THE DIFFERENCE IS IN KNOWING THE DETAILS

A FIELD GUIDE TO UNDERWRITING FOR *TRANSAMERICA LIFETIME*℠ WHOLE LIFE INSURANCE

TRANSAMERICA®

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EXPRESS PROTECT UNDERWRITING

Our new streamlined underwriting process is designed for faster issuing, more consistent application decisions, and seamless functionality. It's called *Express Protect Underwriting*, and leverages automation to help reduce overall cycle times for you and your clients.

NEW ACCELERATED UNDERWRITING

No one likes surprises when they're writing business. In an ever-changing landscape, our agents need tools that can quickly and efficiently help clients obtain the protection they need.

To help improve the customer and agent experience, we're introducing a new application to help collect more information on your customer upfront, reducing the need to request traditional underwriting requirements while significantly increasing applications submitted in good order.

iGO® e-APP (RECOMMENDED)

Our electronic application, the iGO e-App, will provide you with guidance and prompts to assist your clients' application process and will help ensure good order before submission to the home office. Additionally, if your customer requires the completion of a teleinterview, there will be a clear prompt indicating this direction.

Some applications will go straight through and an *Express Protect Underwriting* decision will be made at point of sale.

PAPER APPLICATION

On paper applications, only Part 1 will be available for completion. All paper applications will require the applicant to complete a teleinterview which will be prompted once the paper application is received and is in good order.

The paper process may take longer as all elements not in good order will need to be resolved before we are able to prompt the teleinterview process.

Nonmedical limits have been expanded.

FLUIDLESS ACCELERATION

Some clients may qualify for Fluidless Acceleration and accelerated underwriting decision without the need for traditional fluids (blood and urine). Please see the age /face amount parameters to see if your client is a candidate.

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AGE AND AMOUNT REQUIREMENTS

TRANSAMERICA LIFETIME℠

May be eligible for fluidless acceleration Traditional requirements

INITIAL AGE AMOUNT REQUIREMENTS[5,6]	ISSUE AGE				
	15 days-17 years[4]	18-45	46-55	56-65	66-80
$25,000-$499,999	Medical History Questions Part II[1,2]	Medical History Questions Part II[1,2]	Medical History Questions Part II[1,2]	Medical History Questions Part II[1,2]	Teleinterview Part II[3] BCP HOS Vitals
$500,000-$999,999	Medical History Questions Part II[1,2]	Medical History Questions Part II[1,2]	Medical History Questions Part II[1,2]	Teleinterview Part II[3] BCP HOS Vitals	Teleinterview Part II[3] BCP HOS Vitals
$1,000,000-$1,999,999	N/A	Medical History Questions Part II[1,2]	Teleinterview Part II[3] BCP HOS Vitals	Teleinterview Part II[3] BCP HOS Vitals	Teleinterview Part II[3] BCP HOS Vitals
$2,000,000	N/A	Teleinterview Part II[3] BCP HOS Vitals	Teleinterview Part II[3] BCP HOS Vitals	Teleinterview Part II[3] BCP HOS Vitals	Teleinterview Part II[3] BCP HOS Vitals

OTHER UNDERWRITING REQUIREMENTS	ISSUE AGE
	71-80
$100,000-$250,000	MCAS
$250,001-$500,000	MCAS
$500,001-$1,000,000	MCAS
$1,000,0001-$2,000,000	App supp financial MCAS

See page 11 for underwriting requirements definitions.

[1] May be eligible for fluidless acceleration. Agent to complete with the consumer. Paper applications will require a teleinterview.
[2] Applicants receiving a fluidless acceleration decision will not be reconsidered for a better rate classification
[3] Vendor conducts Teleinterview Part II with consumer over the phone
[4] Juveniles (0-17) not eligible for International Underwriting
[5] International Underwriting not eligible for straight through and fluidless processing. Use FFIUL age/amounts grid.
[6] Some medical impairments and/or nicotine use will require additional requirements

If Chronic and Critical Illness living benefit riders are selected, the case is not eligible for an immediate, point of sale decision. However, the case could still qualify for fluidless acceleration

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

For requirements, please see Determining Coverage Amounts — Juveniles on page 20 of this guide.

Requests to reduce face amount received during underwriting will not alter the medical requirements

Rx and Medical Data checks will be ordered on all applications.

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UNDERWRITING TIPS

INSURABLE INTEREST

Insurable interest must exist between the proposed insured(s), policy owner(s), payer(s), and beneficiary.* Underwriting reserves the right to make the final determination on the issuance of any policy(ies).

NONMEDICAL DOES NOT MEAN GUARANTEED ISSUE

Nonmedical means that initial underwriting requirements do not include traditional underwriting requirements such as paramedical exam with labs, although vitals/physical findings and/or labs may be required upon case review at underwriter discretion. All nonmedical applications are subject to a Medical Information Bureau (MIB) report, motor vehicle report, prescription check, medical data check personal history, and medical history (Application Part 2). The best rate class available for nonmedical cases is preferred elite, preferred plus, or preferred rates. For amounts under 100k, standard is the best rate class available. Guaranteed issue, as the name implies, guarantees certain life insurance policies will be issued, regardless of health. Since the insured cannot be declined or turned down, carriers generally offer low death benefit options with higher-than-normal premiums. We do not currently offer any guaranteed issue policies.

AN APPLICATION IS VALID FOR 90 DAYS

Cases will close after 45 days if there are outstanding requirements. A new application will be needed after 90 days.

IF THE PROPOSED INSURED IS A JUVENILE, A PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED

If the grandparent is the owner of the policy, the parents will still be required to sign the application. If the legal guardian is not a parent, proof of guardianship will be requested. Please note that state statutes take precedence regarding requirements.

A LEGIBLE CASE ID NUMBER MUST BE PRINTED ON ALL CORRESPONDENCE FOR PROPER PROCESSING

APPLICATION AND ALL FORMS (MEDICAL QUESTIONS/TELEINTERVIEW AS WELL) NEED TO BE FILLED OUT COMPLETELY AND ACCURATELY.

For the best agent and customer experience, the electronic application through iGO e-APP should be used rather than a paper application.

ALWAYS PROVIDE THE BEST TIMES, TELEPHONE NUMBERS, AND ANY SPECIAL LANGUAGE NEEDS FOR YOUR CLIENT

Providing accurate contact information will assist in timely ordering and collection of underwriting information.

ANY OMISSIONS OR MISSTATEMENTS IN AN APPLICATION COULD CAUSE AN OTHERWISE VALID CLAIM TO BE DENIED UNDER ANY INSURANCE ISSUED FROM THE APPLICATION.

* Insurable interest of beneficiary is subject to state statutes.

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UNDERWRITING TIPS

LIVING BENEFIT COVERAGE*

Certain medical conditions will impact an individual's eligibility for living benefits coverage, and Transamerica reserves the right to decline living benefit riders or products based on an individual's medical history.

The following are some conditions that may not be eligible for chronic illness and/or critical illness living benefit coverage (this list is not all-inclusive)**:**

- Drug and alcohol abuse
- Cancer (other than nonmelanoma skin cancer)
- Coronary artery disease
- Diabetes with insulin use
- Inability to perform activities of daily living (ADL's)
- Motor neuron disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Pregnancy – current through three months postpartum
- Stroke or TIA
- Systemic lupus erythematosus

* Underwriting reserves the right to rate the base policy, deny or limit benefits, or offer a different product based on medical information obtained during the underwriting process.

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HOW DO I APPROACH DELICATE SUBJECTS?

To help clients obtain the coverage they need, you need to be sure to ask all the necessary questions — even the uncomfortable ones. Remember, incomplete responses will delay the review process, the client's coverage, and your commission payment. Below are some suggestions to help you address these sensitive subjects.

EXPLAIN THAT CORRECT WEIGHT AND OTHER SENSITIVE DETAILS ARE REQUIRED

Before you submit a client as preferred, be sure he or she meets the criteria. Refer to the underwriting criteria and medical impairments information in the following pages of this guide to determine if the applicant is eligible for coverage and at what underwriting class. It may help the client understand how important it is to provide correct details.

ASSURE THE CLIENT THAT ALL INFORMATION ON THE APPLICATION IS CONFIDENTIAL

If the applicant has ever been arrested or has sensitive medical history, he or she may not want to disclose it. Assure all clients in advance that the application is confidential and none of their personal information is at risk.

Where possible, select a condition from the list and/or drop down menu. If you must select "Any Other Disease or Disorder," try to find the condition in the box that will appear and select it, SPELLING IS IMPORTANT. If you cannot find a match, it is OK to type the condition and hit confirm. At this time, a box entitled "Description" will appear.

DOCUMENT THE DETAILS:

Bad example: Misdemeanor
Good example: Public intoxication August 2018, fined $250 with one night in jail, probation ended August 2020; Trespassing October 2015, fined $100 with one night in jail, probation ended March 2016.

ASK THE FOLLOWING IMPORTANT QUESTIONS ABOUT MEDICAL AND CRIMINAL ACTIVITIES

To gain a complete picture of an applicant's medical, criminal, or moving violation history, ask the following questions when completing the description box:

1. When was the condition diagnosed or date of criminal activity or moving violation (provide as correct date, month, and year as possible)?
2. What was the cause?
3. How and when was it treated?
4. When were the last symptoms?
5. If currently symptomatic, what are your limitations?
6. What was the charge and sentence?
7. Are you currently on parole or probation?

DOCUMENT THE DETAILS:

Bad example: Heart surgery
Good example: Bypass surgery, 01/31/2011. Last seen six months ago for routine checkup with normal findings. Currently on atorvastatin medication.

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FIELD UNDERWRITING

WHAT IS FIELD UNDERWRITING?

In order to provide the most accurate picture of the applicant to the insurer, it is important for an agent to get to know his or her clients in the process of soliciting business. This process, known as field underwriting, is the initial medical and financial screening of prospective buyers of life insurance and is a key responsibility of our agents.

For an agent, good field underwriting builds credibility with your client and boosts your reputation in the community as a knowledgeable life insurance advisor. Oftentimes additional requirements are needed due to inconsistent information provided; therefore, the more complete and accurate the information is on the application, the less likely additional requirements, such as an Attending Physician Statement (APS), will be needed. More importantly, it can lead to a better customer experience by setting realistic expectations for a potential rate class, which will be beneficial to everyone involved. When meeting with your client, please be sure to keep in mind the following questions:

- What is their occupation, annual income, and net worth?
- Have they ever been rated or denied for life, long term care, or other insurance in the past and why?
- Do they already own a life insurance policy?
  - If so, what is the face amount and company that issued it? Is it being replaced?
- What is the purpose of the life insurance being applied for?
- Do they have any medical issues?
- Do they travel outside the U.S. or are they a foreign national?
- Do they participate in aviation, scuba, climbing, racing, or other similar activities?
- Any driving violations?

WHY SHOULD I PERFORM FIELD UNDERWRITING?

- Expedite the underwriting process
- Meet client expectations
- May reduce the need for additional underwriting requirements
- Ensure conditional receipt is binding

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HERE'S A LITTLE MORE DETAIL ON THE PROCESS

- The applicant completes an application, signs electronically, and the agent signs.
- Transamerica assesses eligibility

1. If the decision is referred to an underwriter, the message will say:

   Great! Your policy number is LFTxxxxxx. Your application is ready to be submitted. Please press the "Submit to Transamerica" button!

2. If the decision is approved as applied, the message will say:*

   Congratulations! Your policy number is LFTxxxxxx. Your application is ready to be approved pending application submission and administrative office review. Please press the "Submit to Transamerica" button!

3. If the decision is approved but with a different risk class, the message will say:*

   Congratulations! Your policy number is LFTxxxxxx. Your application is ready to be approved with a risk class of Preferred Plus pending application submission and administrative office review. Please press the "Submit to Transamerica" button!

eDelivery is not available.

* Upon receipt of this message the home office reserves the right to further review client eligibility.

Not all applicants will be eligible for Express Protect decisions. Additional Underwriting/requirements may be required. Applicant must be made aware that it is possible to receive a lower premium, higher premium, or decline through a full medical underwriting process.

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UNDERWRITING REQUIREMENTS AND REPORTS DEFINED

All requirements will be ordered through Transamerica and will be administered through Transamerica-approved vendors.

As we move to a new world of an enhanced consumer experience, there will be times when not all the traditional evidence will be necessary in order to determine your customer's insurability. As a result, Transamerica will order all necessary underwriting evidence for your customer, reducing the burden on your time and efforts, as well as insuring we only get the necessary information to understand your customer's risk profile. This change in process will allow us to help expedite the ordering of the most relevant information the first time and will help drive down the time it takes to make a decision.

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

PARAMED PHYSICAL FINDINGS (VITALS)

Paramed physical findings is completed by an approved third-party vendor. It includes a qualified examiner completing proper paperwork/forms, taking vitals (height/weight, blood pressure, pulse), collecting fluids (blood and urine), and administering ECGs.

TELEINTERVIEW

A teleinterview is a guided interview completed over the phone, conducted by an examiner through a third-party vendor. Several base questions will be asked, and related reflexive questions based on your individual client's medical history.

HOME OFFICE SPECIMEN

A home office specimen (HOS) is a urine sample collected during the paramed physical findings visit and is sent to a laboratory for analysis.

BLOOD CHEMISTRY PROFILE

A blood chemistry profile (BCP) is a venous blood draw collected during the paramed physical findings visit and is sent to a laboratory for analysis.

AccessMyLab is a web portal that allows clients to access the results of their blood, urine, and paramed physical findings tests, taken in connection with their life insurance application. When the client completes their labs or paramed physical findings test, they have the ability to opt in to receiving text message notifications. Once their results are ready to be accessed (up to seven days after completion for labs), the client will receive a text message with a link to the AccessMyLab web portal. From there, the client can register to obtain their results using their phone number and date of birth.

transamerica.accessmylab.com

AccessMyLab does not have the ability to call international phone numbers.

Lab report is available for 12 months from the date the sample was received at the laboratory.

RESTING ELECTROCARDIOGRAM

During an electrocardiogram (ECG), small patches are placed on the chest, arms, and legs to record the electrical activity and rhythm of the heart. If normal resting ECG records are available from a test conducted within the last 12 months, test need not be repeated.

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UNDERWRITING REQUIREMENTS AND REPORTS DEFINED CONTINUED

MINNESOTA COGNITIVE ACUITY SCREEN

The Minnesota Cognitive Acuity Screen (MCAS) is a telephone interview conducted by a registered nurse (RN), who is specifically trained to administer the test. The purpose for this test is to screen for potential early cognitive impairment. Proposed insureds ages 71 and older applying for life insurance, will be required to complete an MCAS.

It is important your client realize the significance of the interview and concentrate to do as well as they can. Your client should be in an environment that is free of distractions. If they wear a hearing aid, they should have it on during the interview. The telephone interview usually takes between 15-20 minutes.

Family, friends, or agent can be present, but they must be in a separate room during the cognitive interview, not interacting at all with the proposed insured in any way during the course of the interview.

INSPECTION REPORTS (IR, BBIR, EIR)

Provides a holistic view of the proposed insured's public record footprint, including such information as financials, criminal records history, properties owned, and bankruptcies. Inspection reports may be completed as a telephone interview or by online database searches, depending on the amount being applied for.

PERSONAL FINANCIAL STATEMENTS

A Financial Supplement to Application for Life Insurance (also known as a Confidential Financial Questionnaire) will be requested if: the income and net worth of proposed insured is not provided on the application; the company finds the financial information unclear, inconsistent, or additional details are needed; and/or the insurance is being used for business coverage, including Buy-Sell, Loan, and Key Person applications.

FORM 4506T-EZ

Form 4506T-EZ, is an Internal Revenue Service (IRS) form which gives permission for Transamerica to receive a transcript of previously filed tax returns directly from the IRS. This pre-filled form is obtained through your agent portal or through iPipeline® to expedite processing.

MOTOR VEHICLE REPORTS

A motor vehicle report (MVR) is a record of a proposed insured's driving history.

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UNDERWRITING REQUIREMENTS AND REPORTS DEFINED CONTINUED

PRESCRIPTION AND MEDICAL DATA CHECK

A prescription and medical data check will be ordered on every application and includes details on prescriptions filled, medical diagnoses, hospital and physician procedures, inpatient and clinic-administered medications and medical equipment information – as well as prescribing physician's information.

IDENTITY VERIFICATION

A check to verify the identities of our customers in order to ensure the quality of business, manage identity risk, prevent identity fraud, and comply with obligations under the USA Patriot Act. This check is primarily used for identity verification. In some instances we may request a copy of the individual's Social Security card, driver's license or other state-issued ID, or utility bill to help verify an individual's identity.

ATTENDING PHYSICIAN STATEMENTS

An attending physician statement (APS) is a copy of the proposed insured's medical records obtained from their attending physician or healthcare provider.

APS GUIDELINES ARE AS FOLLOWS:

FACE AMOUNTS			
Age	**Up to and including $500,000**	**$500,001 to $1 million**	**$1,000,001 to $2 million**
15 days–17 years	NOT ROUTINELY (for cause only)	YES	N/A
18–55 years	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)
56–70 years	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)	NOT ROUTINELY (for cause only)
71 years and older	YES	YES	YES

TRANSAMERICA ORDERS ALL REQUIREMENTS

Please refer to age/amount chart. Be aware that an agent may be charged if they order requirements, as Transamerica handles ordering of age and amount requirements.

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UNDERWRITING REQUIREMENTS AND REPORTS DEFINED CONTINUED

TRANSAMERICA'S REQUIREMENT VENDORS

Transamerica will order all requirements from one of the following vendors. Any underwriting evidence obtained for insurance with another carrier will not be accepted.

VENDOR NAME	USED FOR
APPS	Teleinterview, paramed physical findings, blood/urine, ECG
CRL	Labs
ExamOne	APS (attending physician statement)
LTCG	Inspection Reports and MCAS (Minnesota Cognitive Acuity Screen)

REQUIREMENTS	THROUGH AGE 70	AGE 71 AND OLDER
Paramed-Physical Findings	Good for 1 year	Good for 6 months
Teleinterview	Good for 90 days	Good for 90 days
Resting Electrocardiogram (ECG)*	Good for 1 year	Good for 1 year
Inspection Report (IR)	Good for 1 year	Good for 1 year
Financial Supplement to Application for Life Insurance	Good for 1 year	Good for 1 year
Home Office Urine Specimen (HOS)	Good for 1 year	Good for 6 months
Blood Chemistry Profile (BCP)	Good for 1 year	Good for 6 months
Minnesota Cognitive Acuity Screen (CS)	N/A	Good for 6 months

* ECG: If normal resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated.

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

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DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

While each of your clients have different financial needs, these guidelines are intended to provide a general formula to help calculate suggested maximum amounts of life insurance.

- What does the client do for a living?
- What is their annual income and net worth?
- Do they already own a life insurance policy?
  - If so, what is the face amount and company that issued it? Is it being replaced?
- What is the purpose of the life insurance being applied for?
- Do they have any medical issues that may result in a higher premium?

PURPOSE	FORMULA		REQUIREMENTS
	Ages	Income Factor	
Income Continuation	18–35 36–45 46–50 51–55 56–65 66–70 71+	Up to 30 25 20 15 10 5 individual consideration	• Income stated must be reasonable for the profession or occupation stated. • Income source considered will be that of the proposed insured, not the household income or that of the owner. • Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments. • The unemployed spouse may be considered for a percentage of the employed spouse's income. • College students can be considered up to $500,000 with individual consideration only given for amounts over $500,000.

PREMIUM TO INCOME GUIDELINES

PURPOSE	FORMULA		REQUIREMENTS
	Annual Premium for all policies/Annual Income % should not exceed the percentages below.		
	Annual Income	Premium to Income	
Affordability Guidelines	≤ $30,000	15%	• There should not be a significant adverse change in financial status or financial flexibility as a result of the purchase of the policy(ies). • For incomes less than $15,000 (USD), details supporting the need and purpose of the insurance may be necessary. Adjustments (upwards) for family size (when known) should be considered to align with U.S. Federal Poverty Guidelines published by the U.S. Department of Health & Human Services. • Premium affordability should be demonstrated for the total premiums being paid on all policies, by the payer(s). This includes all policies on the payer(s) life and all policies on the lives of others for which they are paying.
	> or = $30,001	20%	

Transamerica reserves the right to order additional financial requirements.

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DETERMINING COVERAGE AMOUNTS FOR JUVENILES

PURPOSE	FORMULA		REQUIREMENTS[3]
Juvenile	Ages	Face Amount	
Total juvenile insurance coverage with all carriers cannot exceed $1 million. Amounts over $1 million will not be considered.	15 days through 17 years	$25,000–$250,000	• Parents or guardians must witness the applications and complete the nonmedical declarations. • The owner of the policy must be the parent, legal guardian, or grandparent. For legal guardianship where the guardian is not the parent, we require a copy of guardianship papers. • The owner and the juvenile must be residing in the U.S. permanently either as a U.S. citizen or a visa type that is not considered temporary or uninsurable based on our international underwriting guidelines.
		$250,001–$500,000	**All requirements for the up to $25,000–$250,000 face amount, plus:[2]** • Parents or legal guardian should have a minimum of two times the face amount requested on the juvenile.[1]
Washington State	15 days through 17 years	Total line of coverage cannot exceed their U.S. household income.	All requirements as indicated above for the appropriate face amount, plus: • Juveniles 15 years or older must sign the application.
New York State	Under 4½ years	Maximum face amount is greater of $50,000 or 25% of the amount of insurance in force on the parent/owner.	All requirements as indicated above for the appropriate face amount, plus: • The parent designated as the owner must have adequate coverage as described. • Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets. • Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested.
	4½ years to 14½	Maximum face amount is the greater of $50,000 or 50% of the amount in force on the parent/owner.	

State specific laws, including NY and WA, take precedence over company guidelines.

[1] Group coverage, accidental death, dismemberment insurance, and credit card insurance should not be counted in determining the parent/owner's total coverage.
[2] Medical records required at amounts over $500,000. Minimum household income over $100,000 required at amounts over $500,000.
[3] All siblings should have similar coverage.

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DETERMINING COVERAGE AMOUNTS FOR BUSINESS PLANNING

PURPOSE	FORMULA		REQUIREMENTS
Estate Planning	Projected future estate tax liability **Note:** A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. This estate appreciation rate should be adjusted, up or down, taking under consideration what is a reasonable growth factor in the current environment. Typically this has been in the 5 – 10% range.		• The purpose of the insurance • A current value of the applicant's estate, which includes a personal balance sheet listing all assets and liabilities and an estate analysis • Third-party financial verification if total combined face amount in force, and pending, is greater than $10 million or total line over jumbo limits
Key Person	**Ages**	**Factor x Income**	• The key person's value to the company • How the coverage amount was determined • Whether the key person has ownership in the company and the percentage of ownership • A list of all other key persons, the amount of key person coverage, and percentage ownership for each key person
	To age 65 Age 66–70 Age 70+	10 5 IC	
Buy-Sell/Business Continuation	% Ownership x Corporate Value		• The fair market value of the business and how the amount of insurance was determined • A copy of the buy-sell agreement or the details of the buy-sell agreement • The proposed insured's ownership percentage, the number of other partners, and their ownership percentage • The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage All partners must apply for or have in force buy-sell coverage. The underwriter will need the last two years' corporate balance sheets and income statements, including notes.
Business Loan	An amount up to the outstanding principal of the loan		• The business must be the owner of the policy • Include the purpose, duration of the loan, collateral pledged, its value and the loan interest rate • The term of the loan must be five years or more • If creditor is designated beneficiary, it should be stated "as its interest may appear" with balance of proceeds to go to another designated personal beneficiary. A collateral assignment would also be acceptable.

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HEIGHT AND WEIGHT CHARTS

MALE

AGES 18-70					AGES 71+				
LIFETIME WL	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Nontobacco/ Tobacco	***LIFETIME WL***	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Nontobacco/ Tobacco
HEIGHT	**WEIGHT**				**HEIGHT**	**WEIGHT**			
4′6″	119	132	139	155	4′6″	123	133	143	158
4′7″	123	136	144	160	4′7″	127	138	148	164
4′8″	127	140	149	166	4′8″	131	143	153	170
4′9″	131	145	154	172	4′9″	135	148	158	176
4′10″	135	150	159	178	4′10″	140	153	163	182
4′11″	140	155	164	184	4′11″	145	158	168	188
5′0″	144	160	169	190	5′0″	149	163	173	194
5′1″	149	164	175	196	5′1″	154	168	179	200
5′2″	154	169	180	202	5′2″	159	173	185	206
5′3″	159	174	186	208	5′3″	164	178	191	212
5′4″	164	179	192	214	5′4″	169	184	197	218
5′5″	169	184	198	220	5′5″	174	189	203	225
5′6″	174	189	204	227	5′6″	179	194	209	232
5′7″	179	195	210	233	5′7″	185	200	215	238
5′8″	184	200	215	239	5′8″	190	205	221	244
5′9″	189	206	221	244	5′9″	195	211	227	249
5′10″	195	211	227	250	5′10″	200	216	232	255
5′11″	200	217	233	256	5′11″	206	222	238	261
6′0″	205	223	239	263	6′0″	212	228	244	268
6′1″	211	229	245	269	6′1″	217	234	250	274
6′2″	217	235	251	276	6′2″	222	240	256	281
6′3″	223	241	257	283	6′3″	228	246	262	288
6′4″	228	247	263	289	6′4″	234	252	268	295
6′5″	233	253	269	296	6′5″	239	258	274	302
6′6″	238	259	276	303	6′6″	244	264	281	309
6′7″	244	265	283	310	6′7″	250	270	287	316
6′8″	249	271	289	317	6′8″	255	276	293	323
6′9″	254	277	295	324	6′9″	261	282	300	331
6′10″	260	283	302	331	6′10″	266	288	306	338
6′11″	265	289	308	338	6′11″	272	294	313	345
7′0″	270	295	314	346	7′0″	277	300	319	353

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HEIGHT AND WEIGHT CHARTS

FEMALE

AGES 18-70					AGES 71+				
LIFETIME WL	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Nontobacco/ Tobacco	***LIFETIME WL***	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Nontobacco/ Tobacco
HEIGHT	**WEIGHT**				**HEIGHT**	**WEIGHT**			
4′6″	117	128	136	149	4′6″	120	132	140	152
4′7″	121	132	141	154	4′7″	124	136	145	157
4′8″	125	136	146	159	4′8″	128	140	150	162
4′9″	129	140	151	164	4′9″	133	145	155	168
4′10″	133	144	156	169	4′10″	137	150	160	174
4′11″	138	149	161	175	4′11″	142	155	165	180
5′0″	142	154	166	181	5′0″	146	160	170	186
5′1″	147	159	171	187	5′1″	151	164	176	192
5′2″	151	164	176	193	5′2″	156	169	181	198
5′3″	156	169	181	197	5′3″	160	174	186	203
5′4″	161	174	185	202	5′4″	165	179	190	207
5′5″	165	179	189	206	5′5″	170	184	195	211
5′6″	170	184	194	210	5′6″	175	189	199	215
5′7″	174	189	199	215	5′7″	179	195	204	220
5′8″	178	195	204	220	5′8″	183	200	210	225
5′9″	182	200	210	225	5′9″	187	205	215	230
5′10″	186	205	215	230	5′10″	191	210	220	235
5′11″	190	210	221	236	5′11″	196	216	226	241
6′0″	195	216	227	242	6′0″	201	222	232	247
6′1″	200	222	233	248	6′1″	206	228	238	254
6′2″	205	228	239	254	6′2″	211	233	244	260
6′3″	210	233	244	260	6′3″	216	239	251	267
6′4″	215	239	250	267	6′4″	221	244	257	273
6′5″	220	245	256	274	6′5″	226	250	263	279
6′6″	225	250	262	281	6′6″	231	256	270	286
6′7″	230	256	268	287	6′7″	237	261	277	292
6′8″	235	262	274	293	6′8″	243	267	284	299
6′9″	240	267	280	300	6′9″	249	273	291	305
6′10″	245	273	286	306	6′10″	254	279	298	312
6′11″	250	279	292	313	6′11″	259	285	305	319
7′0″	255	284	298	319	7′0″	264	290	312	325

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BODY MASS INDEX (BMI) CHART

JUVENILE — AGES 2 THROUGH 15*

AGE	JUVENILE TABLE B (UNDERWEIGHT)	JUVENILE STANDARD	JUVENILE TABLE B (OVERWEIGHT)	JUVENILE TABLE D (OVERWEIGHT)
2	13.9-14.4	14.5-19.5	19.6-24.9	25.0-30.0
3	13.9-14.4	14.5-19.0	19.1-23.9	24.0-29.0
4	12.9-13.4	13.5-18.5	18.6-23.9	24.0-29.0
5	12.9-13.4	13.5-18.5	18.6-23.9	24.0-29.0
6	12.9-13.4	13.5-19.0	19.1-23.9	24.0-29.0
7	12.9-13.4	13.5-20.0	20.1-24.9	25.0-30.0
8	12.9-13.4	13.5-21.0	21.1-25.9	26.0-31.0
9	12.9-13.4	13.5-22.5	22.6-26.9	27.0-32.0
10	12.9-13.4	13.5-23.5	23.6-27.9	28.0-33.0
11	13.9-14.4	14.5-24.5	24.6-28.9	29.0-34.0
12	13.9-14.4	14.5-26.0	26.1-29.9	30.0-35.0
13	14.9-15.4	15.5-29.5	29.6-30.0	30.1-36.0
14	14.9-15.4	15.5-32.5	32.6-34.0	34.1-37.0
15	15.9-16.4	16.5-34.5	34.6-35.0	35.1-38.0

* Ages under two years old generally okay unless premature. Ages over 15 — see adult ages 18–70 male & female build charts.

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LIFESTYLE AND HEALTH HISTORY

IMPACT ON RISK CLASS

TRANSAMERICA LIFETIME	PREFERRED ELITE	PREFERRED PLUS	PREFERRED	NONTOBACCO	PREFERRED TOBACCO	TOBACCO
Tobacco Usage	None in 5 yrs	None in 2 yrs	None in 2 yrs	None in 2 yrs	Tobacco permitted	Tobacco permitted
Cholesterol with or without treatment**	230	260	300	*	260	*
Chol /HDL Ratio**	5.0 for ages <=70 5.5 for ages 71+	5.5 for ages <=70 6.0 for ages 71+	6.2 for ages <=70 6.7 for ages 71+	7.0 for ages <=70 7.5 for ages 71+	5.5 for ages <=70 6.0 for ages 71+	*
Blood pressure with or without treatment**	135/85 for ages <=70 145/85 for ages 71+ Treatment only allowed ages 50-80	145/85 for ages <=70 150/90 for ages 71+ With or without treatment	148/88 for ages <=70 152/88 for ages 71+ With or without treatment	*	145/85 for ages <=70 150/90 for ages 71+ With or without treatment	*
Family history - Includes cardiovascular disease or the following cancers: breast, ovarian, lung, melanoma, prostate, and colon - Some cancers may require evidence of routine surveillance screening	No family deaths before age 65 of either parent or sibling. Disregard if PI is age 65 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	*	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	*
Personal history	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	*	No personal history of heart or vascular disease, diabetes, cancer (except some skin cancers)	*
DUI	None in last 5 yrs	None in last 5 yrs	None in last 5 yrs	*	None in last 5 yrs	*
MVR - major violations	None in last 12 months, no more than 1 in last three yrs	No more than 1 in last three yrs	No more than 1 in last three yrs	*	No more than 1 in last three yrs	*
MVR - minor violations	No more than 3 violations in last 3 yrs	No more than 3 violations in last 3 yrs	No more than 3 violations in last 3 yrs	*	No more than 3 violations in last 3 yrs	*
Private aviation	No aviation	With or without ratable aviation	With or without ratable aviation	With or without ratable aviation	With or without ratable aviation	With or without ratable aviation
Avocation	No participation in listed activities[1]	No participation in listed activities[1]	No participation in listed activities[1]	Can be offered with or without rateable avocation	No participation in listed activities[1]	Can be offered with or without rateable avocation
Alcohol/substance abuse	Never	Never	10 yrs	7 yrs	10 yrs	7 yrs

* Individual consideration and may include a rating
** Fast data sources may impact qualification
*** See Underwriting Guidelines for Medical Impairments on pages 23–34
[1] Avocation: Prohibited activities include aeronautics (e.g., hang gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet

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LIFESTYLE AND HEALTH HISTORY

IMPACT ON RISK CLASS

TRANSAMERICA LIFETIME	PREFERRED ELITE	PREFERRED PLUS	PREFERRED	NONTOBACCO	PREFERRED TOBACCO	TOBACCO
Travel	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]	No dangerous travel[1]
Citizenship/Residency	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW	U.S. citizens/ green card holders - all others contact UW
Military	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]	Active military duty is acceptable provided insured is not serving in a hazardous area or does not have orders to serve in a hazardous area[2]

[1] Foreign travel: unless otherwise prohibited by statue
[2] Military: unless otherwise prohibited by statue

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MEDICAL IMPAIRMENTS

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
AIDS/HIV	Decline	N
Alcohol abuse	T2 – decline	N
Alcoholism	<3 years – decline	N
	3–5 years – T2 to T6	N
	>5 years – standard to T4	Yes, with greater than 10 years of sobriety
Allergies, hay fever	Standard	Y
ALS (Lou Gehrig's disease)	Decline	N
Alzheimer's disease	Decline	N
Amputations	Limited, traumatic injury – standard, otherwise, see specific cause/disease	Possible in cases of limited, traumatic injury resulting in amputation
Anemia, iron deficiency	Fully investigated with no underlying cause identified Mild – standard	N
	Moderate – T2 to T5	N
	Severe – decline	N
Aneurysm, abdominal	Age <60 – decline	N
	No surgery or periodic surveillance – decline	
	No surgery, size >5 cm – decline	
	No surgery, size <5 cm stable with periodic surveillance – standard to T5	
	Treated with surgery:	
	<6 months since surgery – decline	
	>6 months since surgery stable with periodic surveillance – T2 to T4	
Aneurysm, cerebral	No surgery, single small aneurysm, nonsmoker, no high blood pressure, stable >5 years – standard	N
	<6 months since surgery – decline	
	>6 months since surgery, fully recovered – T2 to T6	
	If multiple cerebral aneurysms or significant residuals, possible decline	
Angina	See coronary artery disease	
Anxiety	Mild – stable, no time lost from work, low dose single medication, no anti-psychotic meds, no alcohol abuse or adverse driving – standard	Y
	Moderate – satisfactory response to treatment, outpatient therapy, no more than 1–2 weeks off work – T2 to T4	N
	Severe or disable, suicide attempts, inpatient hospitalization – decline	N

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Arthritis, osteo	Mild – standard	Y
	Moderate – T2	N
	Severe/advanced – T3 to T4	
Arthritis, rheumatoid	Mild (minimal disease activity with no more than mild disability) – standard to T2	N
	Moderate (chronic joint inflammation, evidence of anemia) – T3 to T4	
	Severe (active disease with significant disability) – T5 to T6	
Asthma	Nonsmoker:	
	Mild – standard to T2	Y
	Moderate – T3 to T8	N
	Severe – decline	N
	Smoker:	
	Mild – T2 to T4	N
	Moderate – T8	N
	Severe – decline	N
	Children age 5 and under usually decline Children age 6 and up: Mild, diagnosed >1 year – standard to T2, otherwise decline	N
Atrial fibrillation	Nonchronic, no underlying heart disease, short durations, <4 episodes per year – standard to T2	N
	Chronic with no underlying heart disease – T2 to T4	
Aviation, paid	Commercial pilot, passenger, or freight flying within the U.S. or Canada – standard	Y
	Corporate pilot – standard	Y
	Other, $2.50 to $10 flat extra (rating determined by occupation)	N
Aviation, private	Student pilot or <75 solo hours – $3 flat extra	See preferred guidelines
	Qualified pilot – standard to $3 flat extra (rating determined by client age, number of hours flown per year, and total flying experience)	Y
Back pain (See also chronic pain)	Mild to moderate – standard	Y
	Severe – possible T2 to T4	N
Barrett's esophagus	Standard to decline	N
Bell's palsy	Standard	Y – If > 3 months since diagnosis, fully recovered with no complications
Blindness	Age <16, total blindness – decline	
	Age >16 well-adjusted, no complications – standard	Possible, if otherwise considered standard and no impairment of functional capacity

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
BPH (benign prostatic hypertrophy)	Normal PSA, urinalysis, no impairments – standard	Y
Breast disorders (not cancer)	Benign mass without atypia per biopsy – standard	Y
	Benign mass with atypia per biopsy – standard to decline (determined by client's age, family history, and screening history)	N
Broken bone	Standard	Y
Bronchiectasis	Nonsmoker:	N
	Mild – standard to T2	
	Moderate – T2 to T4	
	Severe – T6 to decline	
	Smoker: all cases decline	
Bronchitis, acute	Standard	Y
Bronchitis, chronic (COPD)	Mild – T2 to T4	N
	Moderate – T4 to T6	
	Severe – T6 to decline	
	Current tobacco or oxygen use – decline	
Bundle branch block, right	Incomplete – standard	Y
	Complete: no cardiovascular risk factors – standard	N
	With cardiovascular risk factors – T2 to T3	N
Bundle branch block, left	T3 to decline	N
Cardiomyopathy	Dilated or restrictive – decline	N
	Hypertrophic:	
	Age <35 – decline	
	Age 35 & up – T6 to decline	
	Peripartum:	
	<12 months from onset – decline	
	>12 months from onset – T4 to decline	
Carpal tunnel syndrome	Standard	Y
Cataracts	Standard	Y
Cerebral palsy	Age 8 & over – IQ >50, doing well in regular school with physical impairment such as hemiplegia, monoplegia, or ataxia – standard to T4	N
	With epilepsy – T4 to decline	
	Others – usually decline	

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Cerebrovascular accident, stroke (CVA)	<6 months since occurrence – decline	N
	>6 months since occurrence with only mild residuals:	
	Age 50 & under – decline	
	Age >50 – T2 to T5	
	Multiple strokes – decline	
Chronic fatigue syndrome	Well controlled and no associated depression – standard	Y
Chronic obstructive pulmonary disorder (COPD)	Mild – T2 to T4	N
	Moderate – T4 to T6	
	Severe – T6 to decline	
	Current tobacco or oxygen use – decline	
Bipolar disorder	Mild – (no loss of work, stable symptoms, low-dose single antidepressant) – T2 to T4	N
	Moderate – (one or more episodes, satisfactory response to treatment, infrequent disabling attacks) – T4 to T6	
	Severe – (recurring episodes, inpatient care, disabled from work) – T8 to decline	
Chronic pain	Mild – standard to T3	N
	Moderate – T4 to T8	
	Severe – decline	
Cirrhosis (liver)	Decline	N
Colitis, ulcerative	<1 year since diagnosis – decline	N
	>1 year since diagnosis:	
	Mild – standard to T4	
	Moderate – T4 to T6	
	Severe or with complications - decline	
Colitis, other than ulcerative	Standard – decline, depending on cause	Y
Concussion (head injury)	Mild with no residuals – standard to T2	Y – if no residuals
	With residuals, <6 months – decline	N
	With residuals, >6 months – T2 to decline	N
	Multiple episodes or severe – T3 to decline	N
Congestive heart failure (CHF)	<2 years since diagnosis – decline	N
	>2 years since diagnosis – T4 to decline	

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Convulsions	See Epilepsy	
Coronary artery disease	<3 months after bypass surgery – decline	N
	<6 months after angioplasty – decline	
	Age <40 – decline	
	Age 40–45 – T6 to decline	
	Age 46–59 – T4 to decline	
	Age >60 – T2 to decline May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing	
Criminal activity	Criminal charges pending, or currently on probation or parole – decline May reconsider one year after end of probation or parole	N
	Otherwise, call home office	
Bursitis	Standard	Y
Cancer (internal organ)	Call home office	N
Cancer, skin (not melanoma)	Standard	Y
Crohn's disease	Onset prior to age 25 – decline	N
	Very mild and limited disease	
	<6 months since diagnosis – decline	
	>6 months since diagnosis – standard to T4	
	Moderate:	
	<2 years since diagnosis – decline	
	>2 years since diagnosis – T2 to decline	
	Severe:	
	<4 years since diagnosis – decline	
	>4 years since diagnosis – T6 to decline	
Cyst, benign	Standard	Y
Cystic fibrosis	Decline	N
Depression	Mild – standard (minimal amt of medication, no counseling, no time off work, no psychiatric counseling)	Possible
	Moderate – standard to T4 (satisfactory response to treatment, outpatient psychotherapy, no more than 1–2 weeks off work)	N
	Severe – T6 to decline (recurring episodes requiring inpatient care, unable to work)	N
Dermatitis	Standard	N

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Diabetes	Age <20 – decline	N
	Type 1 diabetes, well controlled, no complications, and no tobacco use:	
	Age 20–29 – T8 to decline	
	Age 30 & up – T6 to T8	
	Type 2 diabetes, well controlled, no complications, and no tobacco use:	
	Age 20–29 – T6 to decline	
	Age 30–49 – T3 to T6	
	Age 50 & up – standard to T4	
Diverticulitis	Mild attacks, fully recovered – standard to T2	Y
Down syndrome	Decline	N
Driving under the influence (DUI)	<1 year since violation, all ages – decline	N
	Age 21 and up:	N
	1–2 years – $2.50–$3.50 flat extra	N
	2–4 years – standard to $2.50 flat extra	N
	>4 years – standard	Y if > 5 years
	Multiple DUIs with 4 years – decline Under age 21 at time of violation – decline for 4 years from violation	N
Drug abuse, marijuana (recreational use) See also medicinal marijuana	Current use (smoked or ingested) - standard to decline based on frequency and method of use	Y
	Nontobacco vs. Tobacco determined by frequency and method of use	
Drug abuse, other than marijuana	Any use in last 3 years – decline	N
	3–7 years since last use – T2 to T8	N
	>7 years – standard	Y if >10 years
	History of relapse(s) – usually decline	N
Eczema	Standard	Y
Emphysema	Mild – T2 to T4	N
	Moderate – T4 to T6	
	Severe – T6 to decline	
	Current tobacco or oxygen use – decline	
Endocarditis	Decline if <1 year from diagnosis, then standard to T2 if no residuals	Y
Epilepsy, petit mal	<6 months since diagnosis – decline	N
	Well controlled, no seizures in last 2 years – standard to T2	
	Moderate control, <7 seizures per year – T2 to T4	
	Poor control, >6 seizures per year or prolonged unconsciousness or requiring multiple hospitalizations – T4 to decline	

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Epilepsy, grand mal	<6 months since diagnosis – decline	N
	Well controlled, no seizures in last 2 years – standard to T2	Y if last seizure >5 years ago
	Moderate control, <7 seizures per year – T3 to T5	N
	Poor control, >6 seizures per year or prolonged unconsciousness or requiring multiple medications – T6 to decline	N
Esophageal stricture	Standard to T2	Y
Fibromyalgia, fibrositis	Standard to decline	Y
Fistula & fissure, anal	Standard if resolved	Y
Fracture, bone or skull (no residuals)	Standard	Y
Gall bladder disorders	Standard if asymptomatic	Y
Gastric banding, sleeve or bypass surgery	<6 months since surgery – decline	N
	>6 months since surgery – rates vary based on weight loss and current weight – contact home office	
Gastroenteritis, recovered	Standard	Y
Gastroesophageal reflux disease (GERD)	Standard if well controlled	Y
Glaucoma	Standard	Y
Glomerulonephritis	Acute, in remission – standard to T6 chronic – T6 to decline	N
Gout	Standard (chronic, severe cases may require rating)	Y
Headache, migraine or tension	Standard to decline	Y
	Recent onset, increasing frequency, not investigated – decline	
Hearing impairment	Standard	Y
Heart attack	See coronary artery disease	
Heart bypass surgery	< 3 months from bypass – postpone. Otherwise, see coronary artery disease	
Heart valve surgery	<1 year since surgery – decline	N
	>1 year since surgery – T2 to decline (Rate dependent on age and valve replaced or repaired)	
Heartburn	Standard	Y
Hemorrhoids	Standard	Y
Hepatitis A	Standard (fully recovered)	Y
Hepatitis B	One episode, fully recovered – standard	N
	Chronic – standard to decline	
Hepatitis C	Standard to decline	N
Hernia	Standard	Y
Herniated disc	Standard to T2	Y

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
High blood pressure (Hypertension)	Usually standard (if under control)	Y
Histoplasmosis	Present – decline	N
	Recovered without residuals > 6 months – standard	
	With residual lung impairment – T2 to decline	
Hodgkin's disease	T2 to decline	N
Huntington's disease	Present – decline	N
	Family history, with negative genetic testing – standard	
	Family history, without genetic testing – age 55 & under – T4 to decline	
	Age >55 – usually standard	
Hydronephrosis	Resolved or cause corrected – standard	N
	Cause still present – T2 to decline	
Hysterectomy	Standard if no cancer history	Y
Ileitis	See Crohn's disease	N
Indigestion	Standard	Y
Kidney failure, dialysis	Decline	N
Kidney infection, recovered	Standard	Y
Kidney removal	Standard to decline (depending on cause and current renal function)	Y (depending on cause)
Kidney stones	Standard (frequent attacks may require rating)	Y
Kidney transplant	<1 year since transplant – decline	N
	>1 year since transplant – T6 to decline	
Leukemia	Call home office. Offer subject to type, date of onset, and date of last treatment.	N
Lupus, discoid	Standard to T2	N
Lupus, systemic	<1 year since diagnosis – decline	N
	1 year and up from diagnosis – T2 to decline	N
Lymphoma	Call home office. Offer subject to type, date of onset, and date of last treatment.	N
Malaria	Single episode – standard	Y – if fully recovered
	Multiple episodes – standard to T2	N
Melanoma	Standard to decline	N
Marijuana, (medicinal use) See also Drug Abuse, Marijuana	Current use (smoked or ingested) T2 – decline based on frequency and method of use	N
	Nontobacco vs. Tobacco determined by frequency and method of use	
Meniere's disease	Standard	Y
Meningioma	Standard to $10 flat extra	N

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Meningitis	<6 months since recovery – decline	N
	>6 months since recovery, no residuals – standard	Y
Mental retardation and/or intellectual disability	Age 13 or less – decline	N
	Age >13:	
	IQ 70 or higher, able to care for self – standard	
	IQ below 70 – T6 to decline	
Mitral insufficiency, Mitral valve prolapse (MVP)	Mild – standard to T2	Y
	Moderate – T4 to T6	N
	Severe – decline	N
Mitral stenosis	Mild – T2 to T6	N
	Moderate – T4 to decline	
	Severe – decline	
Mononucleosis	Standard	Y
Mountain climbing	Based on location, scale (YDS or other grading scale), altitude, and equipment used – standard to decline	Subject to details. Minor trail climbing or equivalent may be acceptable within preferred classes.
	Please call home office with details for quote	N
Multiple sclerosis (MS)	<2 years since diagnosis – decline	N
	>2 years since diagnosis:	
	Mild - T4 to T6	
	Moderate - T6 to T8	
	Severe or primary progressive type – decline	
Muscular dystrophy	Becker – T8 to decline	N
	Facioscapulohumeral – T2 to decline	
	Oculomuscular dystrophy – standard to decline	
	Other types – decline	
Myasthenia gravis	Ocular:	N
	<3 years since diagnosis – decline	
	>3 years since diagnosis – standard	
	Generalized:	
	<3 years since diagnosis – decline	
	3–5 years since diagnosis – T4	
	>5 years since diagnosis – T2	
	With thymectomy >1 year, in remission – standard	
Myocarditis	>3 months since full recovery, no treatment – T2 to decline	N

* Potential morbidity assessments may differ.

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MEDICAL IMPAIRMENTS

Rate classes shown are not guaranteed but a range of potential offers of which a declination is possible. Actual offers are subject to underwriting and may vary based on age, date of diagnosis, and severity of condition.

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Nephrectomy	Standard to decline (depending on cause and renal function)	Possible depending on the circumstances
Neurosis, anxiety	See Anxiety	
Non-Hodgkin's lymphoma	Call home office. Offer subject to type, date of onset, and date of last treatment.	N
Occupations with special hazards	Examples of occupations with special hazards: aviation, military, building and construction, mining and quarrying, and professional athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the home office if you have a question about an occupation.	Possible if occupation is considered standard, otherwise no preferred
Operating while intoxicated (OWI)	See DUI	
Osteoarthritis	See Arthritis, osteo	
Pacemaker	T2 to decline (Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.)	N
Pancreatitis	Acute: <6 mo since attack – decline	N
	Single episode – standard to T2	
	Multiple episodes – T4	
	Chronic or relapsing – decline	
Paralysis, spinal cord injury	Paraparesis or quadriparesis (incomplete paralysis, not confined to wheelchair, >1 year since injury) – T2 to T8	N
	Complete paraplegia:	
	<2 years since injury – decline	
	>2 years since injury – T4 to T8	
	Complete quadriplegia – decline	
Parkinson's disease	T3 to decline	N
Pericarditis	Single episode (idiopathic or viral) fully recovered:	N
	<3 months – decline	
	>3 months – standard to T3	
	Constrictive:	
	Unoperated or <12 months since surgery – decline	
	>12 months since surgery – T2	
	Persistent or recurrent episodes – T4 to decline	
Peripheral vascular disease (PVD)	Nonsmoker:	N
	No surgery – T2 to T6	
	With surgery – T4 to T6	
	Smoker or severe disease – decline	
Phlebitis, thrombosis, blood clot	Single episode, fully recovered – standard	Y
	Multiple episodes – standard to T4	N
Pilonidal cyst	Standard	Y

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IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Pituitary adenoma	Standard to decline	N
Pleurisy	Standard to T2	Y
Pneumoconiosis	T2 to decline	N
Pneumonia, full recovery	Standard	Y
Pregnancy, no current or history of complications	Standard	Y
Prostatitis, with normal PSA	Standard	Y
Psychosis	0–2 years since last episode – decline	N
	2–5 years since last episode – T4 to decline	
	5–10 years since last episode – standard to T6	
	>10 years since last episode – standard to T4	
Pyelonephritis, acute	1 episode, recovered – standard	Y
	2-3 episodes standard to $5	N
	>3 episodes T6 to decline after episodes	N
Pyelonephritis, chronic	T6 to decline	N
Racing, motor vehicle	Amateur – standard	N
	Professional or semiprofessional – $2.50 to decline (rate depends on number of races, speed, type of vehicle, etc.)	
Raynaud's disease	Standard to T4	Y (if not rated)
Rheumatic fever, no heart complications	Mild, no heart murmur or heart valve damage – standard	Y
	Otherwise – rate determined by residuals	N
Rheumatoid arthritis	See Arthritis, rheumatoid	
Sarcoidosis	Standard to decline	N
Sebaceous cyst	Standard	Y
Sciatica	Standard to T2	Y
Schizophrenia	0–2 years since last episode – decline	N
	2–5 years since last episode – T4 to decline	
	5–10 years since last episode – standard to T6	
	>5–10 years since last episode – standard to T4	
Scuba diving, recreational, lakes, rivers, coastal waters	100 ft or less – standard	Y if 75 ft or less
	101–150 ft – $2.50 flat extra	N
	>150 ft – $5 flat extra to decline	N
Seizures	See Epilepsy	
Sinusitis	Standard	Y

* Potential morbidity assessments may differ.

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MEDICAL IMPAIRMENTS

Rate classes shown are not guaranteed but a range of potential offers of which a declination is possible. Actual offers are subject to underwriting and may vary based on age, date of diagnosis, and severity of condition.

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	POTENTIAL MORTALITY ASSESSMENT*	PREFERRED POSSIBLE
Sky diving	$2.50-$5 flat extra	N
Sleep apnea	Mild – standard	N
	Moderate – standard to T3	
	Severe – T2 to decline	
Stroke	<6 months since occurrence – decline	N
	>6 months since occurrence with only mild residuals:	
	Age 50 and under – decline	
	Age >50 –T2 to T5	
	Multiple strokes – decline	
Suicide attempt	<1 year since attempt – decline	N
	1–5 years since attempt – $5 flat extra to decline	
	>5 years since attempt – standard to decline	
Thyroid disorder	Usually standard	Y
Transurethral resection of prostate (TURP)	No history of cancer: standard	Y
Transient ischemic attack (TIA)	<6 months since occurrence – decline	N
	>6 months:	
	Single occurrence – standard to T3	
	Multiple occurrences – T2 to T5	
Tuberculosis	If fully recovered, usually standard	Y
Tumors, benign	Usually standard	Y
Tumors, malignant	Call home office	N
Ulcerative colitis	See Colitis, ulcerative	
Ulcer, stomach	Single episode, fully recovered – standard	Y
	Multiple episodes – standard to T4	N
Upper respiratory tract infection, cold	Standard	Y
Varicocele, hydrocele, cystocele	Standard	Y
Urinary bladder infection, acute	Standard	Y
Varicose veins	Standard to T3	Y

* Potential morbidity assessments may differ.

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SUBSTANDARD TABLE RATINGS

Substandard ratings may be attributable to health, occupation, or avocation characteristics that result in higher than average mortality risks.

Our competitive underwriting allows us to offer substandard table ratings using the following guide:

TABLE RATING GUIDE
Standard = 100%
1/A = 125%
2/B = 150%
3/C = 175%
4/D = 200%
5/E = 225%
6/F = 250%
8/H = 300%

ADDITIONAL RATE CLASS INFORMATION

Tobacco user is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, nicotine patch/lozenge/gum, e-cigarettes, vapes (with or without nicotine), etc.) within the past 24 months. For tobacco user information see the preferred criteria grid. To qualify for best class, one would need to be five years out from last use of tobacco products.

Please refer to product materials for age and risk class availability.

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ADDITIONAL RIDER INFORMATION

ACCIDENTAL DEATH BENEFIT RIDER (ADR)

Provides an additional death benefit if the primary insured dies as a result of an accident, or if the death occurs within 180 days of accidental bodily injury.

ISSUE AGES:	ISSUE LIMITS:
15–55 years	- Not available if base is higher than Table D - Not available if any flat extra is added to base policy - Total benefit in force cannot exceed $300,000 with all Transamerica policies

CHILDREN'S BENEFIT RIDER

Pays level death benefit upon death of any children of the insured. Rider is not rated.

ISSUE AGES:	ISSUE LIMITS:
15 days to 18 years old (actual age of child) 18–80 years old insured	- Children greater than Table B at issue will not be considered

CHRONIC ILLNESS RIDER

If the insured becomes chronically ill, you may elect to receive a portion of the death benefit that can be accelerated in advance of death. The insured must have the inability to perform at least two of the six activities of daily living for a period of 90 consecutive days, or have a severe cognitive impairment.

ISSUE AGES:	ISSUE LIMITS:
Varies by risk class, product, and issue state	- Not available if base is higher than Table D - Not available if base is rated higher than $2.50 flat extra - The sum of all living benefit coverages under all Transamerica policies cannot exceed $1.5 million - The maximum benefit payable under the Chronic Illness Rider is equal to the lesser of 90% of the available death benefit or $1.5 million - Electable at issue, not automatically attached to the base product - Must pass UW screening - Underwriting reserves the right to decline applicants based on preexisting conditions and knock out diseases - Not available if base policy face amount is below $100,000

CRITICAL ILLNESS RIDER

If the insured suffered a critical health condition (state specific) while the policy and rider are in effect, you may elect to receive an accelerated death payment subject to certain provisions.

ISSUE AGES:	ISSUE LIMITS:
May vary by risk, product, and issue date	- Not available if base is higher than Table D - Not available if base is rated higher than $2.50 flat extra - The per life sum of all living benefit coverages under all Transamerica policies cannot exceed $1,500,000 - The per life maximum benefit payable under the Critical Illness Rider on *Transamerica Lifetime*℠ is equal to the lesser of 90% of the available death benefit or $500,000 - Electable at issue, not automatically attached to the base product - Must pass UW review - Underwriting reserves the right to decline applicants based on preexisting conditions and knock out diseases - Not available if base policy face amount is below $100,000 - Not available in New York

DISABILITY WAIVER OF PREMIUM RIDER

Provides premium into the policy if the base insured becomes totally disabled and remains totally disabled for at least six months. A retroactive payment will be made for the number of months following the date of total disability for up to one year.

ISSUE AGES:	ISSUE LIMITS:
18–55 years	- Not available if base is rated higher than Table D - Flat extras are not allowed - $5M maximum aggregate face amount across all Transamerica policies - Not available in Guam, Virgin Islands, or Puerto Rico

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ADDITIONAL RIDER INFORMATION

GUARANTEED INSURABILITY RIDER

This benefit provides the opportunity to buy a new policy or increase a specified amount at a certain defined age and/or events with no underwriting.

ISSUE AGES:	ISSUE LIMITS:
0–37 years old; issue age must be at least 15 days old	- Not available if base is rated - Not available in Guam, Virgin Islands, or Puerto Rico

TERM INSURANCE RIDER

An affordable way to provide additional coverage to the primary insured. This term coverage will help fill a temporary need of additional life insurance above the current face amount of the base policy. The term rider amount cannot exceed 3X base face amount.

	BAND 1	BAND2
10-YEAR	18–80 (NT/T)	18–80 (NT/T)
20-YEAR	18–65 (NT/T)	18–70 (NT) 18-65 (T)
30-YEAR	18–50 (NT)	18–58 (NT)
	18–45 (T)	18–53 (T)

** Once selected level period year ends, the rider premium increases annually until termination.
Available to primary insured only

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

While the policy is in force and conditions are met, we will pay an Accelerated Death Benefit (Terminal Illness only) upon request (life expectancy less than 12 months), minus the loan balance, minus an administrative charge, and minus any amount necessary to provide insurance to the date of the Accelerated Death Benefit payment if we make the payment during a grace period.

This benefit is automatically attached to all new issues. Rider is not rated.

INCOME PROTECTION OPTION

The owner can choose to have the death benefit paid out in any combination of an initial lump sum, monthly payments and a final lump sum (after the monthly payments). If the policy's death benefit at the time of death if greater than the Total Face Amount, the excess will be paid as a sum in addition to any initial lump sum payment amount. If the death benefit is less than the Total Face Amount, all designated payment amounts will be proportionately reduced.

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FIELD UNDERWRITING AND THE CONDITIONAL RECEIPT

Every time you submit an application, you take a very important step in helping your clients protect their family and their dreams. The Conditional Receipt is an important part of this process.

WHAT IS THE CONDITIONAL RECEIPT?

The Conditional Receipt is "interim" coverage provided to life insurance applicants when the full modal premium is paid at the time of the application. Provided certain conditions are met, the Conditional Receipt provides death benefit protection for the proposed primary insured up to the amount stated in the dollar limits of conditional coverage section of the receipt or the face amount applied for, whichever is less. The Conditional Receipt is not valid on foreign nationals.

CONDITIONS AND REQUIREMENTS

The following must be met for the conditional receipt to be in effect:

- Proposed primary insured is found insurable, at any rating, under the company's rules for insurance on the product applied for and at the face amount and tobacco classification applied for;
- All statements and answers given in the application are true and complete;
- Full initial modal premium is received at our administrative office within the lifetime of the proposed primary insured (if the form of payment is by check or draft, it must be honored for payment);
- All medical exams, tests, screenings, and questionnaires required by the company are completed and received at our administrative office.

If the proposed primary insured passes away while conditional coverage is in effect, coverage will be denied if the death is caused by suicide or a self-inflicted injury.

There is no conditional coverage for riders or any additional benefits. Conditional coverage only applies to the proposed primary insured. There is no conditional coverage on any other persons proposed for coverage in the application.

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AN APPLICATION HAS BEEN COMPLETED. NOW WHAT?

KEEP YOUR CLIENT INFORMED

Let the client know that additional evidence may be needed to complete the process.

Examples may include:

- Paramed-physical findings
- Blood draw and urine specimen
- An ECG

QUESTIONNAIRES

Additional questionnaires may be required when further information is needed on avocation or aviation matters that could impact an underwriting classification.

These include:

- **Aviation Questionnaire** – complete if there is any participation in aviation as pilot or crew member
- **Sports and Hazardous Activities Questionnaire** – various impairment specific questionnaires

These questionnaires may be found in the forms section of the agent portal. A complete list of questionnaires available may be found on FormsPipe.

* Questionnaires vary by jurisdiction and may not be available in all states.

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WHAT IF THE CLIENT IS NOT A U.S. CITIZEN?

A client who is not a U.S. citizen may still qualify for life insurance coverage if they meet certain special requirements and comply with all relevant items (which may vary based on their status) listed below:

- The client must have significant business and/or financial ties in the United States;
- The client must present either a(n): Social Security Number (SSN); Individual Tax Identification Number (ITIN/TIN); appropriate version of IRS Form W8 for those without an SSN or TIN; or (for the ITIN Program) IRS ITIN letter issued as a result of a W-7 Application;
- The client must be legally and physically present in the United States at the time of application; provide valid, current proof-of-entry (e.g., passport stamp or I-94 document; a valid visa[1]; green card;[2,3] work permit, etc.); and submit copy(ies) with the file;
- Visa holders: indicate the specific visa type (e.g., H1, F1, etc.) or exact immigration status (e.g., refugee, asylum, etc.) on the application;[2]
- Employment Authorization Card ("EAC") holders: compare the category code, located in the center of the EAC, to the code on pages 40-41;
- Immigration documents pending expiration within 90 days of the application date may affect insurability or delay processing while we confirm renewal;
- Fully-expired visas must show proof of renewal or extension (I-797, I-797A, or other confirmation document from USCIS that is acceptable to Underwriting);
- EB-5 visa holders transitioning to a green card status may be asked for additional documentation to confirm that process;
- A copy of all required documentation will be asked for in iGO at the time of application. For paper applications, use the image upload tool on the agent portals to submit copies of images, and indicate this in the agent comments section;
- The Living Benefit Riders (Chronic/Critical Illness) are available only to legal U.S. residents (i.e., nonresidents and ITIN candidates are not eligible);
- A separate international underwriting guide is available for information on submitting nonresident foreign national and U.S. expatriate business. All international risk guidelines are subject to change without prior notice.

For further details please refer to our Resident Foreign Nationals Travel Guidelines flyer, HNW Nonresident FN UW Guidelines (111955), and Foreign National Individual Taxpayer identification number guidelines (117754R1)

DOCUMENTATION NEEDED

Indicate specific visa type on the application (e.g. H1, F1, etc.) or exact immigration status such as refugee, asylum, etc. Only list "permanent resident" on the application if the client is a lawful permanent resident (also known as a green card holder).

Permanent Resident Card (green card holders): Copy of front and back of the card is required when applying for the Chronic Illness Rider, or Critical Illness Rider, and may be requested at underwriter discretion.

All Others: Copy of visa and proof of U.S. entry (passport stamp or I-94 document) are required. Additional supporting documents may be required. For Employment Authorization Card ("EAC") Holders, please look at the category code located in the center of their EAC, then compare that code to those on pages 40-41 to determine if the candidate is eligible to apply for insurance.

[1] Not all visa types or immigration statuses are eligible. Note also that the Matricula Consular document is not recognized to be valid as a visa by the U.S. government.
[2] Only list "permanent resident" on the application if the client is a lawful permanent resident (also known as a green card holder)
[3] Green card holders need not submit a copy of their (valid) green card unless applying for the Living Benefit Riders (Chronic Illness and Critical Illness), or at Underwriter discretion. Please copy the front and back of the card when applying for these benefits.

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ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

CODE	DESCRIPTION	ELIGIBILITY			
		LIFE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/OWNER STATUS]
(a)(2)	Lawful temporary resident - Special Agricultural Workers	Up to best class	Yes	Yes	Yes
(a)(3)	Refugee	Up to best class	Yes	Yes	Yes
(a)(4)	Paroled refugee	Up to best class	Yes	Yes	Yes
(a)(5)	Asylee	Up to best class	Yes	Yes	Yes
(a)(6)	Fiancé(e) (K-1 or K-2 nonimmigrant)	Up to best class	Yes	Yes	Yes
(a)(7)	N-8 or N-9	Based on country of origin	Yes	Yes	No
(a)(8)	Citizen of Micronesia, Marshall Islands, or Palau	Up to best class	Yes	Yes	Yes
(a)(9)	K-3 or K-4	Up to best class	Yes	Yes	Yes
(a)(10)*	Withholding of deportation or removal granted	Decline	No	No	No
(a)(11)*	Deferred Enforced Departure	Decline	No	No	No
(a)(12)	Temporary Protected Status granted	Based on country of origin	Yes	Yes	No
(a)(13)	Family Unity Program (Section 301 of the Immigration Act of 1990)	Up to best class	Yes	Yes	Yes
(a)(14)	LIFE Legalization (Section 1504 of the Legal Immigrant Family Equity (LIFE) Act Amendments)	Up to best class	Yes	Yes	Yes
(a)(15)	V visa nonimmigrant	Based on country of origin	Yes	Yes	No
(a)(16)	T-1 nonimmigrant	Decline	No	No	No
(a)(17)	Spouse of an E nonimmigrant	Up to best class	Yes	Yes	Yes
(a)(18)	Spouse of an L nonimmigrant	Up to best class	Yes	Yes	Yes
(a)(19)	U-1 nonimmigrant	Decline	No	No	No
(a)(20)	U-2, U-3, U-4, or U-5 nonimmigrant	Decline	No	No	No
(c)(1)	Spouse/dependent of A-1 or A-2 visa nonimmigrant	Decline	No	No	No
(c)(2)	Spouse/dependent of Coordination Council for North American Affairs (E-1)/Taipei Economic and Cultural Representative Office (TECRO)	Up to best class	Yes	Yes	Yes
(c)(3)	F-1 student, precompletion Optional Practical Training	Up to best class	Yes	Yes	Yes
(c)(4)	Spouse/dependent of G-1, G-3, or G-4	Based on country of origin	Yes	Yes	No
(c)(5)	J-2 spouse or child of J-1 exchange visitor	Based on country of origin	Yes	Yes	No
(c)(6)	M-1 student, Practical Training	Up to best class	Yes	Yes	Yes
(c)(7)	Dependent of NATO-1 through NATO-6	Based on country of origin	Yes	Yes	No
(c)(8)	Asylum application pending filed	Decline	No	No	No

Continued >

* May be eligible for life coverage through ITIN program

The purpose of this document is to outline risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

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ELIGIBILITY BY EMPLOYEE AUTHORIZATION CARD CATEGORY CODE

> Continued from previous page

CODE	DESCRIPTION	ELIGIBILITY			
		LIFE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/OWNER STATUS]
(c)(9)	Pending adjustment of status under Section 245 of the Act	Up to best class	Yes	Yes	Yes
(c)(10)*	Suspension of deportation applicants (filed before April 1, 1997)	Decline	No	No	No
(c)(11)	Public interest parolee	Based on country of origin	Yes	Yes	No
(c)(12)	Spouse of an E-2 CNMI investor	Up to best class	Yes	Yes	Yes
(c)(14)*	Deferred action	Decline	No	No	No
(c)(15)	Not in use	N/A	Yes	Yes	Yes
(c)(16)	Creation of record (adjustment based on continuous residence since January 1, 1972)	Up to best class	Yes	Yes	Yes
(c)(17)	B-1 domestic servant of certain nonimmigrants	Decline	No	No	No
(c)(18)*	Order of supervision	Decline	No	No	No
(c)(19)	Certain pending TPS applicants whom USCIS has determined are prima facie eligible for TPS and who may then receive an EAD as a "temporary treatment benefit" under 8 C.F.R. 244.10(a).	Based on country of origin	Yes	Yes	No
(c)(20)	Section 210 legalization (pending I-700) Special Agricultural Workers	Up to best class	Yes	Yes	Yes
(c)(21)	S visa nonimmigrant	Decline	No	No	No
(c)(22)	Section 245A legalization (pending I-687)	Up to best class	Yes	Yes	Yes
(c)(23)	Irish peace process (Q-2)	Up to best class	Yes	Yes	Yes
(c)(24)	LIFE legalization	Up to best class	Yes	Yes	Yes
(c)(25)	T-2, T-3, T-4, T-5, or T-6 nonimmigrant	Decline	No	No	No
(c)(26)	Spouse of an H-1B nonimmigrant	Up to best class	Yes	Yes	Yes
(c)(31)	VAWA self-petitioners with an approved Form I-360	Up to best class	Yes	Yes	Yes
(c)(33)*	Consideration of Deferred Action for Childhood Arrivals	Decline	No	No	No
(c)(35)	Principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances	Up to best class	Yes	Yes	Yes
(c)(36)	Spouse or unmarried child of a principal beneficiary of an approved employment-based immigrant petition facing compelling circumstances	Up to best class	Yes	Yes	Yes

* May be eligible for life coverage through ITIN program

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ELIGIBILITY BY VISA TYPES

CODE	DESCRIPTION	DOCUMENTATION REQUIRED	ELIGIBILITY			
			LIFE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/OWNER STATUS]
A	Government official	N/A	Decline	No	No	No
AS	Asylum	Proof of asylum approval (copy immigration court document or EAD category A5)	Up to best class	Yes	Yes	Yes
B	Visitor [B1, B2, B1/B2, BCC]	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	No	No	No
C	Transit	N/A	Decline	No	No	No
D	Crewman	N/A	Decline	No	No	No
E	Investor[1]	Copy of visa	Up to best class	Yes	Yes	Yes
E	Employment authorization card	Copy of employee authorization card	Based on category code	See code chart	See code chart	See code chart
F	Student/academic	Copy of visa and I-20 from college	Up to best class	Yes	Yes	Yes
G	Representative to international organization	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	No
GC	Green card, permanent resident card	Copy of green card	Up to best class	Yes	Yes	Yes
H	Work/occupation	Copy of visa	Up to best class	Yes	Yes	Yes
I	Media	N/A	Decline	No	No	No
J	Cultural exchange	Copy of visa and proof of U.S. entry (Form DS-2019)	Underwritten according to country of legal residence	Yes*	Yes*	No
K	Fiancée/fiancé	Copy of visa	Up to best class	Yes	Yes	Yes
L	Executive	Copy of visa	Up to best class	Yes	Yes	Yes
M	Vocational/non-academic	Copy of visa	Up to best class	Yes	Yes	Yes
NATO	Government workers	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	No
O	Science/art extraordinary ability	Copy of visa	Up to best class	Yes	Yes	Yes

Continued >

* J1 visa holders with plans on leaving the U.S. within a year cannot apply for the Critical Illness Rider and/or Chronic Illness Rider.

[1] Effective November 2019 the EB-5 "Golden Visa" investment minimum will increase from $500,000 to $900,000.

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ELIGIBILITY BY VISA TYPES

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CODE	DESCRIPTION	DOCUMENTATION REQUIRED	ELIGIBILITY			
			LIFE	CRITICAL ILLNESS RIDER	CHRONIC ILLNESS RIDER	JUVENILES [INCLUDES PARENT/OWNER STATUS]
P	Science/art extraordinary ability	Copy of visa	Up to best class	Yes	Yes	Yes
Q	Science/art extraordinary ability	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	No
R	Religious	Copy of visa and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	No
RE	Refugee	Proof of refugee status (I-94)	Up to best class	Yes	Yes	Yes
S	Witness/ informant	N/A	Decline	No	No	No
T	Victims of trafficking	N/A	Decline	No	No	No
TN/TD	Trades (NAFTA)	Copy of visa	Up to best class	Yes	Yes	Yes
TPS	Temporary protection status	Proof of status (I-94)	Underwritten according to country of legal residence	Yes	Yes	No
TWOV	Transit without a visa	N/A	Decline	No	No	No
U	Victims of certain criminal activity	N/A	Decline	No	No	No
V	Certain second preference beneficiaries	Copy of passport and proof of U.S. entry	Underwritten according to country of legal residence	Yes	Yes	No
VWP	Visa Waiver Program	Copy of passport and proof of U.S. entry	Underwritten according to country of legal residence	No	No	No

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