

Non-Medical Limits are those applied for within 5 years. Other limits, amounts and special studies are those applied for within 2 years.

MEDICAL REQUIREMENTS ¹													
Amount Age	\$0 \$25,000	\$25,001 \$50,000	\$50,001 \$99,999	\$100,000 \$150,000	\$150,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,000	\$1,000,001 \$2,000,000	\$2,000,001 \$3,000,000	\$3,000,001 \$5,000,000	\$5,000,001 \$10,000,000	\$10,000,001 & Up	
0 - 15	Call the Home Office Underwriter												
16 - 40	Physician's Exam												
41 - 45	Non-Med ⁵	Paramed Blood ² HOS MVR ⁴									Blood ² HOS EKG ³ MVR ⁴		
46 - 50													
51 - 55													
56 - 60	Physician's Exam												
61 - 70	Paramed ⁵ HOS						Paramed Blood ² HOS EKG ³ MVR ⁴				Blood ² HOS TM EKG MVR ⁴		
71 - Product Limit													

PERSONAL HISTORY INTERVIEW AND INSPECTIONS FOR ALL AGES	\$0 TO \$500,000 Individual Consideration	\$500,001 through \$3,000,000 Personal History Interview (PHI)	\$3,000,001 & up Inspection Report Home Office will order	BLOOD PROFILE REQUIRED ²	Ages 0 - 15 \$250,000 or over CONTACT YOUR UNDERWRITER FOR REQUIREMENTS	Ages 16 and above over \$99,999	GPO: count 1/2 the option amount at ages 0-19 and entire amount at age 20 and up toward the Non-Medical limit.
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NOTE: ALL BLOOD PROFILES ARE TO BE SENT TO:	LABONE, REFERENCE LABORATORY INDIANAPOLIS LIFE INSURANCE CO. HG	SEE APPLICATION COVER PAGE FOR LIST OF COMPANY APPROVED PARAMEDICAL FIRMS.
FOR AMOUNTS OVER \$1,000,000 FINANCIAL QUESTIONNAIRE (FINQ) FORM IS REQUIRED (COPY OF BUSINESS FINANCIAL STATEMENT AND AGENT MEMO ON NEED AND PURPOSE ARE RECOMMENDED.)		

¹ Medical fees may be charged to the agent if medical requirements are completed and found not to be needed based on the guidelines.

² A Blood Profile will be required on proposed insureds age 16 and older if the new application amount plus Indianapolis Life in force policy amounts issued less than two years ago, are \$100,000 or more. A twelve hour fasting Blood Profile is recommended.

Blood Profile kits have been supplied to the Field Force and are to be completed by a Physician and sent to the LabOne, Reference Lab if an authorized Paramedical Facility is not used.

³ 12 lead resting EKG – mounted, uninterpreted.

⁴ Motor Vehicle Report (MVR) will be ordered by the Home Office.

⁵ Paramed exam, blood and urine tests are required when applying for **Preferred** underwriting on term policies with face amounts less than \$100,000.

Underwriting Criteria Chart

Criteria	Preferred + NT	Preferred NT	Preferred T
Issue Age Basis	Age Nearest		
Tobacco Usage	None in past 48 months	None in past 12 months	Available
Cholesterol	220	250 300 if HDL is 5.0 or less	250
Cholesterol Treatment	No treatment	With or without treatment	
Cholesterol/HDL Ratio	5.0	6.5	
Blood Pressure	Age 20-45 135/80 Age 46-60 140/85 Age 61 up 150/90 No treatment	Age 20-45 135/84 Age 46-55 144/88 Age 56 up 150/90 With or without treatment	Age 0-55 140/90 age 56 up 150/90 With or without treatment
Build	See Below		
Family History (Parents & Siblings) Coronary Artery Disease	No death of parent or sibling before age 65	No death of parent or sibling before age 60	
Familial Cancer	No death of parent or sibling before age 65	No death of parent or sibling before age 60	
Personal History	No coronary artery disease, diabetes, cancer, cerebrovascular disease. Must be classified as a standard mortality risk without application of coronary risk profile credit.	No history of coronary disease, diabetes or cancer, except certain types of skin cancer.	
Alcohol/Substance Abuse	No history		
Aviation	Available if qualifies as a standard aviation risk or with an exclusion or flat extra.		
Avocation	Individual consideration	Available if qualifies as a standard avocation risk or with an available exclusion rider or flat extra rating.	
Driving Moving violations DUI/Reckless	No more than 2 in past 3 yrs None in past 5 yrs		
US Residency	US resident for past 2 yrs		
Citizenship	US citizen or have a permanent visa or green card		
Travel (unsafe)	Individual consideration		
Military	No	Individual consideration	

Preferred + Build Chart					
Height	Male	Female	Height	Male	Female
5'0"	144	135	6'0"	207	180
5'1"	148	138	6'1"	213	184
5'2"	153	140	6'2"	219	188
5'3"	158	143	6'3"	225	193
5'4"	163	145	6'4"	230	197
5'5"	168	148	6'5"	237	201
5'6"	174	150	6'6"	243	205
5'7"	179	155	6'7"	249	209
5'8"	185	160	6'8"	256	214
5'9"	190	165	6'9"	262	218
5'10"	196	170	6'10"	268	222
5'11"	201	175	6'11"	276	226

Preferred Build Chart (Unisex)			
Height	Preferred	Height	Preferred
5'0"	158	6'0"	228
5'1"	163	6'1"	234
5'2"	168	6'2"	241
5'3"	174	6'3"	247
5'4"	179	6'4"	253
5'5"	185	6'5"	260
5'6"	191	6'6"	267
5'7"	197	6'7"	274
5'8"	203	6'8"	281
5'9"	209	6'9"	288
5'10"	215	6'10"	295
5'11"	221	6'11"	303