

# LifeCrest Underwriting Guide

LifeCrest has two underwriting classes available (preferred and standard). When applying for preferred rates, closely review the underwriting criteria within each class to make sure the applicant qualifies.

## Preferred Underwriting

**A minimum face amount of \$100,000 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 criteria:

- |  |   |
|--|---|
| 1. Driving history                     | 7. Laboratory test results within 10% of normal range |
| 2. Family history                      | 8. No ratable medical occupation or avocation risks   |
| 3. Blood pressure                      |   |
| 4. Cholesterol                         |   |
| 5. Nicotine use                        |   |
| 6. Height and weight (see build chart) |   |

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 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.

The applicant may be considered for preferred with an aviation exclusion rider if they are a private pilot; military pilots are not eligible.

## 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 under the influence) or reckless driving convictions in the past five years.
- The applicant cannot have more than three moving violations in the last three 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 (such as heart attack)
- Cerebrovascular Disease (such as stroke or aneurysm)
- Diabetes

### 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 to 12 hours of fasting.

## 7. Height and weight (Limits for men and women)

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.

## Medical Requirements

Minimum requirements for **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.)

### **BAgent 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.

### **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.**

800-635-1677

[www.appsnational.com](http://www.appsnational.com)

#### **EMSI - Examination Management Services, Inc.**

800-872-3674

[www.emsinet.com](http://www.emsinet.com)

#### **Portamedic**

800-782-7373

[www.portamedic.com](http://www.portamedic.com)

### **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.

obtained on the DI Rider supplemental application (Series 5059).

### **Sex Rating**

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Unisex

### **Underwriting**

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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**

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Class 4A, 3A, 2A, A and B are acceptable. The rider is not available to federal government, postal, or 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**

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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, sky diving, 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

## **Disability Income Rider Underwriting Guidelines**

### **Guidelines**

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Underwriting for the DI Rider utilizes information obtained from the base policy as well as information

## Build Chart for Disability Income Rider

Unisex

Height	Weight
4'8"	82-174
4'9"	86-180
4'10"	88-187
4'11"	90-193
5'0"	92-200
5'1"	95-206
5'2"	97-213
5'3"	99-220
5'4"	101-227
5'5"	103-234
5'6"	106-242
5'7"	108-249
5'8"	111-256
5'9"	114-264
5'10"	117-272
5'11"	120-280
6'0"	123-288
6'1"	126-296
6'2"	129-304
6'3"	133-312
6'4"	136-320
6'5"	140-329
6'6"	143-337
6'7"	146-346

for your files.

- ♦ Answer all questions on the application.
- ♦ Double check before submission. Common errors that can delay processing include missing signatures, dates and agent numbers.
- ♦ Print clearly using black ink.
- ♦ Submit all state-required forms, replacement and original forms.
- ♦ Detach conditional receipt and leave with applicant, if applicable.
- ♦ Note special requests such as policy date, date to save age, or issue family member or partners together.

### Cash With Applications (CWA)

- ♦ Do not send partial premiums. A full modal premium is required. Do not send cash. We do not accept money orders for initial premium payments.
- ♦ We cannot process premium checks that are post-dated, backdated more than six months or improperly endorsed.
- ♦ Bank draft authorization with a voided check is considered by the home office to be the same as CWA. We will draft for the first premium immediately upon underwriting approval, assuming no other requirements are outstanding.
- ♦ If application is faxed with bank draft authorization form and initial premium was also collected, a copy of the initial premium check must also be faxed with the application to avoid an immediate bank draft for initial premium.
- ♦ You must note the policy number on the CWA check before mailing the check to the home office.
- ♦ Personal checks written by the agent on behalf of the applicant will not be accepted.

## New Business Information

### Fast Track Policy Issue

- ♦ Fax application to 877-475-0447 along with Americo's faxed application transmittal form (see Americo Contact Information). Keep the original