



**Non-Medical Limits and Exam Requirements**

To determine the underwriting requirements, add up the total amount of coverage applied for on this application including term riders plus other insurance in force with Assurity Life within the past two years. Exclude group insurance.

When you conclude the proposed insured's application process, make arrangements to schedule the underwriting requirements.

**Exam Limits Chart (effective 2/01/2008)**

Age	Amount	Non-Med or Exam	UA	BLD	EKG	TMT
0-14	Up to \$300,000	Non-Med	No	No	No	No
	We may request a statement from the personal physician					
15-35	To \$99,999	Non-Med	No	No	No	No
	\$100,000 to \$250,000	Exam*	Yes	No – Yes if Pref.	No	No
	\$250,001 to \$750,000	Exam*	Yes	Yes	No	No
	\$750,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,000 and up	MD	Yes	Yes	Yes	No
36-45	To \$99,999	Non-Med	No	No	No	No
	\$100,000 to \$200,000	Exam*	Yes	No – Yes if Pref.	No	No
	\$200,001 to \$500,000	Exam*	Yes	Yes	No	No
	\$500,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	No	Yes
46-55	To \$75,000	Non-Med	No	No	No	No
	\$75,001 to \$150,000	Exam*	Yes	No – Yes if Pref.	No	No
	\$150,001 to \$300,000	Exam*	Yes	Yes	No	No
	\$300,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	No	Yes
56-65	To \$50,000	Non-Med	No	No	No	No
	\$50,001 to \$100,000	Exam*	Yes	No – Yes if Pref.	No	No
	\$100,001 to \$250,000	Exam*	Yes	Yes	No	No
	\$250,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	No	Yes
66 and up	To \$50,000	No	No	No	No	No
	\$50,001 to \$100,000	Exam*	Yes	No – Yes if Pre.	No	No
	\$100,001 to \$500,000	Exam*	Yes	Yes	Yes	No
	\$500,001 to \$1,000,000	MD	Yes	Yes	Yes	No
	\$1,000,001 and up	MD	Yes	Yes	No	Yes

\*Exam – If a TeleApp is completed or if all questions to the app are completed, we can waive this and use an abbreviated exam in which the paramed records height, weight, blood pressure and pulse.

Preferred classes require a fasting full blood draw. DBS (Dried Blood Spot) is not acceptable. We reserve the right to request exam requirements on any amount and/or age. For ages 76 and above, the exam must be by an M.D. unless the proposed insured has an M.D. who can supply records in the last two years.

Preferred Non-Tobacco is defined as a non-user of tobacco products for the past 12 months.  
Preferred + Non-Tobacco is defined as a non-user of tobacco products for the past three years.  
Preferred Tobacco guidelines are the same as Preferred with the exception of tobacco usage.

On juvenile insurance (ages 0-16), the parent(s) must carry twice the child's current in-force coverage plus the applied-for amount.

**Note: These limits are subject to change at any time. Assurity reserves the right to require a medical exam and/or other medical requirements on any proposed insured.**

## Preferred Guidelines

- Non-user of tobacco products for one year.
- No more than one death of a parent, brother or sister under the age of 60 from cancer or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- No DUI or “reckless driving” convictions within the last five years; no more than two moving violations in the past three years.
- Stable, mild anxiety or depression – individual consideration.
- No personal history of vascular disease or life-threatening cancer; must be a standard risk.
- No treatment or counseling regarding drug or alcohol use within the last seven years.
- Blood pressure, treated or untreated, must be no higher than 140/90.
- Total cholesterol treated or untreated, not to exceed 250 mg/dl, Chol/HDL ratio of 6.5 or less
- Body build not to exceed limits set forth in the chart below.

<b>Preferred Height/Build Table</b>		
<b>HEIGHT</b>	<b>MALES Max Wgt. (lbs.)</b>	<b>FEMALES Max Wgt. (lbs.)</b>
4'10"	145	136
4'11"	151	141
5'0"	156	145
5'1"	161	150
5'2"	166	155
5'3"	172	160
5'4"	177	166
5'5"	183	171
5'6"	188	176
5'7"	194	181
5'8"	200	187
5'9"	206	192
5'10"	212	198
5'11"	218	204
6'0"	224	210
6'1"	231	216
6'2"	237	221
6'3"	244	228
6'4"	250	234
6'5"	257	240
6'6"	263	246
<b>Body Mass Index</b>	30	28

## Preferred+ Guidelines

- Non-user of tobacco products for three years.
- No death of a parent, brother or sister under the age of 60 from cancer, diabetes or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- No DUI or “reckless driving” convictions within the last seven years; no more than two moving violations in the past three years.
- No treatment for anxiety or depression.
- No personal history of vascular disease, life-threatening cancer or diabetes; must be a standard risk.
- Never been treated or received counseling for alcohol or drug use.
- Blood pressure must be no higher than 140/90; treatment disqualifies for Preferred+.
- Total cholesterol (untreated) not to exceed 220 mg/dl, Chol/HDL ratio of 5.0 or less
- Body build not to exceed limits set forth in the chart below.

<b>Preferred+ Height/Build Table</b>		
<b>HEIGHT</b>	<b>MALES Max Wgt. (lbs.)</b>	<b>FEMALES Max Wgt. (lbs.)</b>
4'10"	136	126
4'11"	141	131
5'0"	145	135
5'1"	150	140
5'2"	155	144
5'3"	160	149
5'4"	166	154
5'5"	171	159
5'6"	176	164
5'7"	181	169
5'8"	187	174
5'9"	192	179
5'10"	198	184
5'11"	204	190
6'0"	210	195
6'1"	216	200
6'2"	221	206
6'3"	228	212
6'4"	234	217
6'5"	240	223
6'6"	246	229
<b>Body Mass Index</b>	28	26

## Additional Information Regarding Examinations

Our authorized paramedical firms have the examination forms, containers and blood draw kits in stock.

**To qualify for any of the Company's preferred underwriting classifications, the full blood profile must be completed.**

The non-medical and examination limits for life insurance is based upon the amount issued or administered by Assurity Life Insurance Company, including term riders, in the last **two** years and the amount **currently** being applied for. Exclude group insurance.

### Value Enhancement Riders (VER)

**Single Premium VER**—If the amount of coverage provided by the rider minus the premium for the rider (“net amount of risk”) is less than \$10,000, do not add it to any other amount applied for and in force to determine if an examination is needed. If it is more than \$10,000, add that amount to determine if an examination is needed.

**Periodic VER**—If the periodic VER has a premium of \$500 per year or less, add \$2,500 to the applied-for amount to determine if an examination is needed and what the appropriate requirements are. If the premium is more than \$500 per year, add \$5,000 to the applied-for amount to determine if an examination is needed and what the appropriate requirements are.

### Authorized Paramedical Firms:

<b>American Paraprofessional Systems, Inc. (APPS)</b>	<b>(800) 635-1677</b>
<b>Examination Management Services (EMSI)</b>	<b>(800) 872-3674</b>
<b>ExamOne Worldwide</b>	<b>(800) 873-8845</b>
<b>Portamedic Hooper Holmes</b>	<b>(800) 765-1010</b>

For significant medical health histories or if the applicant has been declined previously, contact Home Office Underwriting prior to scheduling an examination.

**The Company reserves the right to require a medical examination or other medical requirements on any proposed insured.**