It is the underwriters responsibility to make sure the policy will be affordable in order to sustain premium payments. It is necessary to establish the insurable interest of the beneficiary in the life of the prospective insured at the time of underwriting, and the financial loss that will occur in the event of an unexpected and untimely death of that insured.

While life insurance has other specialty uses such as cash value accumulation, the primary purpose of life insurance is to protect against a loss and the death benefit cannot exceed the client's economic ("human life") value.

The writing agent is an important source of information. Through a cover letter, he/she can provide an explanation of the purpose, need and method used to establish the requested face amount and total line of coverage, as well as any unusual aspects of the case and competitive situations. Copies of the needs analysis and financial statement should accompany applications with large face amounts.

New York Financial Suitability Review:

Effective February 1, 2020 all New York contracts are subject to enhanced suitability review per Regulation 187. In order to perform this additional level of suitability review we will require that the Confidential Financial Questionnaire (form 1392) be completed on all NY applications. To avoid delays, submit this questionnaire with all applications.

Some of the common needs for life insurance are as follows:

Personal Insurance; replacement of income:

Age	Factor Time Income
18-30	40x annual earned income
31-40	35x annual earned income
41-50	25x annual earned income
51-60	15x annual earned income
61-65	10x annual earned income
66-69	5x annual earned income

Earned income is money received from paid work. It is not income from investments, rental property, alimony, savings accounts etc. Underwriters take into the consideration earned income only.

Juvenile coverage for children ages 0-19:

Unless state insurance law dictates otherwise, coverage for juveniles will be considered based on parent or legal guardian's financial picture up to a maximum of \$1,000,000 or; a death benefit that \$100/month on a permanent plan can buy.

Face amounts in excess of \$1,000,000 should not be submitted without prior vetting from an underwriter. The underwriter will base their determination to proceed if the agent verifies the parent or guardian's financial status is high-net worth and thus would require additional estate planning or gifting solutions.

- Child must be at least 14 days old, U.S. citizen or permanent resident.
- All siblings must be similarly insured.
- Acceptable ownership will be parents/legal guardians or grandparents only (guardianship paperwork will be necessary).

Washington state contracts for juveniles under age 18:

- The amount should not exceed the annual household income (earned and unearned).
- The amount should be proportional to the amount issued of siblings and immediate family members.

New York contracts have special rules that must be followed on juveniles up to age 14.

- For ages 0-4 it's the maximum of 25% of the inforce coverage on the life of the parent who is applying.
- For ages 5-14 it's the maximum of 50% of the inforce coverage on the life of the parent who is applying.
- If parents are joint owners, the 25% or 50% is based on the parent with the greater coverage.

These limits do not apply if a grandparent is purchasing the coverage on the child and the child is not dependent on that grandparent for support. In this situation we are able to follow our normal juvenile guidelines.

If you have a family applying for life insurance it is important that the total premium does not exceed 10% of the client's annual income. If it does, the underwriter will reserve the right to ask for additional financial documentation

Other Personal Insurance

For larger face amounts requested, it is the agent's responsibility to inform the client that the purchase of a life insurance policy is a binding financial contract that requires disclosure of personal and/or business financial information. Depending on the insurance need, specific concrete forms of financial varication or attestation (s) may be required. Below are National Life's Financial Underwriting Requirements:

Requirements/Documentation	Age Range (if applicable)	Face Amount/Coverage Amount
Personal Financial Questionnaire (form 1392)*	All Ages	\$2,000,001 - \$9,999,999
Income Verification (4506T IRS form, W2's and/or 1099's)	All Ages	At Underwriter's Request or \$10,000,000 and up
Electronic Inspection Report	All Ages	\$2,000,001 and up
Third Party Verified Financial Statement (Prepared by CPA or Tax Attorney)	18-69	\$10,000,000 and up
Third Party Verified Financial Statement (Prepared by CPA or Tax Attorney)	70+	\$5,000,001 and up

* All NY applications must include this form at all face amounts.

These are general guidelines. We reserve the right to request financial requirements at the underwriter's discretion. See Business Insurance Guidelines for additional underwriting requirements that may be requested

Estate Protection/ Estate Planning

Life insurance coverage to protect the assets from sale for estate tax purposes.

The personal net worth of an individual or family is used as the basis for a calculation of an approximate estate tax liability and related expenses. The underwriter will consider the nature of the assets and how their value has changed over time at a reasonable rate of growth, compounded up to 10 to 20 years depending on the clients' ages and risk class and offset by expected interest rate.

Final Expense Coverage	National Life does not offer a stand-alone final expense or burial coverage. (With appropriate financial justification to a maximum up to \$100,000 may be considered with final expenses being considered as part of the overall need for coverage.)
Coverage on Older Age Applicants & Dependent Parents	<p>Purpose of insurance:</p> <p>Personal insurance on older age applicants may be needed for estate tax situations (see estate planning) or asset repositioning. Final expenses may be considered in the overall need for coverage. Income replacement is not applicable at ages 70+.</p> <p>Retirement income: cash value may be used for retirement income, however the death benefit must be financially justifiable. Coverage on dependent parents</p> <ul style="list-style-type: none"> • A limited amount of coverage may be considered on dependent parents if a financial loss is demonstrated - what is the quantifiable financial loss that the family must replace? • If services provided to the family by the dependent parent would require significant expense to replace, how was that amount determined? • The head of household (adult child of dependent parent) must have sufficient life insurance coverage in force; an amount greater than being applied for on parent. • The head of household's income must be sufficient to support the family finances and total line of coverage for household members. • Coverage cannot be used to create an estate at death. With appropriate financial justification a maximum up to \$100,000 (total with all carriers) may be considered, however, if no financial justification is demonstrated no coverage will be issued. <p>Premium to income ratio</p> <p>In order to sustain long term premium payments, generally households with modest annual income should not exceed 10% of income for life insurance premiums. Households with greater annual income may put larger percentage of income in their policies and will be considered on an individual basis.</p>
State & Federal Assistance Recipients	Individuals whose primary source of income is state or federal aid programs, Supplemental Security Income (SSI), or Social Security Disability Income (SSDI) generally have a minimal need for life insurance other than a nominal final expense policy. If this is only source of income we would not offer coverage.
Non-Working Spouse Coverage	Coverage for non-working spouses would be considered for amounts based on the working spouse's income and net worth or for an amount a \$100/month premium on a <u>permanent</u> plan can buy.

Charitable Coverage	<p>Personal life insurance needs should be met before consideration of charitable giving. The amount of coverage to be considered will be based on the established history of annual giving and income replacement factor. Large face amounts will require a copy of past tax returns showing charitable gifting history. A cover letter should be provided explaining the relationship between the applicant and the charity and confirm that the client understands that the coverage will be included in ultimate total line limits.</p>
Asset Repositioning	<p>Any assets or income being repositioned into life insurance to enhance or leverage a legacy for wealth transfer purposes should not cause future financial hardship for the client and family.</p> <p>Must qualify for death benefit using financial guidelines above.</p>
Creditor (Personal)	<p>A copy of the loan document should be submitted with the agent’s cover letter outlining details of loan terms and status of loan. Personal home mortgages will be considered up to 100%; other personal loans up to 75% of loan amount. Use of collateral assignment for outstanding loan amount to lender is recommended.</p>
IOLI/STOLI (Investor Owned Life Insurance/ Stranger Owned Life Insurance)	<p>It is the policy of National Life Group not to support any form of Investor Owned Life Insurance (IOLI), including “non-recourse premium financing”, Stranger Owned Life Insurance (STOLI) or Charity Owned Life Insurance (CHOLI), where the intention of the proposed owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company or charity. Applications for life insurance that involve such arrangements should not be submitted.</p>
Bankruptcy	<p>There are different types of bankruptcy filings but the most common are Chapters 7, 11 & 13. From an underwriting perspective, they can be viewed differently. We will not offer coverage to an individual with a history of Chapter 7 bankruptcy until the bankruptcy proceedings have been discharged, the client is working full time and demonstrates a financial need for a reasonable amount of coverage. We will consider coverage for applicants currently in Chapter 11 or 13 once the applicant is making regular debt payments and they are not subject to any court imposed restrictions. All applicants will be underwritten on their own merit, taking into consideration stable employment, annual income, net worth, purpose and need for coverage as well as any medical concerns.</p>

Business Insurance

Insurance is frequently used to protect against financial loss in a business relationship. The most common are Key Person, Buy/Sell, and Deferred Compensation. The amount of death benefit must be suitable for the given business financial situation. Each business sale should include a detailed cover letter and Business Insurance Questionnaire (Form 20098). If the contract is employer owned, the employer consent form must be filled out and submitted (Form 8453) prior to issue.

Key Person

Individuals who make significant contributions to the profitability of a business and cannot readily be replaced may be considered Key Persons. Generally, a multiple of annual salary such as 5 times income would be considered; 10 times for well-established businesses. Stock options, bonuses and certain benefits such as housing and automobile allowance will also be factored into compensation. We may reduce the factor for key persons over age 60 based on the hours worked or number of years to retirement.

Buy-Sell Cross Purchase/ Stock Redemption

All owners should be proportionately insured based on their established business interest and the fair market value outlined in the buy-sell agreement. If there is no buy-sell agreement, a cover letter is needed with details on how fair market value was determined and the last two years of income statement & balance sheet information is needed or a third party business valuation.

Deferred Compensation

Deferred compensation can be divided into two broad categories: qualified plans and non-qualified plans. Qualified plans allow the employer to take a tax deduction (as a normal business expense) when contributions are made to the plan. These contributions are made on a before-tax basis and the employee is not subject to income taxes at the time of the contribution, but is instead allowed to defer taxes until benefits are distributed from the plan. Non-qualified plans do not receive this tax savings: the employer cannot take a deduction for contributions and the employee must pay income taxes on contributions in the year in which they are made.

Since a key benefit of this concept is that the cash value build up of the policy grows income tax deferred and can potentially be accessed using policy loans or withdrawals* as a supplement to retirement benefits, a product with a lower face amount and maximum funding best meets the deferred compensation concept.

The Underwriter will require salaries, benefit being refunded and amount of insurance being applied for. Long term financial outlook of the business is also a financial consideration.

Load Protection/Creditor (Business)

A maximum of 75% of the outstanding loan amount will be considered. Complete details regarding the purpose and terms of the loan must be provided. Collateral assignment of the death benefit for the loan balance should be used.

Executive Bonus

Employers may offer an executive bonus plan to provide additional incentives by paying life insurance premiums for the executive employee's personally owned policy. The amount may be defined in a deferred compensation agreement and should be justified by personal insurance needs. A copy of any deferred compensation agreement should be submitted as well as documentation of salary (including bonuses) for past two years.

* Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.

Advanced Marketing Department

National Life Group has an Advanced Marketing Department to help you work more effectively in the advanced markets space. If you have questions about business insurance needs, qualified plans, executive benefit plans, or premium finance cases, they are here to help!

With more than 180 years of combined industry experience our Advanced Market Team is here to help you grow your business.

We specialize in working with high net worth individuals, business owners and their families along with charitable and non-profit organizations.

We provide your team with:

- Direct access to our in-house team for case consultation and point-of-sale support
- Simplified sales concepts to help you sell
- Case design and presentation
- Consultation with strategic advisors - CPA's and Attorneys
- Ongoing education and training

We are committed to supporting your needs and the needs of your clients. We stay current in the market, understand what people are thinking from Main Street to Wall Street. At the end of the day our job is to simplify the sales process and make doing business with us easy.

Our Team can help: 800-906-3310, Option 1

Here are some of the programs the Advanced Markets Team can help you with!

- Main Street Buy-sell
- Retained Earnings
- Qualified Plans
- Executive Benefits
- Foreign Nationals
- MultiLife
- Bonus Arrangements
- Premium Finance
- Split Dollar
- Executive G2I Program

Insurance Basics

The Life Insurance Application

Once executed and signed by all parties involved, Life insurance applications are a legal and binding document between the applicant, the owner and the company. The insurance company agrees to pay for the claim if something were to happen to the proposed insured provided the applicant answered all questions on the application truthfully and all underwriting requirements are completed; therefore, it's important that care is taken when filling out the application. Not taking the time to make sure the insurance company has the most relevant information about the insured will cause the application to be delayed in the underwriting process, result in a less than favorable pricing or could cause the insured's policy to be rescinded due material misrepresentation.

Two-Year Contestability Period

If an insured passes away or if a claim is submitted within the first two years of the coverage being in effect, the insurance company has a right to contest or question the claim. If the applicant provides inaccurate information on the application in order to receive an offer for coverage or to get better rates, this is misrepresentation and could result in the denial of the benefit or claim.

Rescission

The revocation or cancellation of an insurance contract due to material misrepresentation. All premiums paid into the contract plus interest will be refunded to the insured. The policy will be cancelled. A rescission results in the agent receiving a chargeback on commissions.

Medical Information Bureau (MIB)

Otherwise known as Medical Information Bureau, is non-profit company owned by members that help prevent insurance fraud. It is an essential underwriting tool and is accessed on every life application received by our company. If an applicant omits pertinent information about their health, financial or avocation history on the application the insurance company will be made aware of the errors and omissions by MIB and investigate. This helps drive down the cost of life and health insurance. The underwriter can never make an adverse decision based on MIB information. The MIB information is FCRA regulated.

Prescription Data Base Report

An electronic query of an individual's past and current prescription history provided in real time. This report quickly identifies the number of prescriptions prescribed by a provider, the name of the provider and address.

Did you know the prescription database captures prescription fills going back 7 years? So be sure to not only ask your client about what medications they are currently taking but also what medications they've taken in the past.

Risk Classifier Score

A third party data aggregator of FCRA compliant information that provides the insurance company with real time information about the applicant's behavioral risks. The data compiled is about the applicant's public record attributes, motor vehicle record attributes and credit record attributes. This data is used as part of an algorithm that allows the insurer to accurately and quickly assess a risk on an initial review without the need for additional requirements.

Rewrite

The process of making a change to a contract that has been issued within 120 days of the later of the Application or Examination signature date (date application was signed).

Nexus

Applications executed in states other than the Owner or Insured's residence state.

National Life Group Company Policy

When an application is executed in a state other than the state of residence of the Owner or Insured, we require that there be an acceptable connection (nexus) between the state of execution and the residence state of the Owner/Insured.

Acceptable Scenarios

Many state insurance departments are sensitive to business written on their residents in other states so it is critical that the connection is clearly stated when an application with a nexus situation is submitted.

- The Insured/Owner owns real estate or another residence in that state.
- The company that the Insured/Owner works for is based in that state.
- The Insured/Owner owns a company based in that state.
- The Owner is a trust governed by the laws of the state where the application is to be completed.

Exception

An exception to this rule would be if the Insured/Owner was a relative of the agent. Relatives would only include immediate family members such as spouse, parent, sibling or child.

Agent Licensing

All of the scenarios noted above are subject to the appropriate agent licensing in both states. Some states require the agent(s) to be licensed in both the insured and proposed owner's resident state and the state of execution.

Product Availability

All of the scenarios noted above are subject to the product availability in both states. Also, if the state of execution is a border state to the insured's or proposed owner's residence state and the residence state has either disapproved the policy form or approved a materially different policy form, the residence state insurance department may require the sale to be canceled and/or required to be changed to the policy form approved by the residence state.

Application Forms

When writing an application that has met the nexus guidelines and is executed in a state other than the residence state, the application forms used must be the approved forms for the state of execution.

State of Execution Certification

Form 9928 must be completed when a life insurance or annuity application is completed and signed in a state other than the state of residence of the insured or proposed owner. This form is available on the Company website.

Insurable Interest – Owner/Beneficiary

Insurance law and public policy in the various states require that we establish an **Insurable Interest between the Proposed Insured and the Owner/Beneficiary** exists at the time we issue a life insurance policy. The strictest definition of insurable interest suggests that the Owner/Beneficiary must suffer a **quantifiable financial loss** at the Insured's death. In other words, the Owner/Beneficiary must be better off if the Insured lives rather than dies.

Because the Owner controls several aspects of the policy such as the right to change the beneficiary, change the face amount or riders or cancel the policy; the insurance company is charged with assuring there is insurable interest of the owner for any policy issued.

The simplest, most common relationship we insure is that between spouses. Survivor income, debt repayment, tuition costs and final expenses are all quantifiable needs that become readily apparent at death in this situation and are perfectly appropriate purposes for life insurance. Loan repayment in debtor relationships, key-person and buy-sell agreements in business relationships and estate protection are other fairly quantifiable needs that can be supported by life insurance.

The law also makes allowance for the bonds of love and affection which exist between spouses (or “significant others”), when parents insure minor children and grandparents insuring grandchildren (with parent's approval).

The relationships between cousins, nieces/nephews and aunts/uncles are more difficult to insure because the financial and emotional ties are hard to identify and quantify; therefore not generally accepted and the insurance company may ask for additional clarification or justification.

Except when spouses insure each other or when parents insure minor children; it is the Agent's responsibility to carefully describe the insurable interest supporting any application where the Owner is someone other than the Proposed Insured and if the relationship of the Owner to the Beneficiary is questionable. It's important that the explanation include the **financial loss incurred** at the Proposed Insured's death.

Generally accepted Ownership Arrangements include Insured, Spouse, Parent of Minor Child, Grandparent, Business Partner, Business/Corporation Owned by the Insured, and Trusts.

Quick Quotes

Introduction

Certain medical or non-medical impairments may require “pre-qualifying” a proposed client for insurance coverage. The Quick Quote process is designed to provide detailed information to the underwriter to determine possible insurability before an application is taken.

The listing of Uninsurable and Problematic Risks provided in this guide should be reviewed prior to submitting a request.

All quotes are tentative, non-binding and subject to change after a full underwriting work up and company retention limits.

Requirements

Requirements needed for a Quick Quote:

Quick Quote Request (sample on following pages or available on website) or message with details to include:

- age
- gender
- height and weight
- product
- face amount
- riders requested
- medical diagnosis, including date diagnosed
- treatment and medications
- restrictions
- prognosis

and all other pertinent information for each medical impairment.

Do not submit attachments with medical records or other evidence.

Submission to Home Office

Requests can be emailed to UnderwritingQuotes@NationalLife.com

Please allow 24 hours for reply and send a copy of quote obtained if an application is submitted.

Informal Applications

Introduction

National Life is willing to consider informal/trial applications on a very limited basis; subject to the following parameters:

- Permanent Products Only.
- Minimum Face Amount: \$2,000,000
- Maximum age 70
- Summary page required; to include case design (product and face amount requested), rate needed to place and outline of medical history. Financial documentation is required at the time of trial in order to be considered for review.
- Time Service: 10 business days.
- Do Not submit informal paperwork on cases that have been previously declined and/or multi-carrier shopped. The alternative for a previous decline is sending a request with a few key pieces of information via the Quick Quotes process UnderwritingQuotes@NationalLife.com and/or call the underwriter. The underwriter will not reopen an informal once decision has been made unless new information has been submitted for reconsideration.
- National Life/LSW will not pay for medical records or exams on informal business. Labs will not be obtained.

Tentative offers good for 60 days.

Placement

- Informal applications as a percentage of submitted business - no more than 5 percent.
- Informal to Formal conversion rate - 50%
- Review will be done on a monthly, quarterly and year to date basis.
- We will consider alternative action with one quarter of data if parameters are not met. We will require, at the firm's expense, they pay for APS summary service and cannot submit full papers.

Requirements

Requirements needed for a Informal Application are:

- New Business Checklist with Informal Application clearly indicated
- Form 8164 - HIPAA Compliant Authorization or properly signed HIPAA form identifying National Life/LSW as an authorized carrier.
- Client Information: name, date of birth, social security number.
- Agent Information: agent code, agency office code.
- Form 1386 Informal Inquiry with Authorization

Important: No medical testing should be ordered or money collected.

Submit forms to home office

Forms can be faxed or emailed to National Life as follows:

- Fax forms to 802-229-7592
- Email forms to NBAApplicationImages@NationalLife.com

Important: Must be password protected if emailing

Foreign National Guidelines

Who is considered a foreign national?

National Life Group products are priced for the U.S. population. Our risk tolerance is measured based on the client's resident country and more specifically their permanency of residence in the U.S.

National Life Group considers "ANY" individual who spends more than 4 months (in a consecutive 12 month period) outside the U.S. a foreign national and our foreign national rules apply. This includes U.S. citizens living abroad.

Foreign National Rules	
Ages 18-70	Owner must have valid U.S. SSN or TIN. Otherwise passport information will be required. W-8 is no longer needed until time of claim.
Permanent Products only – up to class 4 (200%)	All solicitation and sale activities must take place in the U.S.; no marketing or policy materials may be transmitted or delivered outside the U.S.
Face amount minimum: \$500,000	Application and underwriting requirements must be completed, signed and dated in the U.S.
Face amount maximum: \$15,000,000 (for students the maximum is \$2,000,000)	Policy must be delivered in U.S. to a valid address in the state of issue; State of issue to be determined based on connection/nexus as set forth below
Elite available for A countries only (max amount \$15,000,000 but facultative reinsurance available for larger amounts)	All post-issue communications regarding the policy, including premium notices, must be mailed to the address of record within the U.S.
Preferred is the best rate for B countries (max amount \$15,000,000 but facultative reinsurance available for larger amounts)	National Life Group will consider applications for life insurance that will be funded utilizing premium financing with prior vetting through NLG Advanced Markets team. All financing must be with U.S. institutions. A listing of approved institutions and approved financial documentation is available on the NLG web portal
C countries are individual consideration with facultative reinsurance	All application and policy forms must be in English and client must fully understand all such material; English language signatures or printed names must be provided
D & E countries are decline (Contact Underwriting for current Country classifications)	Foreign National Questionnaire required. Copy of passport may be required.
Must be personally owned, owned by U.S. resident, owned by U.S. trust (ILIT) or U.S. business	If an APS is required from outside the U.S. the agent/client will be responsible for securing and translating the records. There will be no expense to NLG. NLG reserves the right to request certification of these translation services
All premium payments must come from a U.S. bank. The account must be held in the name of the policy owner or insured. Confirmation of banking information will be requested with initial application. (Cash equivalents not accepted)	Countries have the right to enact laws governing the sale of insurance products. These laws may be very restrictive and apply beyond the country of jurisdiction. The owner/insured is responsible for confirming that the laws and regulations of their country allow for their direct or indirect ownership of the applied for policy
Owner must have valid U.S. postal address	

Connection/Nexus

Foreign national insureds and owners (if the insured does not own the policy) must have verifiable proof of one or more of the following connections/nexus to the United States:

Own real property in the U.S.

Own a business in the U.S.

Married to a U.S. citizen who resides in the U.S.

Student in U.S. on F visa (a copy of the valid visa must be submitted with the application).

Have significant documented assets in the U.S. (minimum \$500,000) in the U.S. for at least 3 months.

National Life will not accept foreign nationals that do not have a nexus to the US for consideration in our retention or for facultative reinsurance consideration.

Riders

- ABR's Only - 'A & B' countries only. May have limited availability. Client must be in U.S. obtaining regular U.S. based health care to accelerate these benefits.

Exclusions

Proposed insured, owner, and beneficiary cannot be or reside in or be a citizen of a country, subject to sanction by the U.S. Dept. of Treasury, Office of Foreign Asset Control (OFAC) or otherwise subject to applicable money laundering or anti-terrorism regulations. (see <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>)

Owners, insureds or beneficiaries must not be politically exposed persons (“PEPs”). PEPs are individuals who are or have been entrusted with prominent public functions by a foreign country or international organization, for example heads of state or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials, and their family members or close associates. We will also not consider foreign missionaries, police, military, security personnel/bodyguards, private pilots, professional athletes and celebrities.

Approved Countries

A – \$15,000,000 Max Face Amount

B – \$15,000,000 Max Face Amount

All countries are subject to reclassification at any time at the discretion of National Life Group, including for the following reasons:

- Listing on the United States State Department Travel Warning List;
- War or open conflict;
- Increased risk due to terrorism, uprising or political instability; and/or
- Famine, endemic, epidemic or pandemic disease(s).

A Countries

- Andorra
- Anguilla
- Australia
- Austria
- Belgium
- Bermuda
- Canada
- Cayman Islands
- China
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greece
- Hong Kong
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Japan
- Liechtenstein
- Luxembourg
- Macau
- Martinique
- Monaco
- Netherlands
- New Zealand
- Norway
- Poland
- Portugal
- Puerto Rico
- Qatar
- San Marino
- Singapore
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- Taiwan
- United Arab Emirates
- United Kingdom
- United States

B Countries

- Albania
- American Samoa
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Bahamas
- Bahrain
- Barbados
- Belarus
- Bonaire
- Brazil
- Brunei
- Bulgaria
- Chile
- Costa Rica
- Croatia
- Cuba
- Curaçao
- Cyprus
- Dominica
- Ecuador
- Estonia
- Grenada
- Guadeloupe
- Guam
- Jamaica
- Kazakhstan
- Korea, South
- Kosovo
- Kuwait
- Latvia
- Lithuania
- Macedonia
- Malaysia
- Maldives
- Malta
- Mauritius
- Mexico
- Montenegro
- New Caledonia
- Oman
- Palau
- Panama
- Romania
- Russia
- Saint Barthélemy
- Saint Kitts and Nevis

- Saint Lucia
- Saint Vincent and the Grenadines
- Saudi Arabia
- Serbia
- Seychelles
- Saint Eustatius
- Saint Maarten
- South Africa
- Suriname
- Trinidad and Tobago
- Turkey
- Turks and Caicos Islands
- Uruguay
- British Virgin Islands
- Virgin Islands (US)

Medical Questionnaires

Obtaining detailed medical information is critical for an underwriter's assessment of the mortality and/or morbidity risk. The following questionnaires are available to assist in gathering detailed information from the client and may be accessed via the Forms Section on the web site by clicking on the catalog numbers below.

Questionnaire:	Catalog #	When needed:
Alcohol Usage	Catalog # 47552 Form # 9270	<ul style="list-style-type: none"> Any DUI (driving while intoxicated) history History of alcohol treatment within ten years History of abnormal liver function testing or current abnormal lab testing
Arthritis	Catalog # 47557 Form # 9275	<ul style="list-style-type: none"> Non-rheumatoid, non-steroid treated arthritis (i.e., osteoarthritis, gout)
Asthma/Respiratory	Catalog # 47550 Form # 9268	<ul style="list-style-type: none"> History of, or current treatment for, non-steroid asthma, bronchitis, emphysema, pneumonia or tuberculosis
Avocation, Aviation & Foreign Travel	Catalog # 51381 Form # 1480	<ul style="list-style-type: none"> Any participation in racing, parachuting, sky diving, underwater diving, aviation or foreign travel
Blood Pressure	Catalog # 50789 Form # 8625	<ul style="list-style-type: none"> History of, or current treatment for high blood pressure
Business Insurance	Catalog # 51945 Form # 20098	<ul style="list-style-type: none"> Applications covering business needs or relationships
Cardiac (Chest Pain)	Catalog # 47556 Form # 9274	<ul style="list-style-type: none"> History of cardiac chest pain and other cardiac impairments
Criminal History	Catalog # 51943 Form # 20087	<ul style="list-style-type: none"> History of felony or misdemeanor conviction
Diabetes/Blood Sugar	Catalog # 48824 Form # 9594	<ul style="list-style-type: none"> History of, or current treatment for diabetes
Drug Use	Catalog # 47551 Form # 9269	<ul style="list-style-type: none"> History of drug treatment or drug use within the past ten years
Employee Owned	Catalog # 50258 Form # 8453	<ul style="list-style-type: none"> When the client's employer is the owner of the policy
Financial	Catalog # 40121 Form # 1392	<ul style="list-style-type: none"> As needed to provide client or business finances
Foreign National	Catalog # 50038 Form # 8327	<ul style="list-style-type: none"> Must be submitted with all foreign national applications
Gastro-Intestinal	Catalog # 47558 Form # 9276	<ul style="list-style-type: none"> History of, or current treatment for, acid reflux, gastritis, gastric or duodenal ulcers
Genitourinary	Catalog # 47549 Form # 9267	<ul style="list-style-type: none"> History of, or current treatment for urethritis, prostatitis, BPH (hypertrophy of the prostate), kidney stones or other benign kidney disorders
Headache/Migraine	Catalog # 47553 Form # 9271	<ul style="list-style-type: none"> History of, or current treatment for, stress, migraine, or cluster headaches
Hepatitis/Liver Disorder	Catalog # 53373 Form # 20528	<ul style="list-style-type: none"> History of, or current treatment of hepatitis or liver disorder
Military Personnel	Catalog # 51942 Form # 20086	<ul style="list-style-type: none"> Current affiliation with military organization
Military Sales Disclosure	Catalog # 50914 Form # 8643	<ul style="list-style-type: none"> Required when the client is in the U.S. military
Mountain Climbing	Catalog # 51944 Form # 20088	<ul style="list-style-type: none"> Any participation within the past three years or planned mountain climbing

Questionnaire:	Catalog #	When needed:
Pain	Catalog # 47559 Form # 9277	• History of, or current treatment for, musculoskeletal back pain when requesting Waiver of Premium or Disability Income Rider
Psychiatric	Catalog # 48390 Form # 9437	• History of, or current treatment for psychiatric issues.
Seizure	Catalog # 47554 Form # 9272	• History of, or current treatment for seizures.
Sleep Apnea	Catalog # 53377 Form # 20531	• History of, or current treatment of sleep apnea
Stroke/TIA	Catalog # 50788 Form # 8624	• History of stroke or transient ischemic attack within ten years
Tumor	Catalog # 47561 Form # 9279	• History of benign (non-cancerous) tumors or cysts (i.e., fibroid, basal cell)

Medical Condition	Probable Action	
	LIFE	DIR
Abscess	No rating	Standard
AIDS	Decline	Decline
Alcoholism (total abstinence - >2 years)	Moderate rating to Standard	Decline
Allergies/Allergic Reaction	No rating	Standard
ALS (Lou Gehrig's Disease)	Decline	Decline
Alzheimer's disease	Decline	Decline
Amputations, if not due to peripheral vascular disease	Rate for cause	Decline
Anemia	Rate for cause	Decline
Aneurysm, abdominal	Table 4 to Decline	Decline
Aneurysm, cerebral, stable after full recovery	No rating to moderate rating	Decline
Angina pectoris (current; stable)	Table 6 to Decline	Decline
Anxiety, mild	No rating	Standard or ER
Aortic insufficiency murmur (depends on age)	Standard to Decline	Decline
Appendectomy/Appendicitis	No rating	Standard
Atrial fibrillation (depends on frequency and cause)	No rating to moderate rating	Decline
Arthritis, osteo	No rating	ER or Decline
Arthritis, rheumatoid (depends on severity)	No rating to Decline	Decline
Arthroscopic knee surgery within 1 year	No rating	Exclusion Rider
after one year - full recovery	No rating	Standard or ER
Asthma (depends on age, attacks, medications)	No rating to Decline	ER or Decline
Back disorder	No rating	ER or Decline
Bartholin cyst	No rating	Standard
Bell's palsy (fully recovered; after three months)	No rating	Standard
Blindness (depends on cause)	No rating	Exclusion Rider
Bone or joint disorder	Rate for cause	ER or Decline
Bone spur present	No rating	Exclusion Rider
surgically corrected	No rating	Standard
Breast cancer, (after 3 years; depends on pathology)	Possible flat extra to Decline	Decline
Breast disorders, not cancer	No rating	Standard
Broken bone fully recovered	No rating	Standard or ER
not recovered or pins/plates inserted	No rating	ER or Decline
Bronchiectasis (depends on severity)	No rating to Decline	ER or Decline
Bronchitis (acute)	No rating	Standard
Bronchitis (chronic)	No rating to Decline	ER or Decline
Bundle branch block, right/incomplete	No rating	Standard
Bundle branch block, right/complete	No rating to Table 4	Standard or Decline

DIR = Disability Income Rider ER = Exclusion Rider

This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

Medical Condition	Probable Action	
	LIFE	DIR
Bundle branch block, left/complete with cardiac evaluation with no cardiac evaluation	Table 4 to Decline Decline	Decline Decline
Bursitis	No rating	ER or Decline
Cancer, internal	Call for quote	Call for quote
Cancer, skin, basal cell (removed)	Usually Standard	Exclusion Rider or Decline
Cancer, skin, squamous cell (removed)	Possible Standard	Decline
Cancer, skin, melanoma	Possible Standard	Decline
Cardiomyopathy present or chronic resolved >3 years	Decline Table 4 to Decline	Decline Decline
Cartilage - torn present fully recovered	No rating No rating	Exclusion Rider Standard or ER
Cataracts (recovered 3 months)	No rating	Standard or ER
Cerebral palsy	Table 4 to Decline	Decline
Chronic fatigue syndrome (fully recovered)	No rating	Decline
Chronic obstructive lung disease (COPD)	Table 2 to Decline	Decline (depends on severity)
Cirrhosis of the liver	Decline	Decline
Colitis, spastic	No rating	Standard or ER
Colitis, ulcerative	No rating to Decline	ER or Decline
Concussion, cerebral within six months after six months - no residuals	Postpone No rating	Postpone Standard or ER
Congestive heart failure	Table 6 to Decline	Decline
Convulsions	No rating to Table 6	Decline
Coronary artery disease	No rating to Decline	Decline
Crohn's disease	Table 2 to Decline	Decline
Cyst - sebaceous, Bartholin	No rating	Standard
Cystic fibrosis	Decline	Decline
Cystitis	No rating	Standard
Cystocele, rectocele surgically corrected present	No rating No rating	Standard Exclusion Rider
D & C (dilatation and curettage) - benign results first year after one year - no recurrence	No rating No rating	ER or Decline Standard
Defibrillator/Ventricular Tachycardia	Decline	Decline
Depression	No rating to Decline	Decline
Dermatitis - atopic	No rating	Standard
Diabetes mellitus (depends on age of onset, control)	No rating to Decline	Decline
Dislocation - one occurrence; fully recovered	No rating	Standard
Diverticulitis and diverticulosis	No rating to Moderate Rating	ER or Decline

DIR = Disability Income Rider ER = Exclusion Rider

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Medical Condition

Probable Action

	LIFE	DIR
Drug abuse (total abstinence 5 years)	No rating to Decline	Decline
Emphysema	Table 4 to Decline	Decline
Endocarditis	Rate for cause	Decline
Epilepsy, petit mal - no attack in one year	No rating	Decline
Epilepsy, grand mal/others - no attack in one year	No rating to moderate rating	Decline
Esophageal stricture	Rate for cause	ER or Decline
Fibrositis, myositis	No rating	ER or Decline
Fibromyalgia	No rating to moderate rating	Decline
Fractured skull (no residuals)	No rating	Standard or ER
Fracture (other than skull) full recovery	No rating	Standard or ER
not recovered or pins/plates inserted	No rating	Exclusion Rider or Decline
Gall bladder disorder - present	No rating	ER or Decline
Gastroenteritis	No rating	Standard or ER
Genitourinary disorder (rate for cause)	No rating to moderate rating	Standard or ER
Glaucoma	No rating	ER or Decline
Gout	No rating	Exclusion Rider
Headache, migraine	No rating	Standard or ER
Hearing impaired	No rating	Exclusion Rider
Heart attack (depends on age/severity)	No rating to Decline	Decline
Heart bypass surgery (depends on age/severity)	No rating to Decline	Decline
Heart valve replacement	Table 4 to Decline	Decline
Hepatitis, chronic		
Hep. B (treated and resolved)	Table 4 to Decline	Decline
Hep. C (treated and resolved)	Table 4 to Decline	Decline
Other	Call for quote	Decline
Hernia	No rating	ER or decline
Herniated disc	No rating	Exclusion Rider
High blood pressure (well controlled)	No rating	Standard
Hip disorder	Rate for cause	ER or Decline
Histoplasmosis, nonsystemic, six months after recovery	Table 2 to Decline	Decline
Hodgkin's disease	Call for quote	Decline
Hydronephrosis (fully recovered/depends on cause)	Table 2 to decline	ER or Decline
Hysterectomy		
benign	No rating	Standard
malignant	Flat extra to Decline	Decline
Ileitis, regional	Table 4 to Decline	Decline
Kidney failure, dialysis	Decline	Decline
Kidney infection/pyelonephritis		
(if no recurrence in 2+ years; depends on cause)	No rating	Standard or ER
Kidney removal (depends on cause)	Call for quote	Decline

DIR = Disability Income Rider ER = Exclusion Rider

This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

Medical Condition

Probable Action

	LIFE	DIR
Leukemia (in remission 5+ years)	Flat extra to Decline	Decline
Ligament injury - full recovery	No rating	Standard or ER
Lou Gehrig's Disease - ALS	Decline	Decline
Lupus, systemic	Table 4 to Decline	Decline
Lupus, discoid (skin only; in remission, no steroid use)	No rating	Decline
Malaria - single attack	No rating	Standard
Meniere's disease	No rating	Exclusion Rider
Meningitis (full recovery)	No rating	Standard
Mental retardation (depends on severity)	Moderate rating to Decline	Decline
Murmur (mitral)	Moderate rating to Decline	ER or Decline
Mitral valve prolapse	No rating to Decline	Standard to Decline
Mononucleosis (infectious; uncomplicated recovery)	No rating	Standard
Multiple sclerosis (not progressive or disabling)	Table 2 to Decline	Decline
Myasthenia gravis	Call for quote	Decline
Myocarditis	Call for quote	Decline
Muscular dystrophy	Decline	Decline
Nephritis		
single episode and no complications	No rating	Standard or ER
others	Mod. rating/Decline	Decline
NonHodgkins lymphoma	Call for quote	Decline
Osteomyelitis	No rating/Moderate rating	Decline
Pacemaker	Table 3 to Decline	Decline
Pancreatitis	Rate for cause	Decline
Paraplegic	Table 6 to Decline	Decline
Parkinson's disease	Table 3 to Decline	Decline
Pericarditis(present)	Rate for cause	Decline
recovered	No rating	Standard or ER
Peripheral vascular disease (not severe)	Table 2 at best	Decline
Phlebitis		
full recovery	No rating	Exclusion Rider
multiple episodes (depends on cause)	Table 2 to Decline	Decline
Pleurisy Hysterectomy		
benign	No rating	Standard
malignant	Flat extra to Decline	Decline
Ileitis, regional	Table 4 to Decline	Decline
Kidney failure, dialysis	Decline	Decline
Kidney infection/pyelonephritis		
(if no recurrence in 2+ years; depends on cause)	No rating	Standard or ER

DIR = Disability Income Rider ER = Exclusion Rider

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Medical Condition	Probable Action	
	LIFE	DIR
Kidney removal (depends on cause)	Call for quote	Decline
Leukemia (in remission 5+ years)	Flat extra to Decline	Decline
Ligament injury - full recovery	No rating	Standard or ER
Lou Gehrig's Disease - ALS	Decline	Decline
Lupus, systemic	Table 4 to Decline	Decline
Lupus, discoid (skin only; in remission, no steroid use)	No rating	Decline
Malaria - single attack	No rating	Standard
Meniere's disease	No rating	Exclusion Rider
Meningitis (full recovery)	No rating	Standard
Mental retardation (depends on severity)	Moderate rating to Decline	Decline
Murmur (mitral)	Moderate rating to Decline	ER or Decline
Mitral valve prolapse	No rating to Decline	Standard to Decline
Mononucleosis (infectious; uncomplicated recovery)	No rating	Standard
Multiple sclerosis (not progressive or disabling)	Table 2 to Decline	Decline
Myasthenia gravis	Call for quote	Decline
Myocarditis	Call for quote	Decline
Muscular dystrophy	Decline	Decline
Nephritis		
single episode and no complications	No rating	Standard or ER
others	Mod. rating/Decline	Decline
NonHodgkins lymphoma	Call for quote	Decline
Osteomyelitis	No rating/Moderate rating	Decline
Pacemaker	Table 3 to Decline	Decline
Pancreatitis	Rate for cause	Decline
Paraplegic	Table 6 to Decline	Decline
Parkinson's disease	Table 3 to Decline	Decline
Pericarditis(present)	Rate for cause	Decline
recovered	No rating	Standard or ER
Peripheral vascular disease (not severe)	Table 2 at best	Decline
Phlebitis		
full recovery	No rating	Exclusion Rider
multiple episodes (depends on cause)	Table 2 to Decline	Decline
Pleurisy		
single episode and recovered	No rating	Standard
others	Rate for cause	Decline
Pneumonia full recovery, no further work up needed	No rating	Standard

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Medical Condition	Probable Action	
	LIFE	DIR
Pregnancy - current		
no current or past complications	No rating	Postpone
with history of complications	Rate for cause	ER or Decline
Prostate; prostatitis; TURP (no malignancy)		
acute episode - no recurrence for 3 years	No rating	Standard
recurrent/chronic	No rating	ER or Decline
single episode and recovered	No rating	Standard
others	Rate for cause	Decline
Psychosis (schizophrenia)	Table 6 to Decline	Decline
Quadriplegic	Highly rated to Decline	Decline
Raynaud's disease (full recovery)	No rating	Exclusion Rider
Raynaud's phenomenon (depends on cause)	No rating to Decline	ER or Decline
Rheumatic fever, no heart damage	No rating	Standard
Sarcoidosis (depends on organs involved)	Moderate rating to Decline	Decline
Sebaceous cyst - removed	No rating	Standard
Sciatica	No rating	ER or Decline
Sleep Apnea (consistent cpap use)	Possible Standard	Decline
Stroke (after one year; full recovery)	Table 4 at best	Decline
Suicide attempt (after 2 years)	Flat extra to Decline	Decline
Tennis elbow	No rating	Standard or ER
Thyroid disorder		
hyperthyroid - if medically stable	No rating	Standard or ER
hypothyroid - controlled with medication	No rating	Standard
Transient ischemic attack (TIA) (no residuals)	No rating to moderate rating	Decline
Tuberculosis (full recovery; no residuals)	No rating	Standard to Decline
Tumors	Call for quote	Call for quote
Ulcer (depends on type)	No rating to moderate rating	Exclusion Rider
Varicose veins	No rating	Standard or ER

DIR = Disability Income Rider ER = Exclusion Rider

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After Issue Contract Change Quick Reference Guide

NL and LSW Life Insurance Products

Contract changes (after the rewrite period of 120 days from the application date) are considered “after issue” changes. These changes are processed in Contract Change - In Force Customer Service.

Three forms unique to after issue contract changes:

- Form 1441 Policy Change Application is used for contract changes
- Form 20007 Term Conversion Application
- Form 20114 Policy Change/Term Conversion Supplement to The Application is used anytime the after issue change or term conversion requires underwriting. *It should be noted that additional underwriting requirements may be needed at the underwriter's discretion.*

All changes should be submitted with a completed Customer Services Agency Transmittal (catalog #45208) via email to: ContractChange@NationalLife.com or Fax to 802-229-3131.

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Term Conversions	Form 20007 Agent Report 1441G Illustration ABR Disclosure Statements (see individual state special kits) Interest Crediting Strategies (if converting to IUL) NL: 8411 LSW: 8613 1441S Variable Supplemental App (if converting to VUL) Form 20114 if underwriting is required. Note: 20007 Term Conversion Application Kit includes all necessary forms. For CA: form 8196; form 20667 (this notice must be provided & left with client) For NY form 7717NY	Form 20007: <i>Complete top portion of the form indicating term policy number or policy number of policy with term rider being converted, effective date of new policy and check box next to Term Conversion.</i> Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K	Form 20114: If the new policy will have an increased face amount, additional riders, or an improvement in the premium class. HIPPA 8164	Please note if new policy will have a term rider underwriting is required. Any ABR rider on the term policy may be carried over to the new policy. Any ABR rider that is NOT on the term rider can be added subject to underwriting approval (need 20114 and HIPAA)	Yes	Yes
Exercise Additional Insurance Option (AIO) Traditional Life Only	Form 20007 Agent Report 1441G Illustration ABR Disclosure Statements (see individual state special kits) Interest Crediting Strategies (if converting to IUL) NL: 8411 LSW: 8613 1441S Variable Supplemental App (if converting to VUL) Form 20114 if underwriting is required Note: 20007 Term Conversion Application Kit includes all <i>necessary</i> forms. For CA: form 8196; form 20667 (this notice must be provided & left with client) For NY form 7717NY	Form 20007: Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K	Form 20114: If new policy will have additional riders or improved premium class. HIPAA 8164	ABR riders may be added to new policy subject to underwriting approval.		

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Death Benefit Option Change	Form 1441 Or letter signed by owner, include policy number in letter	Form 1441: Part A: 1, 2, 3, Part B: 5, 6b Part G			No	Yes
Lost Policy	Form 1502 Lost Policy Affidavit				Yes \$25.00 fee for duplicate policy, certification free. If policy lost prior to delivery no charge.	Yes \$25.00 fee for duplicate policy, certification free.
Paid Up Insurance	Form 2185 Request for Paid Up Insurance	Part A, Part B and C if applicable Part D		ONLY AVAILABLE ON TRADITIONAL WHOLE LIFE POLICIES	No	Yes
Reinstatement				CONTACT HOME OFFICE	Yes	Yes

Add or Increase Benefits/Riders

Please check Agent's Guide for Rider availability by product or contact the Contract Change Department at the Home Office.

Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Accelerated Benefits Rider - Terminal	Form 1441 ABR Disclosure Statements (see individual state special kits)	Form 1441: Part A: 1, 2, 3 Part B: 3 Part G		NOT AVAILABLE AFTER ISSUE IN NY	Yes	Yes
Accelerated Benefits Rider - Chronic	Form 1441 Form 20114 ABR Disclosure Statements (see individual state special kits) HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 z Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F	NOT AVAILABLE AFTER ISSUE IN NY	Yes	Yes
Accelerated Benefits Rider - Critical	Form 1441 Form 20114 ABR Disclosure Statements (see individual state special kits) HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F	NOT AVAILABLE AFTER ISSUE IN NY	Yes	Yes
Additional Insurance Option Rider	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Paid Up Rider (APAR, SPAR, MPAR) Total Secure only	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Protection Rider	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		NL: No LSW: Yes	Yes

Any claim for critical illness or critical injury benefits for a given Qualifying Event must be filed within 365 days following the occurrence of such Qualifying Event.

Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Children's Term Rider (CTR)	Form 1441 Agent Report 1441G HIPAA 8164 (for each child)	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part D: 1, 2 Part G			Yes	Yes
Disability income Rider (DIR)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Guaranteed Insurability Rider (GIR/GIO)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Other Insured Rider (OIR)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part C Part E: 1-18 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F Age/Amount requirements for OIR coverage applied for	Required signatures: Owner, Primary Insured & Primary Other Insured	Yes	Yes
Term Rider	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Waiver of Premium (WP)	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F	Rider is not available after issue on all products.	Check with HO.	Check with HO.

Change in Premium Class

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Non-smoker to preferred smoker to non-smoker etc.	Contact Home Office for availability and requirements					
Face Amount Change						
Decrease face amount Available on all products	Form 1441 or Letter requesting decrease, specifying the amount and policy number, signed by the Owner.	Form 1441: Part A: 1, 2, 3 Part B: 2, 6b Part G			Available on exception basis only. Contact Home Office	Yes: UL, IUL, VUL no more than 25% of largest face amount in-force within preceding 12 months. All Products: New Face amount cannot be lower than minimum plan amount

Face Amount Change (continued)

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Increase face amount <i>Only available for UL, IUL or VUL policies</i>	Form 1441 Agent Report 1441G Form 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 1, 6b Part C if increasing OIR Part G	Age/Amount requirements for increase amount	Contact Home Office for quote	Available on exception basis only. Contact Home Office	Yes
Increase face amount by Exercising Guaranteed Insurability Option (GIO) Rider. <i>Only available for UL, IUL or VUL policies</i>	1441 Agent Report 1441G	Form 1441: Part A: 1-3 Part B: 1, 6b Part G				
Terminate a Benefit or Rider	Form 1441 or Letter requesting termination of rider/benefit; include policy number, signed by the Owner.	Form 1441: Part A: 1, 2, 3 Part B: 4, 6b Part G			Yes	Yes

No bank or credit union guarantee | Not a deposit | Not FDIC/NCUA insured | May lose value | Not insured by any federal or state government agency

Guarantees are dependent upon the claims-paying ability of the issuing company.

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