# Legal & General America UNDERWRITING Criteria And Requirements

SKILLED · THOUGHTFUL · RESPONSIVE

### **Underwriting Criteria**

	Preferred Plus non-tobacco	Preferred non-tobacco/ tobacco
Impairments	No personal history of disease or impairment that would affect mortality	No personal history of disease or impairment that would affect mortality
Blood Pressure	Currently well controlled with or without treatment, with no readings in the past two years greater than 136/86	Currently well controlled with or without treatment, with no readings in the past two years greater than 146/90
Family History	No cardiovascular disease or cancer in either parent or siblings before age 60	No cardiovascular or cancer death in either parent before age 60
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or sus- pension in last 5 years.	No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 36 months	For the PNT class, no use of tobacco or nicotine-based products in last 24 months
Cancer History	Only available on certain types of skin cancer	Only available on certain types of skin cancer
Cholesterol	May not exceed 220 with or without treatment	May not exceed 250 with or without treatment
Chol/HDL Ratio	May not exceed 5.0 with or without treatment	May not exceed 6.0 with or without treatment
Substance/ Alcohol Abuse	No abuse	No abuse in past 10 years
Aviation	Available only with exclusion rider	Available only with exclusion rider
Avocation	Available only if no flat extra premium would be required	Available, however may have a flat extra
Residency/ Citizenship	Must be U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card	Must be U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card
Build	See chart on page 5	See chart on page 5

## **Underwriting Criteria**

**Standard Plus** 

#### non-tobacco

#### Standard non-tobacco/ tobacco

Impairments	Can have personal history of certain diseases or impairments	Can have personal history of certain diseases or impairments
Blood Pressure	Currently well controlled with or without treatment, with no readings in the past two years greater than 152/92	Currently well controlled with or without treatment, with no readings in the past two years greater than 156/94
Family History	No cardiovascular or cancer death of more than one parent before age 60	No cardiovascular death of more than one parent before age 60
Driving History	No more than 3 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or sus- pension in last 3 years.	No more than 4 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 2 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months	For the SNT class, no use of tobacco or nicotine-based products in last 12 months
Cancer History	Available depending on type and date of onset of cancer	Available depending on type and date of onset of cancer
Cholesterol	May not exceed 280 with or without treatment	May not exceed 300 with or without treatment
Chol/HDL Ratio	May not exceed 7.0 with or without treatment	May not exceed 8.0 with or without treatment
Substance/ Alcohol Abuse	No abuse in past 7 years	No abuse in past 7 years
Aviation	Available, however may have flat extra or exclusion rider	Available, however may have flat extra or exclusion rider
Avocation	Available, however may have a flat extra	Available, however may have a flat extra
Residency/ Citizenship	Must be U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card	Must be U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card
Build	See chart on page 5	See chart on page 5

### **Medical Impairments**

Medical History	PPNT	PNT, PT
Anxiety	*	*
Arthritis	no	*
Asthma	*	*
Cardiovascular/Heart Disease Mitral Valve Prolapse may qualify for PPNT	no	no
Chronic Fatigue Syndrome	*	*
Chronic Obstructive Pulmonary Disease	no	no
Crohn's Disease	no	*
Depression	*	*
Diabetes	no	no
Elevated Liver Function Tests	*	*
Epilepsy	no	*
Fibromyalgia	*	*
Gastric/Peptic Ulcers	*	*
Hepatitis C (treated and cured)	no	no
Hypertension	*	*
<b>Kidney Disease</b> Kidney Stones may qualify for PPNT	no	no
Liver Disease	no	no
Multiple Sclerosis	no	no
Stroke	no	no
Ulcerative Colitis	no	no
Vascular Disease	no	no

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

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

\*May be eligible depending on the date of onset, duration, severity and response to treatment.

Face Amount *	<41	41-50	51-60	61-70	>70
\$50,000 to \$250,000	APM** Bu NM MVR	APM** Bu NM MVR	APM** Bu NM MVR	PM BU APS MVR	PM BU APS DAQ MVR
\$250,001 to \$500,000	APM** NM BU MVR	APM** NM BU MVR	APM** NM BU MVR	PM BU EKG APS MVR	PM BU EKG APS DAQ MVR
\$500,001 to \$1,000,000	APM** BU NM MVR	APM** BU NM MVR	PM BU MVR	PM BU EKG APS MVR	MDE BU EKG IR APS DAQ MVR
\$1,000,001 to \$2,000,000	PM BU IR MVR	PM BU EKG IR MVR	PM BU EKG IR MVR	PM BU EKG IR APS MVR	MDE BU EKG IR APS DAQ MVR
\$2,000,001 to \$3,000,000	PM BU IR MVR	PM BU EKG IR MVR	PM BU EKG IR MVR	PM BU EKG IR APS MVR	MDE BU EKG IR APS DAQ MVR
\$3,000,001 to \$5,000,000	MDE BU EKG IR MVR	MDE BU EKG IR MVR	MDE BU EKG IR MVR	MDE BU EKG CXR*** IR APS MVR	MDE BU EKG CXR*** IR APS DAQ MVR
\$5,000,001 to \$10,000,000	MDE BU EKG CXR*** IR MVR	MDE BU EKG CXR*** IR MVR	MDE BU EKG CXR*** IR MVR	MDE BU EKG CXR*** IR APS MVR	MDE BU EKG CXR*** IR APS DAQ MVR
\$10,000,001 +	All same requirements as \$5,000,001 to \$10,000,000 except a TMEKG**** is required instead of an EKG at ages 41 - 70.				

Please note: Banner Life/William Penn reserves the right to request additional requirements whenever they are deemed necessary.

For explanations of requirements with \*s please see page at right.

APM**	Abbreviated Paramed
APS	Attending Physicians Statement
BU	Blood and Urine
CXR***	Chest X-Ray
DAQ	Daily Activities Questionnaire
EKG	Electrocardiogram
IR	Inspection Report
MDE	MD Exam
MVR	Motor Vehicle Report
NM	Nonmed - Part II of Application
РМ	Paramed
TMEKG****	Treadmill EKG

\*Face Amount: For the purpose of determining the correct underwriting requirements, please add:

1. The face amount currently being applied for, PLUS

2. The face amount (including rider amount) of all existing policies with the company applied to (William Penn and/or Banner Life)

**\*\* Abbreviated Paramed:** In addition to APM, please complete Nonmed Part II of the application.

\*\*\*\*Chest X-rays: Required for tobacco users only.

\*\*\*\*\***Treadmill EKG:** If a TMEKG is necessary to properly evaluate a proposed insured who is age 71 or older, we will close our file until the applicant has obtained a full cardiac evaluation.

#### Medical History for Proposed Insureds age 61 and up:

To qualify for coverage, the proposed insured must have consulted a doctor for a physical exam in the past 24 months and an APS must be available.

**Attending Physician Statements:** See page 10 for additional APS ordering guidelines. A current HIPAA-compliant authorization is required before the APS can be ordered.

#### AppAssist and other tele-underwriting programs:

Substitute abbreviated paramed for full paramed wherever a full paramed is required on page 6. A Nonmed-Part II is also required.

A well written cover letter by the writing agent explaining how the face amount of coverage was determined, and the reason for the coverage, will typically allow an underwriter to better understand the case upon initial review and result in a quicker issuance of the policy applied for.

For any case, additional financial statements and/or information may be required to justify coverage amounts applied for. Thirdparty verified financials are generally required for amounts over \$5,000,000 on personal and business applicants.

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

Personal Insurance:	AGES	EARNED INCOME MULTIPLES
	<u>&lt;</u> 40	30
	<del>4</del> 1 - 50	25
	51 - 55	20
	56 - 65	15
	66 - 70	5 -10
	<u>&gt;</u> 71	IC

#### **Insurance on Dependent Spouses:**

We will consider applicants for coverage in the same amount as the wage-earning spouse for face amounts up to and including 1,000,000. Over 1,000,000 - IC

#### Supporting documentation:

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

#### **Estate Tax Planning:**

Net assets times the tax rate.

**For Any Case:** Additional financial statements and/or information may be required to justify coverage amounts applied for. You may need to order an IR and/or BBR (Business Beneficiary Report) even though the age/amount underwriting requirements located on page 6 do not normally require it. Third party verified financials required for amounts over \$5,000,000 on personal and business applicants.

#### **Charitable Beneficiary:**

Average contribution for past 3-5 years times the life expectancy factor based on current age and mortality classifications.

#### Supporting documentation:

Contribution record

#### **Business Coverage:**

In general, we will require a fully completed BBR (Business Beneficiary Report) in addition to the IR for amounts exceeding \$1,000,000.

#### **Keyperson Coverage:**

Up to 10 times the applicant's annual income (salary and bonus). Could consider for more when facts and financial data demonstrate a greater loss to the company.

#### Creditor/Debt Repayment:

We will consider coverage provided the term of the loan is at least 5 years. Collateralized loan coverage will be considered for up to 80% of the loan amount.

#### Supporting documentation:

Details of the loan agreement outlining purpose, amount and duration of the loan

#### Buy-Sell, Partnership, Stock Redemption Coverage:

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

#### New Business Coverage/Start-up Entities: IC

Total line of coverage cannot exceed 50% of the loan or investment.

At age	es 0-60, all amounts,	an APS is NOT REQUIRED
<ul> <li>Compan</li> <li>FAA or IG examina</li> <li>Insurand</li> </ul>	C physical ation ce examinations	<ul> <li>Normal pregnancy and childbirth</li> <li>Pre-school, pre-marital or pre-employment</li> </ul>
exams; a	gynecological Il findings normal owing routine operat	examinations
<ul> <li>Append</li> <li>Catarac</li> <li>Gall Bla</li> </ul>	lectomy t	<ul> <li>Hernia</li> <li>Pilonidal cyst</li> <li>Sterilization procedure</li> <li>Tonsillectomy</li> </ul>
lf the only rea ■ Allergia ■ Cold/Fl	25	ation was for minor illnesses such as: ■ Hay Fever ■ Minor injuries
Age*	Amounts \$50,0 Order APS if ph	00-\$500,000 ysician is consulted within
20-40 41-60 61 & Up	1 Month 3 Months APS always required. See page 7.	
Age*	Amounts \$500,001-\$1,000,000 Order APS if physician is consulted within	
20-40 41-50 51-60 61 & Up	1 Month 3 Months 1 Year APS always required. See page 7.	
Age*	Amounts \$1,000,001 - \$2,000,000 Order APS if physician is consulted within	
20-50 51-60 61 & Up	1 Year 2 Years APS always required. See page 7.	
Age*	Amounts \$2,000,001 and up Order APS if physician is consulted within	
20-50 51-60 61 & Up	2 Years 3 Years APS always required. See page 7.	
*Ages 0-60, for all amounts, an APS is <b>not required</b> for the conditions at the top of this page and an APS is <b>always</b> <b>required</b> for the conditions listed at right.		
All Anes A	VPS may be requested	d at the discretion of the

At all ages and amounts, an APS is ALWAYS REQUIRED				
for the following conditions. F history (or incident), treatme records) and follow-up care.	obtained medical consultation Please ask for details of medical nt (including copy of hospital For all biopsy and follow-up h an asterisk(**), please request y Reports:			
Abnormal EKG Alcoholism Aneurysm Angina Pectoris Angioplasty Apnea Arrhythmia/Palpitations Asthma Biopsy Blood in Urine Blood Disorders Blood Disorders Blood Pressure (Elevated) Brain Tumor Bronchiectasis Cancer** Cerebral Hemorrhage Cerebral Vascular Disease Chest Pain (Angina) Chronic Cough Cirrhosis of Liver Colitis - Ulcerative Convulsions COPD - Chronic Obstructive Pulmonary Disorder Coronary Bypass Surgery Coronary Artery Disease Crohn's Disease Depression Diabetes Dizzy Spells Drug Use	Heart Valve Disorders Heart Murmur Heart Disease Heart Disorders Hemophilia Hepatitis Hypertension Intestinal Bleeding Kidney Disorders Liver Disorders Malignant Tumors** Malignant Tumors** Mental Disorders Mole** Multiple Sclerosis Murmurs Muscular Dystrophy Myocardial Infarction Nephrectomy Nephritis Nervous Conditions Obstructive Pulmonary Pancreatic Disorders Paralysis Psychosis Pyelonephritis Regional Enteritis or Ileitis Rheumatoid Arthritis Schizophrenia Skull Fracture Stroke (Cerebral Vascular Accident) Syncope			
Embolism Emphysema, Bronchitis Epilepsy (seizures, convulsions) Fatigue GERD - Gastroesophageal Reflux Disease	Thrombosis (Clots) Tumors, Growths, Lesions** Tuberculosis Ulcerative Colitis/Proctitis Ulcers Vascular Disease (PVD)			

Vertigo

Heart Attack

APS Vendor Contact Information		
EMSI (Examination Management Service, Inc.)	800.566.9318	
ExamOne	800.997.2771 (fax) www.examone.com	
J & H Copy Service	714.921.0102 ext. 105	
Parameds.com	888.766.3999	
MediConnect	800.489.8794 ext.3705	
APS Workflow	877.277.9539	

Company-approved third party vendors secure APSs. These vendors provide excellent service in the processing of requests for medical records. Contact Banner Life or William Penn's approved vendors for ordering procedures.

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

For further assistance with APS guidelines, please contact the Underwriting Department. Phone numbers listed above are subject to change. Please refer to the website version of this booklet posted in the Underwriting Forms section of our website (www.LGAmerica.com) for the most current list.

**Inspection Report Vendor Contact Information** 

First Financial	phone: 800.570.3477	
Underwriting Services	fax: 800.571.3477	

Sheila@firstfin.com Nerissa@firstfin.com Navin@firstfin.com Sueann@firstfin.com

An inspection report is required for amounts over \$1,000,000 through age 70, for amounts over \$500,000 for ages 71 and older. An interview with the proposed insured in person or by phone is usually part of the investigation. These reports are completed by First Financial Underwriting Services. Procedures for ordering inspection reports are posted to the Inspections Section of our website Forms Page. The phone number listed above is subject to change. Please refer to the website version of this booklet posted in the Underwriting Forms section of our website (www.LGAmerica.com) for the most current numbers.

EMSI (Examination Management Services, Inc.)	800.872.3674
Exam0ne	877.933.9261
Please use one of the above ver	ndors whenever possible.
Other Approve	d Vendors
APPS (American Para Professional Systems, Inc.)	
Healthmasters, Inc.	
Superior Mobile Medics	
Parameds.com	
Portamedic Services	
Please note that Banner Life/William Pe from the vendors, which are listed a appointment with a vendor not apper exam(s) done by an unapproved exami nor paid for, and will be returned.	bove. Please do not make a aring on our approved list. An
We have made every effort to provide yo coverage and the best possible service applicant is in a remote area not cover contact your underwriting director to diss Phone numbers listed above are subje website version of this booklet posted in of our website (www.LGAmerica.com) f	e. In that rare instance where a ed by one of our services, kindl cuss making other arrangements ct to change. Please refer to th in the Underwriting Forms sectio

#### Substandard

The base class for most table rated cases on non-tobacco users is **Standard Plus**, not Standard. Substandard ratings available through Table 12. Table ratings are not available on Preferred Plus Non-Tobacco, Preferred Non-Tobacco or Preferred Tobacco.

#### **Retention and Reinsurance**

**Ages 20 - 75:** <u>Preferred Plus through table 4:</u> Retention \$1,000,000. Automatic Binding Authority \$12,000,000

Table 5 through table 12: Retention \$250,000. Automatic Binding Authority \$4,000,000

#### Ages 76 & Up:

Retention \$250,000, all classes and ratings. Automatic Binding Authority \$2,000,000 ages <u>76 - 80 through table 8 and ages</u> <u>81 - 85 through table 4</u> when allowed by product.

#### Jumbo Limit

\$30,000,000 (total in-force plus total amount currently applied for in all companies, including amounts to be replaced). If exceeded and amount applied for with Banner Life/ William Penn is over the above retention limits, the case must be sent to our reinsurers.

Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.

#### **Financial Underwriting**

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

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

See page 8 and 9 for additional financial guidelines.

# AppAssist available with ONLINE capabilities.



# Highlights include:

Electronic submission of the RLI (Request for Life Insurance Interview) via e-Link.

Full case management by in-house call center.

Real-time case status and updates on www.lgamerica.com.

Voice signature for immediate submission of the formal application.

Medical information sent electronically to your General Agent if the application is issued "other than applied for".

Call your Banner Life/William Penn GA to learn more.

# About Banner & William Penn

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

Banner Life is domiciled in Maryland and is licensed to do business in 48 states and the District of Columbia. William Penn is domiciled and licensed to do business in New York.

Banner Life is not licensed to do business in New York State and does not solicit business in New York State. The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.

BannerLife



Banner Life Insurance Company, Rockville, MD. 800.638.8428 William Penn Life Insurance Company of New York, Garden City, NY. 800.346.4773 www.LGAmerica.com

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