# Underwriting Guide

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Not a Deposit No Bank or Credit Union Guarantee Not Insured By Any Federal Government Agency Not FDIC/NCUA Insured May Lose Value

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# **Approved Paramedical Providers**

### APPS/Portamedic 800-727-2101 • appslive.com

ExamOne 877-933-9261 • examone.com

Only approved paramedical providers should be used when ordering exams for prospective clients. Exams completed by unapproved providers are not eligible for reimbursement, and may require a repeat examination by an approved provider. The Company will not pay for tests or requirements that we do not request, or for any test or requirements where we do not have a signed, formal application.

## Physician Information

Name, address, and phone number of personal physician(s) will expedite underwriting. Attending Physician Statement may be required.

NON-MEDICAL and MEDICAL REQUIREMENTS are determined by total "in-force" and "applied for" insurance with Protective Life, Protective Life and Annuity and any Protective subsidiary.

| Abbreviation           | Description<br>(all ordered from field unless otherwise noted)  |
|------------------------|---|
| BP                     | Blood Profile   |
| EKG                    | Electrocardiogram   |
| elR <sup>1</sup>       | Electronic Inspection Report  |
| UA                     | Urinalysis  |
| IR <sup>1</sup>        | Inspection Report   |
| NMD                    | Non-Medical Declaration — Requires completion of the Part<br>1A, Supplemental Application — Medical Declarations Form<br>ICC12-402. |
| PM                     | Paramedical Exam  |
| AODL <sup>5</sup>      | Part II, Supplemental Underwriting Application (Form ICC13-P226)  |
| LDCT                   | Landmark Drawing Copy Test  |
| MCAS <sup>1,5</sup>    | Minnesota Cognitive Acuity Screen   |
| NT-ProBNP <sup>1</sup> | N-Terminal Pro-B Type Natriuretic Peptide   |
| TPF                    | Third-Party Financials  |
| CFS                    | Confidential Financial Statement  |

# Rider Underwriting Requirement Calculation

| Rider  | Percentage to multiply by<br>rider benefit to determine<br>requirements |
|--|---|
| Accidental Death Benefit Rider   | N/A   |
| Children's Term Rider <sup>3</sup>                                       | 100%  |
| ExtendCare <sup>SM</sup> Accelerated Death<br>Benefit Rider <sup>5</sup> | N/A   |
| Income Provider Option   | Total payout amount   |
| Lapse Protection Rider   | N/A   |
| Overloan Protection Rider  | N/A   |
| Protected Insurability Rider <sup>2, 4</sup>                             | 50%   |
| Split Option Endorsement   | N/A   |
| Waiver of Specified Premium Rider  | N/A   |

<sup>1</sup> Requirement ordered by Home Office.

<sup>2</sup> If the rider insured is on the base insured, the adjusted rider benefit is added to the base face amount to determine the requirements.

 $^{\rm 3}$  lf the rider insured is another individual (spouse or child), the adjusted rider benefit is used for the requirements table.

<sup>4</sup> PIR benefit amount is the total for all option dates.

 $^5$  ExtendCare riders require AODL and MCAS at ages 65 and above, all amounts. AODL will not be completed automatically for ages 65 - 70 and must be added to the exam order.

# ExtendCare Underwriting Requirements (Ages 65 & Above)

- Part II, Supplemental Underwriting Application (Form ICC13-P226) to be completed by the insurance medical examiner. Please note this will not be completed automatically for ages 65 – 70 and must be added to the exam order.
- Minnesota Cognitive Acuity Screen (MCAS), administered by LTCG, will be ordered by the Home Office.

## NT-ProBNP Testing Parameters:

| Applicants ages 51 – 60 | \$500,001+       |
|-------------------------|------------------|
| Applicants ages 61+     | All Face Amounts |

# Attending Physician's Statement Guidelines

An APS should be ordered for physical exams within the timeframes indicated below.

| Age     | \$50,000<br>to<br>\$250,000 | \$250,001<br>to<br>\$500,000 | to       | \$1,000,001<br>to<br>\$3,000,000 | \$3,000,001<br>to<br>\$5,000,000 | \$5,000,001<br>and<br>up |
|---------|-----------------------------|------------------------------|----------|----------------------------------|----------------------------------|--------------------------|
| 0 - 39  | 2 weeks                     | 1 month                      | 1 month  | 6 months                         | 1 year                           | Any                      |
| 40 - 49 | 1 month                     | 3 months                     | 3 months | 6 months                         | 1 year                           | Any                      |
| 50 - 60 | 2 months                    | 3 months                     | 1 year   | 2 years                          | 2 years                          | Any                      |
| 61+     | Any                         | Any                          | Any      | Any                              | Any                              | Any                      |

For ages 60 and below, an APS is generally not required for the following routine exams (as long as they are noted to be normal): employment, FAA, OB/GYN check-ups, pregnancy/delivery, or school physicals.

Please note that an APS will be required for all proposed insureds over the age of 60, regardless of the face amount and the proposed insured must receive age-appropriate routine health care in order to be considered for coverage.

For all TeleLife® cases, the Home Office will order the APS.

# Medical and Financial Underwriting Requirements<sup>1</sup>

| Face Amount                   |                    |  |  |
|-------------------------------|--------------------|--|--|
| i doo i intodite              | AGES 0 – 15        | AGES 16 - 35   | AGES 36 – 40   |
| \$0 to                        | NMD                | PM UA  | PM UA  |
| \$49,999                      |                    | MVR <sup>3</sup>   | MVR <sup>3</sup>   |
| \$50,000                      | NMD                | PM BP  | PM BP  |
| to \$99,999                   |                    | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$100,000                     | NMD                | PM BP  | PM BP  |
| to \$150,000                  |                    | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$150,001                     | NMD                | PM BP  | PM BP  |
| to \$250,000                  |                    | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$250,001                     | NMD                | PM BP  | PM BP  |
| to \$500,000                  | APS                | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$500,001                     | NMD                | PM BP  | PM BP  |
| to \$1,000,000                | APS                | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$1,000,001                   | NMD                | PM BP  | PM BP  |
| to \$2,000,000                | APS                | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$2,000,001                   | NMD                | PM BP  | PM BP  |
| to \$3,000,000                | APS                | UA MVR <sup>3</sup>                                      | UA MVR <sup>3</sup>                                      |
| \$3,000,001<br>to \$5,000,000 | NMD<br>APS         | PM BP<br>UA MVR <sup>3</sup><br>elR <sup>3</sup>         | PM BP<br>UA MVR <sup>3</sup><br>elR <sup>3</sup>         |
| \$5,000,001<br>to 10,000,000  | NMD APS<br>CFS TPF | PM BP UA<br>MVR <sup>3</sup> CFS TPF<br>elR <sup>3</sup> | PM BP UA<br>MVR <sup>3</sup> CFS TPF<br>eIR <sup>3</sup> |
| \$10,000,001<br>and up        | NMD APS<br>CFS TPF | PM BP UA<br>MVR <sup>3</sup> CFS TPF<br>IR <sup>3</sup>  | PM BP UA<br>MVR <sup>3</sup> CFS TPF<br>IR <sup>3</sup>  |

<sup>1</sup> Additional underwriting requirements may be requested by the Home Office. This may include an Rx Database check, credit report, criminal record check or other information necessary to underwrite the risk.

| Age Nearest Birthday  |  |  |  |  |
|---|--|--|--|--|
| AGES 41 – 50  | AGES 51 - 60   | AGES 61 – 70 <sup>2</sup>                                    | AGES 71 AND OVER   |  |
| PM UA<br>MVR <sup>3</sup>                                   | PM UA<br>MVR <sup>3</sup>                                    | PM UA<br>MVR <sup>3</sup>                                    | PM BP UA<br>MVR <sup>3</sup> eIR <sup>3</sup> AODL<br>LDCT MCAS <sup>3</sup>           |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP UA<br>MVR <sup>3</sup> eIR <sup>3</sup> AODL<br>LDCT MCAS <sup>3</sup>           |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP UA<br>MVR <sup>3</sup> eIR <sup>3</sup> AODL<br>LDCT MCAS <sup>3</sup>           |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP UA<br>EKG MVR <sup>3</sup> elR <sup>3</sup><br>AODL LDCT MCAS <sup>3</sup>       |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PPM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP UA<br>EKG MVR <sup>3</sup> elR <sup>3</sup><br>AODL LDCT MCAS <sup>3</sup>       |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP UA<br>EKG MVR <sup>3</sup> elR <sup>3</sup><br>AODL LDCT MCAS                    |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP<br>UA MVR <sup>3</sup><br>eIR <sup>3</sup>             | PM BP UA<br>EKG MVR <sup>3</sup> IR <sup>3</sup><br>AODL LDCT MCAS                     |  |
| PM BP<br>UA MVR <sup>3</sup>                                | PM BP<br>UA MVR <sup>3</sup>                                 | PM BP<br>UA MVR <sup>3</sup><br>eIR <sup>3</sup>             | PM BP UA<br>EKG MVR <sup>3</sup> IR <sup>3</sup><br>AODL LDCT MCAS                     |  |
| PM BP<br>UA MVR <sup>3</sup><br>elR <sup>3</sup>            | PM BP<br>UA MVR <sup>3</sup><br>eIR <sup>3</sup>             | PM BP<br>UA MVR <sup>3</sup><br>elR <sup>3</sup>             | PM BP UA<br>EKG MVR <sup>3</sup> CFS<br>IR <sup>3</sup> AODL LDCT<br>MCAS <sup>3</sup> |  |
| PM BP UA<br>MVR <sup>3</sup> CFS TPF<br>elR <sup>3</sup>    | PM BP UA<br>EKG MVR <sup>3</sup> CFS<br>TPF eIR <sup>3</sup> | PM BP UA<br>EKG MVR <sup>3</sup> CFS<br>TPF elR <sup>3</sup> | PMBPUAEKGMVR3AODLLDCTMCAS3CFSIR3TPF  |  |
| PM BP UA<br>EKG MVR <sup>3</sup> CFS<br>TPF IR <sup>3</sup> | PM BP UA<br>EKG MVR <sup>3</sup> CFS<br>TPF IR <sup>3</sup>  | PM BP UA<br>EKG MVR <sup>3</sup> CFS<br>TPF IR <sup>3</sup>  | PMBPUAEKGMVR3AODLLDCTMCAS3CFSIR3TPF  |  |

 $^2$  For clients aged 65 - 70 who add the ExtendCare Rider, the Supplemental Underwriting Application (Form ICC13-P226) must be added to the exam order. Please see page 3 for more details.

<sup>3</sup> Requirement ordered by the Home Office.

## Select Preferred Guidelines

| Nicotine              | No nicotine use for the past 5 years ( <i>urine nicotine negative</i> ).<br>Will allow up to 12 celebratory cigars over the past 12 months<br>if usage is admitted on the application and/or medical examination<br>and the current urine specimen is negative for nicotine.                                       |                          |                             |                          |                             |                    |
|-----------------------|--|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------|
| Driving               | No more tha<br>No DUI or re  |                          |                             |                          |                             | ſS.                |
| Family<br>History     | No history of or death from cancer <sup>1</sup> , heart disease, or any<br>cardiac-related condition, of either natural parent or sibling prior<br>to age 60. Waived if the applicant is actual age 60 or older<br>unless both natural parents died from one of the same preceding<br>impairments prior to age 60. |                          |                             |                          |                             |                    |
| Basic<br>Insurability | Standard ris<br>No other adv<br>judgment, to<br>or alcohol/su  | verse unde<br>include; o | erwriting co<br>cancer, hea | nsideration              | s per under                 | writing            |
| Blood<br>Pressure     | Average from<br>the last year<br>for ages 61<br>stable on tre  | do not ex<br>– 70. Trea  | ceed 135/8<br>ted blood pi  | 35 through<br>ressure mu | age 60 or 1<br>st be contro | 40/85<br>Illed and |
| Cholesterol           | Total Choles<br>and Cholest  |                          |                             |                          | ling treated                | cholesterol        |
| Hazardous<br>Sports   | No hazardous sports or avocations, such as hang gliding,<br>ballooning, motorized racing, parachuting, or SCUBA diving within<br>the last three years. Recreational SCUBA diving up to depths of<br>100 feet is acceptable. Exclusions will be permitted for qualification,<br>where jurisdiction approved.        |                          |                             |                          |                             |                    |
| Aviation              | Not a private pilot or participant in aviation activities. Pilot and<br>crew members on regularly scheduled passenger flights on major<br>airlines are acceptable if not engaged in any other flying activities.<br>Exclusions will be permitted for qualification, where jurisdiction<br>approved.                |                          |                             |                          |                             |                    |
| Residence             | Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.  |                          |                             |                          |                             |                    |
|                       | Weight in po<br>(male or fen   |                          | s not excee                 | d limit shov             | vn on the cl                | hart below         |
|                       | Height/\   | Veight                   | Height/                     | Weight                   | Height/                     | Neight             |
|                       | 4'7"   | 120                      | 5'5"                        | 168                      | 6'3"                        | 224                |
|                       | 4'8"   | 125                      | 5'6"                        | 173                      | 6'4"                        | 230                |
| B. 111                | 4'9"   | 129                      | 5'7"                        | 179                      | 6'5"                        | 236                |
| Build                 | 4'10"  | 134                      | 5'8"                        | 184                      | 6'6"                        | 242                |
|                       | 4'11"  | 139                      | 5'9"                        | 190                      | 6'7"                        | 249                |
|                       | 5'0"   | 143                      | 5'10"                       | 195                      | 6'8"                        | 255                |
|                       | 5"1'   | 148                      | 5'11"                       | 201                      | 6'9"                        | 261                |
|                       | 5"2'   | 153                      | 6'0"                        | 206                      | 6'10"                       | 268                |
|                       | 5'3"   | 158                      | 6'1"                        | 212                      | 6'11"                       | 274                |
|                       | 5'4"   | 163                      | 6'2"                        | 218                      |                             |                    |

<sup>1</sup> Family history cancers are limited to those types that clearly demonstrate a genetic predisposition, i.e. breast, colon, prostate, ovarian, melanoma, lung cancer.

# Preferred Guidelines

| Nicotine              | No nicotine use of any kind during the last 24 months ( <i>urine specimen negative</i> ). Will allow up to 24 celebratory cigars over the past 12 months if usage is admitted on the application and/ or medical examination and the current urine specimen is negative for nicotine.  |   |                             |                      |              |             |
|-----------------------|--|---|-----------------------------|----------------------|--------------|-------------|
| Driving               | No more that<br>No DUI or re   |   |                             |                      |              | ars.        |
| Family History        | No death from cancer <sup>1</sup> , heart disease, or any cardiac-related<br>condition, of either natural parent or sibling prior to age 60. Waived<br>if the applicant is actual age 60 or older unless both natural parents<br>died from one of the same preceding impairments prior to age 60.  |   |                             |                      |              |             |
|                       | * Family hist<br>demonstra<br>ovarian, m   | te a genet  | ic predispo                 | osition, i.e. b      |              |             |
| Basic<br>Insurability | Standard ris<br>No other adv<br>judgment, to<br>or alcohol/su  | verse unde<br>include; o  | erwriting co<br>cancer, hea | onsideration         | s per unde   | rwriting    |
| Blood Pressure        | the last year for ages 61  | Average from current medical exam and history readings within<br>the last year do not exceed 140/90 through age 60 or 150/90<br>for ages 61 – 70. Treated blood pressure must be controlled<br>and stable on treatment based on exam readings and Rx records. |                             |                      |              |             |
| Cholesterol           | Total Choles<br>and Cholest  |   |                             |                      | ling treated | cholesterol |
| Hazardous<br>Sports   | No hazardous sports or avocations, such as hang gliding, ballooning,<br>motorized racing, parachuting, or SCUBA diving within the last<br>three years. Recreational SCUBA diving up to depths of 100 feet<br>is acceptable. Exclusions will be permitted for qualification, where<br>jurisdiction approved.  |   |                             |                      |              |             |
| Aviation              | <ul> <li>Pilot and crewmembers on regularly scheduled passenger flights on major airlines are acceptable if not engaged in any other flying activities. Private pilots acceptable if the following requirements are met: <ul> <li>Ages 27 – 65</li> <li>26 – 200 hours annually</li> <li>Possesses IFR or ATR</li> <li>No abnormal liver function tests</li> </ul> </li> <li>Exclusions will be permitted for qualification, where jurisdiction approved.</li> </ul> |   |                             |                      |              |             |
| Residence             | Citizen of U.<br>permanent r   |   | ng Puerto I                 | R <i>ico)</i> or Can | ada or proc  | of of       |
|                       | Weight in po<br>(male or fen   |   | s not excee                 | ed limit show        | vn on the c  | hart below  |
|                       | Height/  | Neight  | Height                      | /Weight              | Height/      | Weight      |
|                       | 4'7"   | 129   | 5'5"                        | 180                  | 6'3"         | 240         |
|                       | 4'8"   | 134   | 5'6"                        | 186                  | 6'4"         | 246         |
|                       | 4'9"   | 139   | 5'7"                        | 192                  | 6'5"         | 253         |
| Build                 | 4'10"  | 144   | 5'8"                        | 197                  | 6'6"         | 260         |
|                       | 4'11"  | 149   | 5'9"                        | 203                  | 6'7"         | 266         |
|                       | 5'0"   | 154   | 5'10"                       | 209                  | 6'8"         | 273         |
|                       | 5"1'   | 159   | 5'11"                       | 215                  | 6'9"         | 280         |
|                       | 5"2'   | 164   | 6'0"                        | 221                  | 6'10"        | 287         |
|                       | 5'3"   | 169   | 6'1"                        | 227                  | 6'11"        | 294         |
|                       | 5'4"   | 175   | 6'2"                        | 234                  |              |             |

## Select Preferred Guidelines

| Nicotine              | No nicotine for 5 years <i>(urine negative)</i> . Will allow up to 12 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine. |
|-----------------------|--|
| Driving               | No more than one moving violation in the last three years.<br>No DUI or reckless driving in the last five years.   |
| Basic<br>Insurability | Must have regular, preventive medical care and no other adverse<br>underwriting considerations per underwriting judgment, to<br>include; cancer, heart disease, stroke, diabetes, or alcohol/<br>substance abuse.                            |
| Blood<br>Pressure     | Average from exam and readings within the last year may not<br>exceed 150/90. Treated blood pressure must be controlled<br>and stable on treatment based on exam readings and Rx<br>records or the APS.                                      |
| Cholesterol           | Total Cholesterol may not be lower than 130 untreated and<br>may not exceed 275 with or without treatment.<br>Cholesterol/HDL Ratio may not exceed 4.5.  |
| Aviation              | Exclusions will be permitted for qualification, where jurisdiction approved.   |
| Residence             | Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.  |
|                       |  |

Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

| Height | Weight |      | Height | Weight |      |  |
|--------|--------|------|--------|--------|------|--|
| пенуни | Min.   | Max. | пенунт | Min.   | Max. |  |
| 4'7"   | 95     | 129  | 5'10"  | 153    | 209  |  |
| 4'8"   | 98     | 134  | 5'11"  | 158    | 215  |  |
| 4'9"   | 102    | 139  | 6'0"   | 162    | 221  |  |
| 4'10"  | 105    | 144  | 6'1"   | 167    | 227  |  |
| 4'11"  | 109    | 149  | 6'2"   | 171    | 234  |  |
| 5'0"   | 113    | 154  | 6'3"   | 176    | 240  |  |
| 5"1'   | 116    | 159  | 6'4"   | 181    | 246  |  |
| 5"2'   | 120    | 164  | 6'5"   | 186    | 253  |  |
| 5'3"   | 124    | 169  | 6'6"   | 190    | 260  |  |
| 5'4"   | 128    | 175  | 6'7"   | 195    | 266  |  |
| 5'5"   | 132    | 180  | 6'8"   | 200    | 273  |  |
| 5'6"   | 136    | 186  | 6'9"   | 205    | 280  |  |
| 5'7"   | 140    | 192  | 6'10"  | 210    | 287  |  |
| 5'8"   | 145    | 197  | 6'11"  | 216    | 294  |  |
| 5'9"   | 149    | 203  |        |        |      |  |

Build

# Preferred Guidelines

| Nicotine              | No nicotine use of any kind during the last 24 months ( <i>urine specimen negative</i> ). Will allow up to 24 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine. |
|-----------------------|--|
| Driving               | No more than two moving violations in the last three years.<br>No DUI or reckless driving in the last five years.  |
| Basic<br>Insurability | Must have regular, preventive medical care and no other<br>adverse underwriting considerations per underwriting judgment,<br>to include; cancer, heart disease, stroke, diabetes, or alcohol/<br>substance abuse.  |
| Blood<br>Pressure     | Average from exam and readings within the last year may not<br>exceed 160/95. Treated blood pressure must be controlled<br>and stable on treatment based on exam readings and Rx<br>records or the APS.  |
| Cholesterol           | Total Cholesterol may not be lower than 130 untreated and may not exceed 275 with or without treatment. Cholesterol/HDL Ratio may not exceed 5.5.  |
| Aviation              | Exclusions will be permitted for qualification, where jurisdiction approved.   |
| Residence             | Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.  |
|                       |  |

Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

| Height | Wei  | ight | Height | Weight |      |
|--------|------|------|--------|--------|------|
| neigin | Min. | Max. | neight | Min.   | Max. |
| 4'7"   | 86   | 142  | 5'10"  | 139    | 230  |
| 4'8"   | 89   | 147  | 5'11"  | 143    | 237  |
| 4'9"   | 92   | 152  | 6'0"   | 147    | 243  |
| 4'10"  | 96   | 158  | 6'1"   | 152    | 250  |
| 4'11"  | 99   | 163  | 6'2"   | 156    | 257  |
| 5'0"   | 102  | 169  | 6'3"   | 160    | 264  |
| 5"1'   | 106  | 175  | 6'4"   | 164    | 271  |
| 5"2'   | 109  | 180  | 6'5"   | 169    | 278  |
| 5'3"   | 113  | 186  | 6'6"   | 173    | 286  |
| 5'4"   | 117  | 192  | 6'7"   | 178    | 293  |
| 5'5"   | 120  | 198  | 6'8"   | 182    | 300  |
| 5'6"   | 124  | 204  | 6'9"   | 187    | 308  |
| 5'7"   | 128  | 211  | 6'10"  | 191    | 316  |
| 5'8"   | 132  | 217  | 6'11"  | 196    | 323  |
| 5'9"   | 135  | 223  |        |        |      |

Build

The purpose of the coverage should be included in a cover memo or stated in the remarks section of the application.

## Personal Coverage

- Income replacement use the income multiples below to determine maximum face amount.
  - Verification of income may be required if the amount appears excessive in relationship to the overall financial picture.
  - Spouse/homemaker face amount is generally limited to 50% of working spouse coverage up to a maximum of \$1 million.
  - An equal amount of coverage up to \$1 million can be considered for mortgage protection, young families or other needs.

| Ages        | Income Multiples |
|-------------|------------------|
| To age 40   | 30x              |
| 41 – 50     | 20x              |
| 51 – 60     | 15x              |
| 61 – 65     | 10x              |
| 66 and over | 6х               |

- Estate Tax/Liquidity traditional estate tax and liquidity planning sales
  - Third-party verification of assets and income required.
- Asset Maximization IRA Maximization/Legacy/Asset and Wealth Transfer Sales
  - The maximum total line with all companies is based on only the value of the investment assets (mutual funds, stock, bonds, IRA, cash, etc.) and value of equity in the personal residence. See underwriting guideline below.
  - The last quarterly statements for all investment assets should be included with the application along with a cover letter outlining the sales concept and purpose for the coverage.
- Maximum Face Amount Guidelines
  - Asset Value = investment assets + market value of personal residence
  - Asset value x 50% in-force coverage = maximum face amount for Asset Maximization sales
- Charitable Sales the amount of coverage is generally based on a documented pattern of giving, but when there are significant investment assets, the Asset Maximization guidelines may apply as well.

# **Business Coverage**

- Key-Man Coverage the face amount allowed is based on the income of the key person being insured and is generally limited to 5x – 10x salary.
  - Verification of income may be required.
- Buy-Sell Coverage the face amount should reflect the insured's percentage ownership in the business and be in line with the market value of the business.
- Collateral Assignment for Loan the percentage of the loan that will be covered may be limited to 70% of the loan amount for corporate coverage.
  - Personal coverage for up to 100% of the loan amount may be allowed for small business loans, but loans backed by the SBA for new startup businesses are generally limited to the loan amount up to a maximum face amount of \$500,000.
  - A copy of the loan agreement is required for all loan collateral assignment cases.

# Confidential Financial Statement (CFS)

| Ages 0 - 70 | Face Amounts \$5,000,001+ |
|-------------|---------------------------|
| Ages 71+    | Face Amounts \$3,000,001+ |

- A CFS should be submitted for all estate tax/liquidity, asset maximization and charitable giving cases.
- Any bankruptcy in the last 3 years.

## Third-Party Verification of Assets

- Third-party verification of assets is required for all face amounts over \$5 million and may be required for face amounts under \$5 million depending on the purpose of the coverage. Asset verification may include CPA statements, quarterly investment statements, tax returns, public record checks, etc.
- At the producer's request, Protective will accept tax transcripts in lieu of tax returns with a properly completed form 4506-T for face amounts \$5,000,001 – \$10,000,000.

## Bankruptcy

- Chapter 7 Applicants can be considered at one year from the date the bankruptcy is discharged if salaried employee or two years if self-employed.
- Chapter 11 Applicants can be considered one year from the date of discharge.
- Chapter 13 Applicants can be considered one year from the date the reorganization is approved for salaried applicants, or two years if self-employed.
- Confidential Financial Statement (CFS) and verification of income (tax returns or paystub) will be required for any bankruptcy within the last 3 years. In addition, the Home Office will order a Credit Report.

# **Additional Information**

# Expiration of Underwriting Requirements

Applications and underwriting requirements are valid for a limited period of time. Below are guidelines for the validity/expiration of underwriting requirements:

| Document/Test     | Age 0 – 70 | Age 71+  |
|-------------------|------------|----------|
| Application       | 1 year     | 6 months |
| Exam              | 1 year     | 6 months |
| Labs              | 1 year     | 6 months |
| MCAS/LDCT         | 1 year     | 6 months |
| EKG               | 1 year     | 1 year   |
| Inspection Report | 1 year     | 1 year   |

We will use exam, lab and EKG requirements completed for another company as long as they are provided to us and do not fall outside of Expiration of Underwriting Requirements guidelines above. A completed Protective Part 1A will be required.

## Statement of Health

Evidence of insurability is determined from the date of the most recent paramedical exam. Below are guidelines for requiring a GHS (Good Health Statement):

| Age of Exam    | Age 0 – 70                  | Age 71+                     |
|----------------|-----------------------------|-----------------------------|
| 0 – 60 Days    | N/A                         | N/A                         |
| 61 – 90 Days   | N/A                         | GHS                         |
| 91 – 180 Days  | GHS                         | GHS                         |
| 181 – 365 Days | GHS                         | New Medical<br>Requirements |
| > 365 Days     | New Medical<br>Requirements | New Medical<br>Requirements |

Please note: previously withdrawn or not-taken cases that are reopened and cases where a face increase or additional benefits are requested after initial review will require a GHS, regardless of the age of the exam.

# **Underwriting Programs**

### Pro Credit Standard-to-Preferred Underwriting Program (applies to all Fully Underwritten Products)

This crediting program allows consideration for a preferred non-tobacco rate classification when an applicant is disqualified due solely to only one of the following cardiovascular risk factors:

- Blood pressure
- Build
- Total cholesterol
- Cholesterol/HDL ratio
- Family history (heart disease)

Eligibility for this upgrade will depend on the extent of the single deviation as well as the remaining cardiovascular risk factors.

This program applies only to new business cases.

The Protected Insurability Rider is not allowed with this program.

# Protective Life Underwriting Solution (PLUS)

One size doesn't fit all when it comes to underwriting. PLUS is designed to underwrite applicants using a faster and less invasive process. Using advanced analytics, our flexible solution can streamline the experience for each applicant based on their individual circumstances.

| Ages 18 – 45 | \$100,000 - \$1,000,000 |
|--------------|-------------------------|
| Ages 46 – 60 | \$100,000 - \$500,000   |

#### Key Benefits of PLUS:

- Fluids and APSs may not be required
- Underwriting interview conducted by Protective employees
- Application cycle time reduced by 14 days
- All cases facilitated via Protective's automated underwriting platform to optimize speed to issue

# Foreign Travel & Foreign National Guidelines

# Foreign Travel Guidelines

The Swiss Re Life Guide will be our primary resource for underwriting risks related to foreign travel. These guidelines address the country(ies) being visited, as well as other risk factors such as the specific region with the country, purpose of the travel, occupation, frequency and total duration. After consideration of all risk factors, short duration travel may be eligible for more favorable rate classes. In addition to the information provided on the application, a foreign travel questionnaire may also be required.

Additional Considerations Include:

- Purpose for and specific location of the travel.
- Short term travel is defined as 8 weeks or less annually. Durations of up to 6 months annually will be considered as "travel" under these guidelines. For our purposes, travel durations of more than 6 months annually will be considered as foreign "residence."
- All benefits and riders will be individually underwritten.

# Foreign National Guidelines

### Category 1

Non-U.S. citizen with a Permanent Visa (Green Card) who is legally residing in the U.S. on a permanent basis.

| Requirements   | Insured | Owner |
|--|---------|-------|
| Applications, medical exams, labs and tests must be completed in the U.S.  | •       |       |
| Must comprehend the English language<br>(Spanish speaking applicants must go through<br>the TeleLife Interview Process.) | •       | •     |
| Tax ID: SSN  | •       | •     |
| Tax ID: Required for business ownership and U.S. trust ownership   |         | •     |
| Copy of Green Card   | •       | •     |

### Category 2

Non-U.S citizen in the U.S. on an acceptable temporary visa.

| Requirements   | Insured | Owner |
|--|---------|-------|
| lssue ages: 18 – 70  | •       |       |
| All solicitation & delivery must occur in the U.S.   | •       | •     |
| Foreign National Questionnaire   | •       | •     |
| Must be legally residing in the U.S. for a continuous period of 1 year   | •       | •     |
| Applications, medical exams, labs and tests must be completed in the U.S.  | •       |       |
| Required APS — Medical records must be available in English. (Protective will not pay for translation)   | •       |       |
| Tax ID: SSN <sup>1</sup>   | •       | •     |
| Tax ID: Required for business ownership and U.S. trust ownership   |         | •     |
| Cover letter from writing agent explaining need and purpose of coverage  |         | •     |
| Premiums must be paid in U.S. dollars and billed to a U.S. bank (Bank account must be opened for more than 6 months)   |         | •     |
| Must have significant, legitimate interests in the U.S., including property or business ownership as well as an established U.S. bank account  |         | •     |
| Must comprehend the English language (Spanish speaking applicant must go through the TeleLife Interview Process)   | •       | •     |
| Must hold a visa from the specified list of visa types:<br>E – Treaty/Traders/Investors<br>H1 (B or C) – Temporary workers with special<br>merit/ability<br>I – Information media representative<br>K – Family member or fiancé of U.S. citizen<br>L – Intra-company transfer<br>O – Worker with extraordinary ability<br>TN – Mexican professionals under NAFTA<br>TD – Mexican professionals under NAFTA | •       | •     |
| Copy of Visa   | •       | •     |
| Copy of Passport   | •       | •     |
| Complete copy of U.S. Trust (if applicable)  |         | •     |

<sup>1</sup> For VISA Types: K, L2 and O2, an ITIN may be acceptable

# Foreign Travel & Foreign National Guidelines (CONTINUED)

Must be a citizen of a country in the country listing table:

|                        | ·····                        | 0                            |
|------------------------|------------------------------|------------------------------|
| Antilles, Netherlands  | French Antilles              | Norway                       |
| Argentina              | French Polynesia             | Qatar                        |
| Aruba                  | Germany                      | Panama                       |
| Australia              | Gibraltar                    | Paraguay                     |
| Austria                | Greece                       | Peru                         |
| Azores Islands         | Greenland                    | Philippines (Manila only)    |
| Bahamas                | Grenada                      | Poland                       |
| Bahrain                | Grenadines                   | Portugal                     |
| Barbados               | Guadeloupe                   | Samoa                        |
| Barbuda                | Guatemala                    | San Marino                   |
| Belgium                | Guernsey Island              | Sardinia                     |
| Belize                 | Holland                      | Scotland                     |
| Bermuda                | Honduras                     | Sicily                       |
| Bonaire                | Hong Kong                    | Singapore                    |
| Brazil                 | Hungary                      | Slovakia                     |
| Britain                | Iceland                      | Slovenia                     |
| British Virgin Islands | India (Major cities)         | South Korea                  |
| Brunei                 | Ireland                      | Spain                        |
| Bulgaria               | Italy                        | St. Christopher              |
| Canary Islands         | Jamaica                      | St. Kitts and Nevis          |
| Canada                 | Japan                        | St. Lucia                    |
| Cayman Islands         | Jersey Island                | St. Maarten                  |
| Channel Islands        | Luxembourg                   | St. Martin                   |
| Chile                  | Macau                        | St. Pierre and Miquelon      |
| China (Major cities)   | Madeira                      | St. Vincent & the Grenadines |
| China (Taiwan)         | Malaysia (Kuala Lumpur only) | Sweden                       |
| Corsica                | Malta                        | Switzerland                  |
| Costa Rica             | Martinique                   | Taiwan                       |
| Croatia                | Mexico                       | Tasmania                     |
| Curacao                | Miquelon                     | Thailand (Bangkok)           |
| Cyprus (Greek part)    | Monaco                       | Trinidad and Tobago          |
| Czech Republic         | Montserrat                   | Turkey (Major cities)        |
| Dutch Antilles         | Netherlands                  | Turks and Caicos Islands     |
| Ecuador                | Netherlands Antilles         | United Arab Emirates         |
| El Salvador            | Nevis                        | United Kingdom               |
| England                | New Caledonia                | Uruguay                      |
| Estonia                | New Zealand                  | Vatican City                 |
| Falklands Islands      | Nicaragua                    | Virgin Islands UK            |
| Finland                | Northern Ireland             | Wales                        |
| France                 | Northern Mariana Islands     |                              |
|                        |                              |                              |

### Category 3

Canadian citizens who do not have temporary or permanent U.S. visas and reside permanently in Canada\*.

| Requirements   | Insured | Owner |
|--|---------|-------|
| All solicitation & delivery must occur in the U.S.   | •       | •     |
| Foreign National Questionnaire   | •       | •     |
| lssue ages 18 – 70   | •       |       |
| Minimum face amount — \$500,000  | •       | •     |
| Applications, medical exams, labs and tests must be completed in the U.S.  | •       |       |
| Inspection Report and Motor Vehicle Report<br>through First Financial will be required<br>(Note: Canadian Public Record checks<br>are not currently available) | •       |       |
| Required APS — Medical records must be<br>available in English (Protective will not pay for<br>translation)  | •       |       |
| Tax ID: Canadian SSN   | •       | •     |
| Tax ID: Required for business ownership and U.S. trust ownership   |         | •     |
| Cover letter from writing agent explaining the need and purpose of coverage required   |         | •     |
| Premiums must be paid in U.S. dollars and billed<br>to a U.S. bank (Bank account must be opened for<br>more than 6 months)                                     |         | •     |
| Must have significant, legitimate interests in the U.S. including property or business ownership as well as an established U.S. bank account                   |         | •     |
| Must comprehend English language (Spanish speaking applicants must go through the TeleLife interview process)  | •       | •     |
| Must be a citizen of Canada and currently reside in Canada   | •       | •     |
| Copy of Passport   | •       | •     |
| Copy of Driver's License   | •       | •     |
| Complete copy of U.S. trust (if applicable)  |         | •     |

\* Permissible Provinces: Ontario, Quebec, Saskatchewan.

\* With underwriting & compliance prior approval: Newfoundland, Nunavut, Northwest Territories.

Non-permissible Provinces: Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, Yukon.



#### myprotective.com

#### Protective Life Insurance Company Nashville, TN Toll Free: 800-366-9378 Policy Holder Services: 800-866-9933

#### For underwriting status requests contact:

Resource Center E-mail: resourcecenter@protective.com Phone: 800-366-9378

Protective Life Mailing Address P. O. Box 830619 Birmingham, AL 35283-0619

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| Not a Deposit       | Not Insured By Any Federal Government Agency |                       | ent Agency     |
|---------------------|--|-----------------------|----------------|
| No Bank or Credit U | Jnion Guarantee                              | Not FDIC/NCUA Insured | May Lose Value |

Insurance products are issued by Protective Life Insurance Company in Nashville, TN. Product availability and features may vary by state. All payments and guarantees are subject to the claims-paying ability of Protective Life Insurance Company.

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