

Field Guide for Life Insurance Underwriting

At Legal & General America
we underwrite individuals,
not impairments.



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This Underwriting Field Guide is intended to be a reference only and provides information regarding Legal & General America’s typical requirements for underwriting. We reserve the right to request information other than as stated herein. Our underwriters will make decisions based on the entirety of the information provided to and received by Legal & General America, which may result in a determination that is more or less favorable than this guide.



This Field Guide provides information about several of Legal & General America's underwriting practices.

Use it as a guide to help streamline the underwriting process for you and your client.

Our Strategy

We're leveraging advances in medicine and digital technologies to improve, transform and accelerate our risk selection process.

Our Vision

We engage professional team members who possess precision insight and keen focus in identifying, assessing and classifying mortality risk – connecting with you through a distinctive customer service experience that incorporates transparency, accessibility and proactive communication.

Our Commitment

Our team is committed to executing well-informed underwriting decisions and delivering personalized service. Our underwriters are well-trained and highly skilled in medical, non-medical and financial underwriting.

Thank You For Your Business

We welcome your feedback! If you have comments, suggestions or questions about this Underwriting Guide, please contact us at underwritingadmin@lgamerica.com.

What's New

- Clarified build chart with full weight ranges for each of our Standard classes
- Updated financial underwriting section to include more details on dependent spouses and student coverage

At Legal & General America, we look at the whole individual under consideration, finding ways to offer clients the best possible rate classification, every time.

All eligible Standard or better applicants are evaluated for underwriting credits.

If we can move your client up one rate class, we will!



Top Sweet Spots!

Preferred Plus Consideration For:

- Cigarette smokers 3 years out
- Clients with treated Hypercholesterolemia
- Clients with treated Hypertension
- Clients with a combination of treated HTN/cholesterol
- Clients with treated or untreated total cholesterol under 300
- Clients who participate in recreational scuba diving up to 100 feet
- Clients with a family history of cancer*

Preferred Consideration For:

- Clients with Asthma on two medications or less (well controlled)
- Clients with Anxiety/Depression on one prescription medication (well controlled)
- Clients with mild Sleep Apnea (Apnea Index (AI) <20 or Respiratory Disturbance Index (RDI) < 30 and lowest oxygen saturation above 85% with good compliance for one year and no residual symptoms

Standard Plus Consideration For:

- Clients with controlled Type II Diabetes
- Clients with Severe Sleep Apnea with documented good CPAP compliance for one year and no residual symptoms
- Clients with personal history of cancer, subject to type, date of onset and last treatment of cancer

*Unless there are features of the family history that suggest a hereditary cancer syndrome may be present

Aviation

Preferred Plus rate class may be available for pilots of major airlines flying in the US and Canada without any other aviation exposure.

Preferred Plus and Preferred rate classes may be available with an Aviation Exclusion Rider for other aviation activity.

Foreign Residence and Travel

There are a variety of approaches among the states when handling life insurance for foreign residence and travel. Due to the evolutionary nature of this topic, please consult with the underwriting team or get a QuickQuote request to understand our current philosophy regarding foreign residence and past and/or contemplated foreign travel.

Recreational Scuba

Available for Preferred Plus rates if:

- Dives do not exceed 100 feet
- PADI, NAUI, or SSI certified and all dives are done with dive master or instructor
- Open Water Dives only
- Does not participate in wreck, salvage, ice or cave diving
- No personal history of disease or impairment that would adversely affect mortality
- No pre-existing medical impairments which may affect the safety of the scuba diving

Criminal Activity

Applicants who are in jail, awaiting trial, on probation or parole, have multiple or major felonies (e.g. murder, rape, organized crime, or terrorist acts) will not be considered for life insurance.

Cigar Smokers

This policy will apply only to occasional cigar users and not other forms of tobacco. Preferred Plus is available if:

- The use is admitted at the time of application/inquiry and all case data coincides with the admitted degree of usage; and
- No more than one cigar per month; and
- No nicotine metabolites (cotinine) are present in the urinalysis done within the past 12 months; and
- There is no use of tobacco products other than occasional cigars for at least 3 years prior to the time of application or inquiry.

Tobacco Use

A Tobacco user is considered to be anyone who has used tobacco in any form in the last 12 months. This includes:

- Cigarettes
- Cigars - Only limited cigar usage may be considered for non-tobacco rates.
- Pipes
- Smokeless tobacco
- Chewing tobacco / Snuff
- Nicotine substitutes, including patches and gum
- Electronic (smokeless) cigarettes
- Vaping

Marijuana Use

Standard Tobacco rates will apply. Substandard rates may apply depending on frequency and other factors, such as Marijuana for medicinal use.

The Get More Offer

Once a Banner or William Penn new business application is approved, the underwriter will do a financial underwriting review to determine if the proposed insured is eligible for additional coverage. If eligible, a letter will be sent explaining the Get More offer. The letter is emailed to the agency case manager, who has four business days to respond.

- Increased coverage increments are based on the difference between the face amount for which the customer applied and the face amount maximum for the Get More opportunity.
- LGA gives brokers at least one alternative to offer the customer, but in some cases as many as five. The customer can, however, choose any amount that doesn't exceed the maximum specified in the letter.
- The letter includes the modal premium for each of the offers. See a sample [here](#).



Requirements for the Get More Opportunity

A submitted application must still be in pending status.

A proposed policy cannot include:

- internal or external replacements
- term riders
- waiver of premium
- table ratings
- flat extras
- multiple pending applications
- application for business coverage
- applications where insured is not the owner
- applications where insured is not the payor
- dependent spouses

Offers are made up to a face amount limit where no additional requirements are necessary and that are within LGA's retention of \$2M through age 75.

The underwriter may choose not to extend the Get More offer, based on his or her discretion. If so, a note will be added to the online case file.

AppAssist and Other Tele-Application Programs

The AppAssist drop ticket platform combines our in-house call center staff with a detailed client interview and medical history. We take the administrative burden of application fulfillment and case management off of your shoulders.

Clients complete Part 1 and Part 2 of the insurance application during a telephone interview. If needed, we'll schedule an abbreviated paramedical exam at the applicant's convenience, which will include height and weight measurements, blood and urine samples, pulse rate and blood pressure.

AppAssist Age and Amount Parameters

20-70 coverage amounts through \$10 million
71-74 coverage amounts through \$500,000

Over age 60, we require that applicants demonstrate a history of regular annual checkups and routine age/sex related preventative screenings (i.e. EKG, colonoscopy, mammogram, gynecological exam/prostate exam). If the client does not have both a history of annual checkups and appropriate preventative screenings, the AppAssist interview may not be completed.

Accelerated Underwriting through AppAssist:

Legal & General America has an automated underwriting system that can speed qualified applicants through to approval with no medical exams, labs or APSs.

We have been working hard to find the right balance between automation and human expertise. Approval can happen in as little as 2 business days. Drop a ticket to AppAssist via the Partner Dashboard, e-Link, MobileSuite, agency management system vendors or paper form.

Requirements (automated during the AppAssist interview)

- Identity Verification
- MIB
- MVR
- RX History Check
- FCRA Consumer Database Check

Accelerated Underwriting Parameters

OPTerm 15, 20, 25 and 30
Ages 20-40, Amounts \$100,000 - \$1 million
Ages 41-45, Amounts \$100,000 - \$750,000
Ages 46-50, Amounts \$100,000 - \$500,000


OPTerm 10
Ages 20-50, Amounts \$100,000 - \$500,000

- Drop ticket submitted through AppAssist process (voice-signature required)
- Not available in Connecticut, Hawaii or Alaska

Benefits

- ✓ Better client experience for eligible clients.
- ✓ Qualifying applicants can be approved within 2 business days.
- ✓ Faster processing means getting commissions faster.

If the client does not qualify for accelerated underwriting, the case will be fully underwritten. The paramed exam will be ordered and follow traditional case guidelines.

 **For More Information Visit**
www.lgamerica.com/appassist

Face Amount

To determine the underwriting requirements, please add:

1. The face amount currently being applied for, PLUS
2. The face amount (including rider amount) of all existing policies with Legal & General America.

Age is defined by age nearest birthday.

Medical exams or labs may not be required for eligible applicants through the AppAssist tele-application program, who qualify for accelerated underwriting. The interviewer obtains the Part 2 medical declarations.

Face Amount	Ages				
	20-40	41-50	51-60	61-70	>70
\$100,000 to \$250,000	APM/NM, BU	APM/NM, BU	APM/NM, BU	PM, BU APS	PM, BU APS DAQ
\$250,001 to \$500,000	APM/NM, BU	APM/NM, BU	APM/NM, BU	PM, BU EKG APS	PM, BU EKG APS DAQ
\$500,001 to \$1,000,000	APM/NM, BU	APM/NM, BU	PM, BU	PM, BU EKG APS	PM, BU EKG APS DAQ
\$1,000,001 to \$2,000,000	APM/NM, BU	APM/NM, BU EKG	PM, BU EKG	PM, BU EKG IR APS	PM, BU EKG IR APS DAQ
\$2,000,001 to \$3,000,000	APM/NM, BU EIR	APM/NM, BU EKG EIR	PM, BU EKG EIR	PM, BU EKG IR APS	PM, BU EKG IR APS DAQ
\$3,000,001 to \$5,000,000	PM, BU EIR	PM, BU EKG EIR	PM, BU EKG EIR	PM, BU EKG CXR* IR APS	PM, BU EKG CXR* IR APS DAQ
\$5,000,001 to \$10,000,000	PM, BU CXR* IR	PM, BU EKG CXR* IR	PM, BU EKG CXR* IR	PM, BU EKG CXR* IR APS	PM, BU EKG CXR* IR APS DAQ
\$10,000,001 +	PM, BU CXR* IR	PM, BU EKG CXR* IR	PM, BU EKG CXR* IR	PM, BU EKG CXR* IR APS	PM, BU EKG CXR* IR APS DAQ

*CXR - required for tobacco users only

The Legal & General America Companies reserve the right to request additional requirements.

Requirements

APM/NM	Abbreviated Paramed / Non-med The examiner will take vitals (height, weight, blood pressure and pulse), blood and urine. Medical history can be attained by completing the Non-med (NM) Part 2 of the application.
APS	Attending Physician Statement Medical records from an attending physician/licensed medical professional.
BBR	Business Beneficiary Report Required for any business case over \$3 million.
BU	Blood and Urine
CXR	Chest X-Ray Required for tobacco users only.
DAQ	Daily Activities Questionnaire
EIR	Electronic Inspection Report For amounts \$ \$2,000,001 through \$5,000,000, up to and including age 60.
EKG	Electrocardiogram
IR	Inspection Report <ul style="list-style-type: none"> • Personal cases over \$5 million • Business cases over \$3 million to include BBR • Over \$1 million, ages 61 and up: an interview with the proposed insured in person or by phone is usually part of the investigation. Reports are completed by First Financial Underwriting Services
PM	Paramedical Examination The examiner will take vitals, blood and urine, as well as a medical history from the applicant.
TMEKG	Treadmill EKG May be required for cause and at underwriter’s discretion

Exam Shelf Life

Permissible time limits for routine age and amount medical evidence, where the results are normal applies to abbreviated, paramedical and medical exams, resting/ treadmill electrocardiogram, blood/urine:

Ages 20 - 60	Ages 61 - 80	Ages over 80:
1 year	6 months	3 months

Note: A Good Health Statement is required when medical evidence is over 60 days old. (Please reference Good Health Statement [guidelines](#) on page 17)

Attending Physician Statement (APS) Ordering Guidelines

AN APS IS REQUIRED WHEN:

A Physician/Licensed Medical Professional Is Consulted Within These Time Frames

Age	\$100,000-\$249,999
20-50	No APS required (if Standard NT or better)
51-60	3 Months
61+	APS always required
Age	\$250,000 - \$1 million
20-40	1 Month
41-50	3 Months
51-60	1 Year
61+	APS always required
Age	\$1,000,001 - \$2 million
20-50	1 Year
51-60	2 Years
61+	APS always required
Age	\$2,000,001 and up
20-50	2 Years
51-60	3 Years
61+	APS always required

An APS is always required for applicants over age 60. At all ages, an APS may be requested at the discretion of the underwriter.

AN APS IS NOT REQUIRED FOR:

Routine Examinations

- Company physicals
- FAA or ICC physical examination
- Insurance examinations
- Routine gynecological exams; findings normal
- Normal pregnancy and childbirth
- Pre-school, pre-marital or pre-employment examinations

Routine Operations

- Appendectomy
- Cataract
- Gallbladder
- Hemorrhoidectomy
- Hernia
- Pilonidal cyst
- Sterilization
- Tonsillectomy

Minor Illnesses

- Seasonal allergies
- Cold/Flu
- Hay Fever
- Minor injury

Consolidated Conditions List Usually Requiring an APS

At all ages and amounts, an APS is usually required if the proposed insured has obtained medical consultation for the following conditions. Please ask for details of medical history (or incident), treatment (including a copy of hospital records) and follow-up care.

- Apnea
- Blood Disorders
- Brain Tumor
- Cancer¹
- Cerebral Vascular Disease (Hemorrhage/Stroke/TIA)
- Chronic Obstructive Pulmonary Disease (COPD)/Emphysema
- Cognitive Disorders
- Diabetes
- Drug Use
- Embolism
- Genetic Testing
- Heart (Cardiac) Disease
- Heart or Blood Vessel Surgery/Disease
- Hereditary Cancer Syndrome²
- Hypertension
- Intestinal Bleeding
- Inflammatory Bowel Disease (Ulcerative Colitis/Crohn's)
- Kidney Disease
- Liver Disease
- Malignant Tumors¹
- Mental Health Disorders
- Multiple Sclerosis
- Muscular Dystrophy
- Pancreatic Disease
- Paralysis
- Rheumatoid Arthritis
- Substance Abuse/Dependence
- Thrombosis (Clots/DVT)

¹Biopsy and Follow-up Surgical Procedures

Please request Gross and Microscopic Pathology Reports. An APS may not be required for Basal or Superficial Squamous Cell Carcinoma.

²**Hereditary Cancer Syndrome:** A family history of cancer will not be considered in determining the underwriting class unless there are features that suggest a hereditary cancer syndrome may be present. In addition to a prior diagnosed syndrome, suggestive findings include: a history of cancer diagnosed at a young age, multiple family members with a cancer history, and multiple cancers in the same person. Such cases will be underwritten on an individualized basis.

Preferred Plus May Be Possible Even With The Following Conditions

Anxiety/Depression/Mood Disorder

One episode, duration of less than one year, recovered, no current medication.

Asthma

Mild exercise induced asthma or mild seasonal asthma.

Carotid Doppler Findings

1-15% stenosis, based upon flow velocity, with no intimal medial thickening and conclusion states no plaque noted.

Echocardiogram

No diagnosis of left ventricular hypertrophy in the report, septal and posterior wall up to 1.2 cm thick, blood pressure well controlled by history. A finding of diastolic dysfunction based solely on E to A ratio and echocardiogram otherwise normal.

Mitral Valve Prolapse

Mitral valve normal appearing with normal thickness and echocardiogram otherwise normal, no regurgitation.

CDT Positive

Evidence supports "false" positive, with full and complete investigation.

Osteoporosis

No known complications.

Skin Cancers

Basal cell carcinoma, and superficial squamous cell carcinoma. Single atypical nevus or dysplastic nevus: no history of melanoma or family history of melanoma, with well documented and favorable dermatology follow up.

Preferred May Be Possible Even With The Following Conditions:

Alcohol or Single Drug Abuse Treatment

Last used more than 10 years ago, single episode of treatment, without any relapse, total abstinence from any mood-altering drug and no subsequent alcohol or drug related issues.

Anxiety/Depression/Mood Disorder

Current, on one drug, well controlled.

Epilepsy

No seizures in last 5 years, off medication.

Nevi

Up to 3 atypical or dysplastic nevi with no history of melanoma or family history of melanoma, with well documented and favorable dermatology follow-up care.

Valvular Disease

One valve mildly thickened or redundant valve, no mitral valve prolapse, less than mild regurgitation, rest of echocardiogram normal.

We look for the best possible impaired risk treatment for clients with:

- Asthma
- Atrial fibrillation
- Bladder cancer
- Breast cancer
- Cerebrovascular disease
- Coronary artery disease
- Diabetes mellitus (adult onset)
- Elevated liver function tests
- Hepatitis C
- Mood disorders
- Prostate cancer
- Thyroid cancers

Substandard Risk

Substandard ratings only available through Table 12. Table ratings are not available on Preferred Plus Non-Tobacco, Preferred Non-Tobacco or Preferred-Tobacco.

Substandard premium calculations are based on our Standard Plus rates!

Visit Our Underwriting Microsite

For access to helpful cover letters, case studies, underwriting newsletters and more, please go to www.gamerica.com/underwriting.

Preferred Plus (non-tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available only if no flat extra premium would be required.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 136/86.
Build	See chart on page 14.
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 4.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI ¹ , reckless/negligent driving ² , license revocation or suspension in last 5 years.
Family History	No cardiovascular disease in either parent or siblings before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes. See page 9 for details.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	US citizen or legal permanent resident/green card residing in the US at least 3 years.
Substance/ Alcohol Abuse	No abuse.
Tobacco Use	No use of tobacco or nicotine-based products in last 36 months. One cigar allowed per month with HO specimen negative for cotinine.

Preferred (non-tobacco / tobacco)

Aviation	Available only with exclusion rider. Aviation Exclusion Endorsement (Rider) includes, but is not limited to, participation in any kind of aeronautic or aviation training or instruction; or intentionally leaving, falling or jumping from an aircraft while in flight; or participation in any activity involving intentionally leaving, falling or jumping from an aircraft while in flight. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 146/90.
Build	See chart on page 14.
Cancer History	Only available on certain types of skin cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 5.5 with or without treatment.
Driving History	No more than 2 moving violations in last 3 years. No DWI, DUI ¹ , reckless/negligent driving ² , license revocation or suspension in last 5 years.
Family History	No cardiovascular death in either parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco. Cancer is no longer a factor preventing consideration for our preferred classes. See page 9 for details.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency/ Citizenship	US citizen or legal permanent resident/green card residing in the US at least 3 years.
Substance/ Alcohol Abuse	No abuse in past 10 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 24 months. One cigar allowed per month with HO specimen negative for cotinine. (For Preferred non-tobacco.)

¹Multiple DUIs are excluded

²Reckless/Negligent Driving: Includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph.

Standard Plus (non-tobacco)

Aviation	Available, however may have flat extra or exclusion rider. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 152 / 92.
Build	See chart on page 14.
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 6.5 with or without treatment.
Driving History	No more than 3 moving violations in last 3 years. No DWI, DUI ¹ , reckless/negligent driving ² , license revocation or suspension in the last 3 years.
Family History	No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency/ Citizenship	US citizen or legal permanent resident/green card residing in the US at least 2 years.
Substance/ Alcohol Abuse	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One cigar allowed per month with HO specimen negative for cotinine.

Standard (non-tobacco / tobacco)

Aviation	Available, however may have flat extra or exclusion rider. Private pilots over age 70 require an aviation exclusion rider.
Avocation	Available, however may have a flat extra.
Blood Pressure	Currently well controlled with or without treatment, with the average readings in the past two years not greater than 156 / 94.
Build	See chart on page 14.
Cancer History	Available depending on type and date of onset of cancer.
Cholesterol	120-300, with or without treatment.
Chol/HDL Ratio	May not exceed 8.0 with or without treatment.
Driving History	No more than 4 moving violations in last 3 years. No DWI, DUI ¹ , reckless/negligent driving ² , license revocation or suspension in the last 2 years.
Family History	No cardiovascular death of more than one parent before age 60. CAD is disregarded for applicants over age 70 who don't use tobacco.
Impairments	Can have personal history of certain diseases or impairments.
Residency/ Citizenship	US citizen or legal permanent resident/green card residing in the US at least 2 years.
Substance/ Alcohol Abuse	No abuse in past 7 years.
Tobacco Use	No use of tobacco or nicotine-based products in last 12 months. One cigar allowed per month with HO specimen negative for cotinine (for Standard non-tobacco.)

¹Multiple DUIs are excluded

²Reckless/Negligent Driving: Includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph.

Preferred Plus, Preferred, Standard Plus and Standard classes

For all underwriting classes, half-inch measurements are rounded up to the next inch.

Applicants with weights below the minimum weight requirement will be evaluated by the underwriter on an individual-consideration basis.

We may underwrite applicants who do not fall within the specified height chart on an individual basis. See the [Substandard Build Chart](#) for expanded weights.

Height	Maximum Weight In Pounds						
	Preferred Plus Male	Preferred Plus Female	Preferred Male	Preferred Female	Standard Plus M/F	Standard M/F	Standard M/F
	May be eligible for 1" height adjustment or credits to improve the underwriting class by one						Not eligible for 1" height adjustment or credits
4'10"	89 - 135	89 - 126	136 - 148	127 - 148	149 - 156	157 - 181	182 - 196
4'11"	92 - 140	92 - 131	141 - 154	132 - 154	155 - 162	163 - 188	189 - 202
5'0"	95 - 144	95 - 135	145 - 158	136 - 158	159 - 166	167 - 194	195 - 209
5'1"	98 - 148	98 - 138	149 - 163	139 - 163	164 - 172	173 - 201	202 - 216
5'2"	101 - 153	101 - 140	154 - 168	141 - 168	169 - 175	176 - 207	208 - 224
5'3"	104 - 158	104 - 143	159 - 174	144 - 174	175 - 182	183 - 214	215 - 231
5'4"	108 - 163	108 - 145	164 - 179	146 - 179	180 - 188	189 - 221	222 - 238
5'5"	111 - 168	111 - 148	169 - 185	149 - 185	186 - 194	195 - 228	229 - 246
5'6"	115 - 174	115 - 150	175 - 191	151 - 191	192 - 200	201 - 235	236 - 254
5'7"	118 - 179	118 - 155	180 - 197	156 - 197	198 - 206	207 - 242	243 - 261
5'8"	122 - 185	122 - 160	186 - 203	161 - 203	204 - 212	213 - 249	250 - 269
5'9"	125 - 190	125 - 165	191 - 209	166 - 209	210 - 219	220 - 257	258 - 277
5'10"	129 - 196	129 - 170	197 - 215	171 - 215	216 - 226	227 - 264	265 - 285
5'11"	133 - 201	133 - 175	202 - 221	176 - 221	222 - 231	232 - 272	273 - 293
6'0"	136 - 207	136 - 180	208 - 228	181 - 228	229 - 240	241 - 280	281 - 302
6'1"	140 - 213	140 - 184	214 - 234	185 - 234	235 - 245	246 - 288	289 - 310
6'2"	144 - 219	144 - 188	220 - 241	189 - 241	242 - 253	254 - 295	296 - 319
6'3"	148 - 225	148 - 193	226 - 247	194 - 247	248 - 259	260 - 304	305 - 328
6'4"	152 - 230	152 - 197	231 - 253	198 - 253	254 - 265	266 - 312	313 - 336
6'5"	156 - 237	156 - 201	238 - 260	202 - 260	261 - 272	273 - 320	321 - 345
6'6"	160 - 243	160 - 205	244 - 267	206 - 267	268 - 280	281 - 328	329 - 354
6'7"	164 - 249	164 - 209	250 - 274	210 - 274	275 - 287	288 - 337	338 - 363
6'8"	168 - 256	168 - 214	257 - 281	215 - 281	282 - 294	295 - 345	346 - 373
6'9"	173 - 262	173 - 218	263 - 288	219 - 288	289 - 302	303 - 354	355 - 382
6'10"	177 - 268	177 - 222	269 - 295	223 - 295	296 - 309	310 - 363	364 - 392
6'11"	181 - 276	181 - 226	277 - 303	227 - 303	304 - 317	318 - 372	373 - 402

Improve One Rate Class with Credits

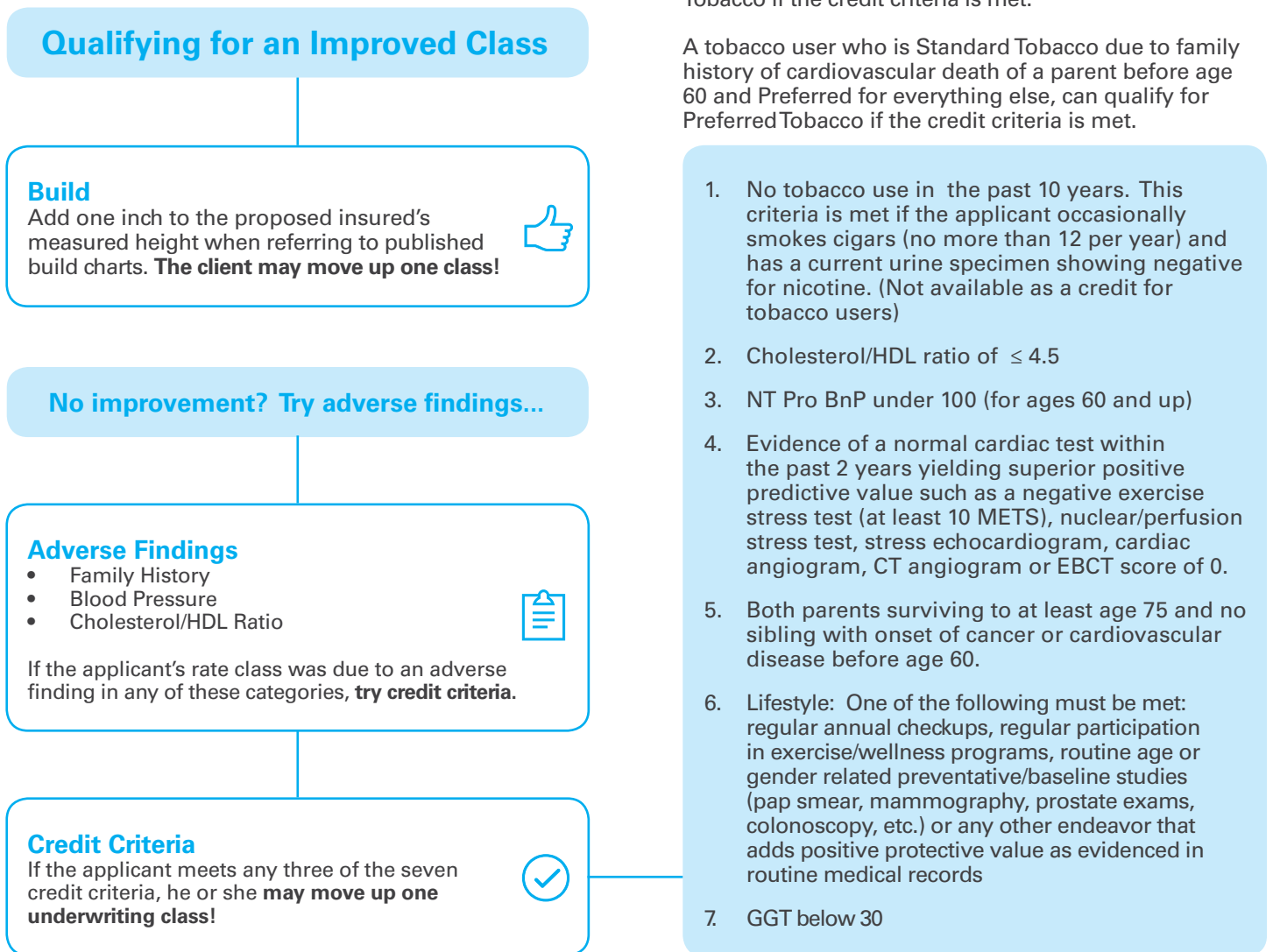
We can improve an underwriting decision by one class for qualified applicants in the Standard eligible or better categories.

If one adverse finding was for build, blood pressure, family history or cholesterol/HDL ratio, our underwriters will automatically check to see if the respective credit criteria can be satisfied and improve the rate class.

Availability:

- All ages
- All face amounts
- All riders
- Non-tobacco and tobacco users

For APPcelerate automated underwriting, only the one inch credit for build is available.



Qualifying for an Improved Class

Build

Add one inch to the proposed insured's measured height when referring to published build charts. **The client may move up one class!**



No improvement? Try adverse findings...

Adverse Findings

- Family History
- Blood Pressure
- Cholesterol/HDL Ratio



If the applicant's rate class was due to an adverse finding in any of these categories, **try credit criteria.**

Credit Criteria

If the applicant meets any three of the seven credit criteria, he or she **may move up one underwriting class!**



Applicants Who May Qualify for Credits

Non-Tobacco Examples

An applicant meets all criteria for Preferred Plus, except for a build of 5 foot 9 inches and 195 pounds, which falls into the Preferred range. By adding one inch, the build becomes 5 foot 10 inches, 195 pounds, which qualifies for Preferred Plus.

An applicant who is Standard Plus due to family history of cardiovascular death of a parent before age 60 and Preferred for everything else, may qualify for Preferred using the credit criteria.

An applicant who is Preferred for blood pressure and Preferred Plus for everything else can qualify for Preferred Plus using the credit criteria.

Tobacco Examples

A tobacco user who is Standard Tobacco due to blood pressure readings in the Standard Plus range and Preferred for everything else, can qualify for Preferred Tobacco if the credit criteria is met.

A tobacco user who is Standard Tobacco due to family history of cardiovascular death of a parent before age 60 and Preferred for everything else, can qualify for Preferred Tobacco if the credit criteria is met.

1. No tobacco use in the past 10 years. This criteria is met if the applicant occasionally smokes cigars (no more than 12 per year) and has a current urine specimen showing negative for nicotine. (Not available as a credit for tobacco users)
2. Cholesterol/HDL ratio of ≤ 4.5
3. NT Pro BnP under 100 (for ages 60 and up)
4. Evidence of a normal cardiac test within the past 2 years yielding superior positive predictive value such as a negative exercise stress test (at least 10 METS), nuclear/perfusion stress test, stress echocardiogram, cardiac angiogram, CT angiogram or EBCT score of 0.
5. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
6. Lifestyle: One of the following must be met: regular annual checkups, regular participation in exercise/wellness programs, routine age or gender related preventative/baseline studies (pap smear, mammography, prostate exams, colonoscopy, etc.) or any other endeavor that adds positive protective value as evidenced in routine medical records
7. GGT below 30

Retention			
Ages	Preferred Plus - Table 4	Table 5 - 8	Table 9 - 12
20-75	\$2 million	\$500,000	\$500,000
76-85	\$500,000	\$500,000	\$500,000
Automatic Binding Limits			
Ages	Preferred Plus - Table 4	Table 5 - 8	Table 9 - 12
20-75	\$20 million	\$5 million	\$5 million
76-80	\$4 million	\$2 million	\$1 million
81-85	\$2 million	None	None
Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.			
Jumbo Limits			
Cases in excess of our jumbo limits require facultative approval by our reinsurers. Case size is determined by total in force plus total amount currently applied for with all companies, including amounts to be replaced.			
Ages	Amounts		
20-75	\$65 million		
76-85	\$30 million		
Foreign National Jumbo Limit			
20-70	\$35 million		

Large Cases

All applications greater than \$5 million face amount get all the special attention we know they require.

Our underwriting professionals have the expertise necessary to drive these critically important cases through to policy issue.

Our dedicated large case underwriters consult with professionals throughout our organization to ensure the optimal decision is reached.

Temporary Insurance Application/Agreement (TIAA)

Our agreement provides a limited amount of life insurance coverage, for a limited amount of time and is subject to specific terms, conditions and other limitations.

Temporary insurance cannot begin and no payment should be taken, if any question on the TIAA is answered "Yes" or left blank.

Maximum face amount for temporary insurance is \$1,000,000 for all pending applications. Maximum issue age is 70.

If, based on the terms of the TIAA, payment is made and accepted with the application, please be sure to:

- Read and answer all questions accurately
- Fully explain the terms of the agreement to the proposed insured and owner
- Fully complete the TIAA
- Secure proposed insured and owner signatures and date TIAA
- Provide proposed insured and owner with a copy
- Submit the TIAA along with the application and payment

Policies covered under the TIAA will receive a policy date equal to the issue date, unless an older date is requested.

Note: Underwriting can return the payment and remove temporary insurance at any time within the underwriting process. (Kansas exception: temporary coverage is limited to \$25k and will not be removed until a final decision has been made by underwriting.)

Good Health Statement

A Good Health Statement (GHS) is required when:

- Proposed insured is over age 70
- Application is approved on a substandard / rated basis
- Medical evidence is over 60 days
- Underwriter approves a delivery extension
- Underwriter approves a reissue
- Application previously closed, withdrawn or incomplete is reopened and approved
- Post-issue change request is to increase amount, policy duration, death benefit or an increase in our liability

If any change in the insured's health has occurred or if the insured has seen or consulted with a member of the medical profession, do not deliver the policy or collect any premium even if a premium was collected with the TIAA.



Our Substandard premium calculations are based on Standard Plus rates, giving us a leg up on the competition!

With the exception of cancer cases requiring a flat extra without a table rating, all non-tobacco substandard premiums are based off of Standard Plus rates – not Standard.

Financial Underwriting Focus

Our financial underwriting philosophy is to provide you with the guidance and collaboration you require to meet the needs of your client. Financial underwriting is an integral part of every application for insurance. Throughout the underwriting process, we consider all financial aspects of the risk presented.

Our focus is protecting your client's wealth, not creating it, while mitigating the mortality risk associated with overinsurance. Critical to the efficient processing of the application is providing answers to the following questions:

- **Is there an insurable interest?**
- **Is there a definable economic loss?**
- **Is there a valid need and purpose for insurance?**
- **What's the total anticipated amount of life coverage intended with all carriers excluding the amount which is being replaced?**
- **Are there applications pending with other carriers?**
- **Is the product applied for appropriate in meeting the needs of your client?**
- **Does the amount of insurance applied for correlate with the amount of financial loss?**
- **Does the owner, beneficiary and/or premium payor have an interest in the continued life of the proposed insured?**

Providing these answers and other salient points of information go a long way in setting the financial tone and tenor of the case. Financial underwriting guidelines and formulas provided in this brochure are intended to facilitate the underwriting process. The formulas represent only some of the factors considered in our rendering of any final decision. The guidelines are not intended to be a set of hard and fast rules. Flexibility is often determined by the high quality and completeness of the application, consistency of the information provided and a well written cover letter. Inconsistencies can result in adverse underwriting actions - including declination of coverage.

Facilitating the Underwriting Process

Our financial underwriting requires inclusion of the total gross income (as reported to the IRS) and net worth for all applications. In addition, Section J of the application requires more detailed financial information for amounts more than \$1 million or if the proposed insured is older than age 65. All business cases require completion of Section K of the application, when the amount is more than \$1 million. Amounts under \$1 million will require similar details, such as percentage of ownership and if others in the business are insured for like amount. These details can be provided in the cover letter or on the application, under additional remarks.

Depending upon the type of coverage applied for, please provide one of the following types of Independent Third-Party Verification when the face amount exceeds \$5 million:

- Attorney letter (letterhead and signature)
- CPA letter (letterhead and signature)
- Audited CPA statements - including all notes
- Broker dealer statements
- Tax returns (incl. those verified by 4506TEZ Form)
- Tax assessment or appraisal
- W-2 Forms
- Charitable giving statements

Over \$1 million, ages 61 and up: an interview with the proposed insured in person or by phone is usually part of the investigation. Reports are completed by [First Financial Underwriting Services](#).

A Business Beneficiary Report (BBR) is required for amounts over \$3 million for business cases.

NOTE: We will not accept any applications involving Welfare/Public Assistance, Estate/Legacy Creation, Reverse Mortgages, any surrender of a Qualified Annuity to fund life insurance for older age applicants, Rebating, Churning, Venture Capital, Non-Recourse Premium Financing, Investor-Owned or Stranger-Owned Life Insurance or other similar programs or efforts to bridge the financial gap (or coverage previously settled). We will not accept any earned income or net worth from any source outside of the US.

Personal Insurance Earned Income Multipliers and Factors

Income Continuation and Protection is considered income that will cease upon the death of the insured.

Coverage amounts applied for will typically be considered based on the following:

- Age, marital status, number of dependents, income level and potential for future wage increases/decreases
- Personal Insurance Earned Income Multipliers are considered in conjunction with the amount of insurance applied for, in force (including that which is intended to be replaced) and currently applied for/pending with other carriers.
- Premium to income ratio for those age 64 and younger up to 20 percent and those age 65 or older up to 15 percent.
- Household earned income will be considered for dependent spouse coverage. Household earned income is defined as the combined income of the proposed insured and their spouse or life partner.
- Our general approach is to consider personal and/or household earned income levels of at least \$20,000.
- Earned income is defined as income earned in the US. We will not accept any earned income or net worth from any source outside of the US.

Personal Insurance Earned Income Factors:

Age	Multiply Earned Income by
Under 30	40x
30-39	30x
40-49	20x
50-59	15x
60-64	10x
65-70	5x

NOTE: The above are maximum income factors of which the underwriter may modify on a case-by-case basis, if the individual circumstances warrant such a change. For applicants age 71 or older who are still employed, we'll individually consider income replacement using small multipliers.

Personal Insurance Concepts Considered on an Individual Case Basis

Adult Child as Owner/Bene/Payor for Parent: Limited consideration, only in situations where the parent's business is being transferred to the adult child. No personal coverage available. No consideration otherwise.

Charitable Beneficiary Coverage: Determined by multiplying the annual donation by the age specific earned income multiplier, or by multiplying the annual donation by the number of years pledged. Required Information:

- Contribution record (past history of giving to the institution)
- Other insurance needs must be met

Dependent Spouses: A dependent or non-wage earning spouse is eligible for coverage generally up to amount of personal insurance in force (including group insurance) of the working spouse. Coverage amounts are considered on an individual basis and the following factors are considered when determining appropriate face amounts:

- Wage Earner's income and Insurance in force (including group insurance)
- Age and number of dependents
- Special needs or disabilities of dependents
- Proposed insured's prior work history and education

Disability or Retirement Income: Individual consideration. Required Information:

- Source of income
- Amount of payment that continues to survivors after death
- Total Net Worth and listing of non-liquid assets (real estate, business)
- Spouse income and insurance coverage in force

Inheritance: We will not project personal life insurance needs on the basis of future inheritance unless the distribution is very near term.

Insurance on the Elderly: Adult Child as Owner/Beneficiary/Payor is usually a decline. Limited individual consideration with full details and financial justification. Other or Third Party as Owner/Beneficiary/Payor is a decline.

Estate Liquidity: For large estates using conservation/liquidity as the basis for insurance, interest rates range from 5% to 10% and the duration of growth spans 7 to 20 years, depending on the applicant's age, to calculate future value. The exclusion amount is removed and a 40% tax rate is used. For estates under the exclusion amount of \$5 million, this method would not be appropriate, and income replacement would be suggested as the methodology to consider. Required Information:

- Third-party verified financial statements regarding all assets by CPA or tax attorney
- Income statement
- Balance sheet and/or cash flow statements from CPA or tax attorney, with special attention to assets and liabilities

Personal Insurance Concepts Considered on an Individual Case Basis - continued

Students: We will allow \$100,000 on students, where parents are the owner, beneficiary and payor. Possible consideration for higher amounts with financial justification.

- Details of parents’ insurance coverage
- Course of study, graduation details and remaining years to graduation
- Student loan debt details (amount and who is responsible for repayment)

Law or Medical School Students, Medical Interns, Residents and/or Fellows: Individual Consideration. Coverage based upon financial justification and factors such as the medical school attending, year/field of medicine, type of residency program, the training hospital/clinic, and geographic location.

Trust Certificate: Must be submitted prior to underwriting approval whenever a trust is the Policy Owner or Primary Beneficiary if:

- The proposed insured is over age 65 or the face amount is over \$1,000,000
- The agent is the trustee. A detailed explanation of the agent’s relationship to proposed insured and beneficiaries in the trust must also be provided. A copy of the complete, executed trust may also be required
- There are multiple or third-party trustees

Business Insurance

Business Valuation Methods

Providing favorable corporate financial justification may allow consideration beyond these multiples.

Typical Business Valuation Multiples:

- 1 times sales
- 10-15 times net earnings
- 4 to 5 times EBITDA

Any type of business coverage being considered must be limited to business interests in the US. Non-US business interests will not be considered for any business related coverage.

Key Person Insurance Valuation Multipliers:

Ages ≤ 64:	Up to 10 times the applicant’s annual income (salary and bonus)
Ages 65 - 70:	Up to 5 times the applicant’s annual income (salary and bonus)
Ages ≥ 71:	Individual consideration when facts and financial data demonstrate a significant loss to the company

Other Business Concepts

Buy/Sell, Partnership, Stock Redemption Coverage: Coverage is determined by the percentage of ownership held by the applicant multiplied by the market value of the company. Sections J and K of the application must be completed. In order to better understand the coverage, we may require additional business financial statements.

Business Loans: We will consider coverage provided the term of the new loan is at least 10 years. We will generally consider up to 80% of the loan amount for uncollateralized loans and up to 100% of the loan if structured as a collateral assignment. Loan coverage on a sole proprietor is essentially the same as personal insurance for the same purpose. Required Information:

- Purpose, amount, date and loan duration
- The business should be the owner
- A collateral assignment will be required

Business-owned policies must also have a completed LR-63 Employer Owned Life Insurance Acknowledgment and Consent form signed both by the proposed insured and the employer.

Reinstatement Requests

If a policy lapses due to non-payment you may contact our customer service department and proper forms will be sent to the insured for completion. We allow policies to be considered for up to 5 years from the lapse date and all back premiums must be paid to bring the policy up-to-date. Evidence of insurability is required and a new contestable period begins at 2 years from reinstatement.

In order for a policy to be reinstated, the insured must qualify for the same or better rate class/table rating as when issued. Please note, the cost of underwriting requirements will be at the expense of the policy owner.

Rate Reduction and Changes to Non-Tobacco Rates

Requests for reconsideration of an original underwriting rate class, including a change to non-tobacco rates, can be facilitated with a quick call to our customer service department to begin the process.

The customer service representative will contact the underwriting department to review the request on a preliminary basis and determine what, if any, underwriting requirements will be necessary. If underwriting agrees that the change request can be considered, the service representative will provide the client with the proper change request form and advise him or her of the requirements necessary to proceed. **Please note the cost of underwriting requirements will be at the expense of the policy owner.**

Send Us A QuickQuote Request

Please utilize our easy-to-use online QuickQuote tool www.lgaquickquote.com. For your convenience you may also utilize this tool to send your QuickQuote to other insurance carriers as well. We will review your QuickQuote request and provide you with an accurate and timely quote. Our underwriters work closely with our medical directors to ensure delivery of competitive tentative quotes. Quotes will be processed within 24 hours.

Legal & General America intends to issue a policy that matches your QuickQuote. The tentative quote is non-binding and is based solely on the information you have provided.

A final decision will be made after receipt, review and assessment of a formal application, age and amount requirements, any interim Attending Physician Statement(s) (APS); and any required facultative reinsurance review. Our formal review and risk assessment will include MIB (formerly known as Medical Information Bureau) and Motor Vehicle Record (MVR) report review, Identity Verification, no finding suggestive of a hereditary cancer syndrome, and financial documentation necessary to justify inforce and applied for coverages.

We accept formatted requests from XRAE. The QuickQuote should include age, sex, tobacco use and face amount. The QuickQuote is valid for 60 days from the date of the quote and a copy of the QuickQuote must accompany the formal application. We do not accept APS summaries in the QuickQuote format or as attachments unless requested by underwriting.

Due to the complexity of such risks we do not provide QuickQuotes on the following conditions unless we have enough information to properly quote:

- MGUS
- Stage IV Cancers
- Non-Hodgkin's
- Male Breast Cancer
- Interstitial Lung Disease
- BRCA 1 or BRCA 2 Gene Mutation
- Cystic Fibrosis
- Insured 80 years old and up
- Applicants on public aid or government assistance

Paramed Exam Vendors	
APPS - Portamedic	800.635.1677
EMSI	800.872.3674
ExamOne	877.933.9261
APS Vendors	
EMSI	800.566.9318
ExamOne	888.521.2004
Jetstream APS	888-233-8015 x229
J & H Copy Service	714.921.0102 x105
Parameds.com	718-575-2000
RSA Medical	866.317.6615
Inspection Report Vendors	
First Financial Underwriting Services	Phone: 800.570.3477 Fax: 800.571.3477
Inspection report request forms can be found on our Partner Dashboard under the forms tab. Search for 'inspection' or find it in the category pull-down list under underwriting.	

Paramed Exam Orders

We will only accept examinations from approved vendors. We will not remit payment for any exam(s) performed by an unapproved vendor.

We have made every effort to provide you with the broadest geographical coverage and the best possible service. In that rare instance where an applicant is in a remote area not covered by one of our services, kindly contact your general agent. He or she can get in touch with your team's underwriting director to discuss making other arrangements.

APS Orders

Only LGA-approved vendors can secure APSs. Those we've chosen provide excellent service when it comes to medical record processing and charge fees that fit well with our cost-management standards.

In most cases, APS orders are placed by our company. If your agency currently orders its own APSs, you may continue to do so as long as you use one of the approved vendors. Use of a vendor that does not have preferred status, runs the risk that your APS costs will not be reimbursed.

Post Issue Change Requests

ExamOne is the only vendor we use for post issue change requests such as rate reduction and reinstatement requests.

Legal & General America life insurance products are underwritten and issued by Banner Life Insurance Company, Urbana, MD and William Penn Life Insurance Company of New York, Valley Stream, NY. Banner is licensed to do business in 49 states and the District of Columbia. William Penn does business exclusively in New York; Banner does not solicit business there. The Legal & General America companies are part of the worldwide Legal & General Group.

Banner and William Penn hold an "A+" (Superior) overall financial strength rating from A.M. Best and an "AA-" (Very Strong) financial strength rating from Standard and Poor's. Financial strength ratings as of 2018.

Banner Life Insurance Company
Urbana, MD 800.638.8428

William Penn Life Insurance Company of New York
Valley Stream, NY 800.346.4773

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