

# SecuriTerm Underwriting Guide

## Underwriting Classes

Classes	Minimum Face Amount
Ultra Preferred Non-Nicotine	\$150,000
Preferred Non-Nicotine	\$150,000
Preferred Nicotine	\$150,000
Standard Non-Nicotine	\$50,000 SecuriTerm 30 = \$100,000
Standard Nicotine	\$50,000 SecuriTerm 30 = \$100,000

*NOTE: Five underwriting classes (Ultra Preferred, Preferred Non-Nicotine, Preferred Nicotine, Standard Non-Nicotine, and Standard Nicotine) are offered on SecuriTerm 10, 15, 20 and 30 policies. SecuriTerm 1 has four underwriting classes available (Preferred Non-Nicotine, Preferred Nicotine, Standard Non-Nicotine and Standard Nicotine). When applying for Ultra Preferred or Preferred rates, closely review the underwriting criteria within each class to make sure the applicant qualifies.*

## Standard Medical Requirements

Minimum requirements for **Ultra Preferred** and **Preferred** rates include a Paramed Exam, HOS, and Blood Profile.

Amounts	Issue Ages			
	18-40	41-60	61-65	66 & Over
\$0 to 99,999	Nonmedical <sup>A</sup>	Nonmedical <sup>A</sup>	Nonmedical <sup>A</sup>	Paramed Exam, HOS
100,000 to 250,000	Agent Collected Saliva <sup>B</sup>	Paramed Exam, HOS	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile
250,001 to 1,000,000	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile
1,000,001 to 3,000,000	Paramed Exam, HOS, Blood Profile, ECG	Paramed Exam, HOS, Blood Profile, ECG	MD Exam, HOS, Blood Profile, ECG	MD Exam, HOS, Blood Profile, ECG
Over 3,000,000	MD Exam, HOS, Blood Profile, Treadmill ECG	MD Exam, HOS, Blood Profile, Treadmill ECG	MD Exam, HOS, Blood Profile, Treadmill ECG	MD Exam, HOS, Blood Profile, Treadmill ECG

*In Maine, death benefits below \$100,000 require saliva testing.*

## Medical Requirements Addendum

### <sup>A</sup>Non-Medical Applications:

It is essential for the agent to secure an accurate medical history for non-medical applications by asking each health

question and recording the answers in the space provided on the application. In every case, provide the name, address and telephone number of the applicant's personal physician plus the date, reason and results of the last checkup.

### Lab Work:

All lab work should be done by Clinical Reference Laboratory.

### Fasting and Blood Profile:

Applicants should be advised that they should fast a minimum of 6 hours; however, for best results, it is recommended they avoid food for 10 to 12 hours. Applicants may drink water, tea, or black coffee (no sugar.)

### B Agent Collected Saliva:

The saliva specimen is collected by the agent and forwarded to Clinical Reference Laboratory. The agent must be certified to collect the saliva specimen and complete a brief training program. This process can be completed over the Internet at [www.salivatrain.com](http://www.salivatrain.com) or through a training brochure available from the home office.

### Inspection Report Requirements:

All products over \$1,000,001.

### MD Exams:

The MD Exam must be completed by a physician who is state board licensed rather than a paramedic. A licensed MD or DO, including the applicant's personal physician, may perform the exam. It is recommended that you contact your local paramedical company to determine if they have an MD on staff that can perform the MD exam.

### Attending Physician Statement (APS):

Reports may be ordered at the discretion of the underwriter, but in general, will be ordered based on the amount of insurance, age, medical history, medical examination findings or MIB results.

## Approved Paramedical Companies

The following paramedical companies have been approved to perform paramedical examinations for Americo. You may call their 800 numbers or use the Internet to access local or national directories.

### APPS - American Para Professional Systems, Inc.

1-800-635-1677  
[www.appsnational.com](http://www.appsnational.com)

### EMSI - Examination Management Services, Inc.

1-800-872-3674  
[www.emsinet.com](http://www.emsinet.com)

### Portamedic

1-800-782-7373  
[www.portamedic.com](http://www.portamedic.com)

## Ultra Preferred Underwriting

**A minimum face amount of \$150,000 on the insured is required to be eligible for ultra preferred underwriting.**



Americo Financial Life  
and Annuity Insurance Company

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Qualifying as an ultra preferred risk involves meeting the standard underwriting medical requirements plus the following additional criteria:

- |                    |                      |
|--------------------|----------------------|
| 1. Driving history | 6. Height and weight |
| 2. Family history  | (see build chart)    |
| 3. Blood pressure  | 7. Laboratory test   |
| 4. Cholesterol     | results within 10%   |
| 5. Nicotine use    | of normal range      |

The applicant must be an acceptable risk and meet all requirements in each criteria to qualify for ultra preferred rates. Applicants with medical histories involving diabetes, internal cancer or melanoma, coronary artery disease, alcohol abuse or drug abuse, as well as any borderline ratable risks, are ineligible. Driving history, family history, height and weight, as well as occupation and avocations (including flying) must be identified on the application. The applicant should also be questioned on blood pressure and cholesterol history prior to quoting ultra preferred rates.

Remember to use the policy code UNN (Ultra Preferred Non-Nicotine) on the application to designate ultra preferred underwriting.

The applicant must also be an acceptable standard risk with:

- No participation in a hazardous occupation or avocation.
- No flying other than as a commercial crew member or passenger. Private aviation will be considered with an aviation exclusion rider.

## Additional Criteria for Ultra Preferred Underwriting

### 1. Driving History

- A motor vehicle report may be obtained. Include the applicant's driver's license number and the state in which it was issued.
- The applicant must have no DUI (driving while under the influence) or reckless driving convictions in the past five years.
- The applicant cannot have more than two moving violations in the past five years.

### 2. Family History

The applicant must not have a family history of a death of a parent or sibling prior to age 60 due to:

- Cardiovascular Disease
- Cerebrovascular Disease (such as stroke or aneurysm)
- Diabetes

### 3. Blood Pressure

Ages	Maximum Reading
18 - 40	140/80 (untreated)
41 - 75	140/85 (untreated)

The applicant must not have a history of high blood pressure, be under treatment or using medication to control blood pressure.

### 4. Cholesterol

Ages	Maximum Reading
18 - 75	225 (untreated)

The applicant's cholesterol/HDL ratio cannot exceed 5.0.

Also the applicant must not have a history of high cholesterol, be under treatment or using medication to control cholesterol.

### 5. Definition of Non-Nicotine

No nicotine (cigarettes, cigars, pipe or chewing tobacco; nicotine gum; nicotine patches or other products containing nicotine) use of any kind in the past 36 months.

### 6. Ultra Preferred Height and Weight

HEIGHT	MALE WEIGHT	FEMALE WEIGHT
4'8"	90 - 125	78 - 114
4'9"	93 - 130	81 - 118
4'10"	96 - 135	83 - 121
4'11"	100 - 140	86 - 126
5'0"	104 - 145	90 - 128
5'1"	107 - 148	93 - 130
5'2"	111 - 153	96 - 131
5'3"	115 - 157	99 - 132
5'4"	118 - 161	102 - 135
5'5"	122 - 166	105 - 137
5'6"	125 - 173	108 - 140
5'7"	128 - 177	111 - 144
5'8"	131 - 181	114 - 148
5'9"	135 - 187	117 - 153
5'10"	138 - 192	120 - 156
5'11"	142 - 196	123 - 159
6'0"	146 - 202	126 - 163
6'1"	149 - 209	129 - 167
6'2"	153 - 214	133 - 173
6'3"	157 - 219	136 - 178
6'4"	161 - 223	139 - 181
6'5"	164 - 230	142 - 185
6'6"	169 - 238	146 - 191
6'7"	173 - 245	150 - 195

### 7. Laboratory Test Results

The laboratory test results may deviate within 10 percent of the normal ranges to be considered for Ultra Preferred. We recommend that blood be drawn after 10 to 12 hours of fasting.

*NOTE: The ultra preferred policy is available on a non-nicotine classification only. A completed supplement to the general application (series 5043 is a supplement to the life insurance application) must accompany all applications for the ultra preferred policy. Ultra Preferred is not available for the annual renewable term policy.*

## Preferred Underwriting

**A minimum face amount of \$150,000 on the primary insured is required to be eligible for preferred underwriting.**

Qualifying as a preferred risk involves meeting the standard underwriting medical requirements plus the following additional criteria:

- |                    |  |
|--------------------|--|
| 1. Driving history | 6. Height and weight (see build chart) |
| 2. Family history  | 7. Laboratory test results             |
| 3. Blood pressure  | within 10% of normal range             |
| 4. Cholesterol     |  |
| 5. Nicotine use    |  |

The applicant must be an acceptable risk and meet all requirements in each criteria to qualify for preferred rates. Applicants with medical histories involving diabetes, internal cancer or melanoma, coronary artery disease or alcohol/drug abuse, as well as ratable risks are ineligible. Driving history, family history, height and weight, as well as occupation and avocations (including flying) must be identified on the application. The applicant should also be questioned on blood pressure and cholesterol history prior to

quoting preferred rates. Remember to use the policy code PNN (Preferred Non-Nicotine) or PNIC (Preferred Nicotine) on the application to designate preferred underwriting.

The applicant must also be an acceptable standard risk with:

- No ratable occupation or avocation.
- No flying other than as a commercial crew member or passenger. Private aviation will be considered with an aviation exclusion rider.

## Additional Criteria for Preferred Underwriting

### 1. Driving History

- A motor vehicle report may be obtained. Include the applicant's driver's license number and the state in which it was issued.
- The applicant must have no DUI (driving while under the influence) or reckless driving convictions in the past five years.
- The applicant cannot have more than two moving violations in the past five years.

### 2. Family History

The applicant must not have a family history of a death of a parent or sibling prior to age 60 due to:

- Cardiovascular Disease
- Cerebrovascular Disease (such as stroke or aneurysm)

### 3. Blood Pressure

Ages	Maximum Reading
18 - 40	140/80
41 - 75	140/85

Individuals being treated for hypertension whose blood pressure average over the past 12 months does not exceed the range shown above can be preferred.

### 4. Cholesterol

Ages	Maximum Reading
18 - 75	250

The applicant's cholesterol/HDL ratio cannot exceed 6.5. Individuals being treated for elevated cholesterol whose controlled average for the past 12 months is within the range shown are eligible for Preferred.

### 5. Definition of Non-nicotine

No nicotine (cigarettes, cigars, pipe or chewing tobacco; nicotine patches or other products containing nicotine) use of any kind in the last 12 months.

### 6. Laboratory Test Results

The laboratory test results may deviate within 10 percent of the normal ranges to be considered for preferred. We recommend that blood be drawn after 10-12 hours of fasting.

### 7. Preferred Height and Weight

HEIGHT	MALE WEIGHT	FEMALE WEIGHT
4'8"	90 - 125	78 - 125
4'9"	93 - 130	81 - 130
4'10"	96 - 135	83 - 135
4'11"	100 - 140	86 - 138
5'0"	104 - 150	90 - 141
5'1"	107 - 155	93 - 145
5'2"	111 - 160	96 - 148
5'3"	115 - 165	99 - 153
5'4"	118 - 170	102 - 157
5'5"	122 - 175	105 - 162
5'6"	125 - 180	108 - 166
5'7"	128 - 185	111 - 171
5'8"	131 - 190	114 - 175
5'9"	135 - 195	117 - 180
5'10"	138 - 200	120 - 184
5'11"	142 - 205	123 - 189
6'0"	146 - 215	126 - 194
6'1"	149 - 220	129 - 199
6'2"	153 - 225	133 - 204
6'3"	157 - 230	136 - 209
6'4"	161 - 235	139 - 214
6'5"	164 - 240	142 - 219
6'6"	169 - 250	146 - 225
6'7"	173 - 255	150 - 231

If all other preferred underwriting standards are met, add 20 pounds to the maximum weight limits.

# Disability Income Rider Underwriting Guidelines

## Guidelines

Underwriting for the DI Rider utilizes information obtained from the base policy as well as information obtained on the DI Rider supplemental application (Series 5059).

## Sex Rating

Unisex

## Underwriting

Accept/Reject

Issued through table 2. Exclusion riders may be used for certain conditions, however, the DI Rider should be declined if it is necessary to place more than three exclusion riders on the policy.

## Occupational Classes

Class 4A, 3A, 2A, A and B are acceptable. The rider is not available to postal, railroad employees or military members. Self-employed individuals are eligible. However, be sure to evaluate the qualifying amount on the net monthly income instead of the gross monthly income.

Refer to the Disability Income Rider Occupation List (04-034-1).

## Exclusions

We will not pay the monthly disability benefit if total disability results from:

- ♦ Attempted suicide
- ♦ Willful and intentional self-inflicted injury
- ♦ Normal pregnancy or childbirth
- ♦ Any act of war, declared or undeclared, or any act related to war
- ♦ Military service for any country at war
- ♦ Mental or emotional disorders

- ♦ Committing or attempting to commit an assault or a felony
- ♦ Intoxication or being under the influence of any drug unless prescribed by a physician
- ♦ Mountaineering, skydiving, hang gliding or bungee jumping
- ♦ Participating in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft

## **Build Chart for Disability Income Rider**

Unisex

Height	Weight
4'8"	90-168
4'9"	93-174
4'10"	96-180
4'11"	100-186
5'0"	104-192
5'1"	107-198
5'2"	111-204
5'3"	115-212
5'4"	118-220
5'5"	122-224
5'6"	125-229
5'7"	128-233
5'8"	131-243
5'9"	135-250
5'10"	138-259
5'11"	142-265
6'0"	146-273
6'1"	149-279
6'2"	153-289
6'3"	157-295
6'4"	161-300
6'5"	164-305
6'6"	169-310
6'7"	173-317

## Unacceptable Medical Conditions for Disability Income Rider

The following is a partial list of conditions which will disqualify the policyholder for this rider:

Addison's disease
AIDS / HIV
Alcoholism
Alzheimer's disease
Amputations caused by disease
Anemia
Aneurysm
Aortic stenosis
Arteriosclerosis
Arthritis ( <i>Rheumatoid</i> )
Asthma requiring constant medication or status asthmaticus
Blindness
Bronchitis, Chronic ongoing
Buerger's disease
Cancer ( <i>Non-basal cell carcinoma; if 10 years since surgery or diagnosis and no recurrence, then policyholder is eligible</i> )
Cerebral palsy
Chronic obstructive pulmonary disease ( <i>COPD</i> )
Cirrhosis of the liver
Congestive heart failure
Cerebral Vascular Accident / Stroke
Cystic Fibrosis
Diabetes
Down's syndrome
Drug use, nonprescription
Emphysema
Epilepsy, Grand Mal
Fibrillation
Heart disease ( <i>Includes: heart attack, myocardial infarction, coronary artery disease, angina pectoris</i> )
Heart murmur other than as a child with no symptoms ( <i>innocent</i> )
Hemophilia
Hepatitis B or C
Hepatomegaly

Hodgkin's disease
Hypertension, uncontrolled or requiring two or more medications to control
Kidney disease ( <i>Failure, polycystic, nephrectomy, nephritis, dialysis, transplant</i> )
Leukemia
Liver impairments
Lupus erythematosus ( <i>Discoid or systemic</i> )
Marfan's syndrome
Meniere's disease
Mental retardation ( <i>IQ less than 70</i> )
Mitral insufficiency
Mitral stenosis
Multiple sclerosis
Muscular dystrophy
Narcolepsy
Nervous disorders ( <i>Anxiety, one medication, situational, major depression, bipolar disorder, schizophrenia</i> )
Overweight according to build chart
Pacemaker
Pancreatitis
Paraplegia
Parkinson's disease
Peripheral vascular disease
Quadriplegia
Sarcoidosis within 10 years
Spina bifida ( <i>unoperated or closed</i> )
Stroke / CVA
Suicide attempt
Transient ischemic attack
Tuberculosis
Ulcer, Gastric or recurring
Vascular impairments