

# Underwriting Requirements

ULTIMA SERIES



Universal Life Insurance

Term Life Insurance



LIFE INVESTORS INSURANCE  
COMPANY OF AMERICA

4333 Edgewood Road NE  
Cedar Rapids, IA 52499

Member of the **EGON** Group



For Agent Use Only

M11944 LIM 502

11535 5/02  
(75006)

## Underwriting Medical Requirements (for Universal and Term Life Insurance)

INSURANCE AGE	TO 25,000	25,001 TO 50,000	50,001 TO 75,000	75,001 TO 100,000	100,001 TO 250,000	250,001 TO 500,000	500,001 TO 1,000,000	1,000,001 TO 1,500,000	1,500,001 TO 2,000,000	2,000,001 TO 3,500,000	3,500,001 TO 5,000,000	5,000,001 TO 9,999,999	10,000,000 & UP
0-14	A	A	A	A	A	A	CALL HOME OFFICE						
15-40	A	A	A	A	B	B	C	C	C	C	D	F	G
41-50	A	A	A	A	B	B	D	D	D	D	E	F	G
51-60	A	A	A	A	B	D	D	D	D	D	F	F	G
61-70	A	A	B	B	C	D	D	D	E	F	F	F	G
71 & UP	B	B	C	D	D	D	D	E	E	F	F	F	G

**A** Non-Medical

**B** BCP, HOS & Vitals  
(*height, weight, blood pressure and pulse*)

**C** Paramed Exam, BCP, HOS

**D** Paramed Exam, BCP, HOS, Resting EKG

**E** MD Exam, BCP, HOS, Resting EKG

**F** MD Exam, BCP, HOS, Exercise EKG

**G** MD Exam, BCP, HOS, Exercise EKG,  
PA & LAT Chest X-ray

• **BCP: Blood Chemistry Profile** (All blood studies are to be 12 hour fasting)

• **HOS: Home Office Specimen**

• **Exercise EKG:** The facility performing the test should submit the actual tracing to our office for review by our Medical Director. An exercise EKG should not be arranged for an applicant with a history of heart disease without receiving authorization from the Underwriting Department.

• **To determine the underwriting requirements for the Joint and Last Survivor product, divide the face amount in half.**

## General Financial Underwriting Guide

The following financial guide is intended to assist you in determining maximum coverage.

Please refer to the guide often as it will provide a means of anticipating the Underwriting Requirements for all large amount cases you write.

FORMULA			
Purpose	Ages	Factor x Income	Requirements
1. Personal Coverage/Income Continuation	to Age 30 31-40 41-50 51-60 61-65 66-70	15 15 10 8 5 3	Previous three years income tax averaged. May require copy of tax return.
2. Estate Tax Analysis	½ of net worth minus \$200,000		Copy of Estate Analysis and Financial Statement.
3. Key Person	5 x Income (Presidents/CEO up to 20x Annual Income)		Inspection of Tax Returns to verify income.
4. Buy-Sell	% Ownership x corporate value.		Corporate Balance Statement. Also, documentation of earnings for past 3 years.
5. Business Loan	75% of Loan		Copy of Loan agreement.
6. Juvenile	50% of what is in force on parents up to max. of \$250,000.		Other siblings must be similarly insured. Application. Cover letter (as needed).

An agent's cover letter may be required when the need for the amount applied for is not readily obvious. Also financial statements may be required for amounts greater than \$1,500,000.

## Underwriting Policies and Procedures

### Tobacco Rates

Tobacco user is defined as using any tobacco product (cigarettes, cigars or chewing tobacco) within the past 12 months.

### Blood Tests

All blood tests are to include a Home Office urine specimen. Blood Chemistry Profiles are to be drawn by an approved paramedical service and sent to Lab One for analysis.

### Personal History Interviews

All cases over \$100,000 may require a Personal History Interview. We will consider using a PHI in lieu of a commercial inspection report through \$1,500,000 if supporting financial documentation is submitted with the application.

### Paramedical Examinations

Examination by approved paramedical facilities only. Approved paramedical services:

- American Para Professional Systems (APPS)
- Examination Management Services, Inc. (EMSI)\*
- Portamedic
- Insurance Medical Reporter (IMR)

\*Please note that EMSI provides Life Investors a significant discount on paramedical services.

### Attending Physicians Statements

Providing complete physician information, including telephone number, will expedite APS process.

Also, note on the application if the applicant has had a complete physical in the past three months.

### Trial Applications

If a prospect has been highly rated or declined by any company in the past or if there is a serious health problem, submit a fully completed trial application, providing all pertinent information for underwriter review. Further requirements should not be ordered unless requested by underwriter.

### Faxes

Faxed applications may be acceptable. Contact the appropriate New Business Team for details.

## Preferred Underwriting Guidelines for Universal & Term Life Insurance

	Non-tobacco			
	Preferred Elite (Available for Term only)	Preferred Plus	Preferred	Non-tobacco
<b>Tobacco Usage</b> Includes tobacco or nicotine based products	None in the past 5 Years	None in the past 3 Years	None in the past 2 Years	None in the past 1 Year
<b>Cholesterol</b> Cholesterol <=	200	230	260	*
Treatment	No	No	*	*
Chol./HDL Ratio <=	5.0	5.5	7.0	*
<b>Blood Pressure</b> Within these limits	130/85	140/90	150/90	*
Treatment	No	No	Yes (Below 140/90)	*
<b>Family History</b> Includes coronary artery disease, internal cancer or melanoma or cardiovascular disease.	No occurrences prior to age 60	No occurrences prior to age 60	No occurrences prior to age 60	*
<b>Aviation</b>	No	No	No	*
<b>Avocation (Hazardous)</b>	No	No	No	*
<b>Substance/Alcohol Abuse</b>	No abuse	None in past 10 years	None in past 5 years	*
<b>Driving</b> Moving Violations	No more than 2 in past 3 years	No more than 2 in past 3 years	No more than 2 in past 3 years	*
DUI/Reckless	None in past 5 years	None in past 5 years	None in past 5 years	*
<b>US Residency</b>	U.S. Resident for past 3 years			*
<b>Citizenship</b>	Resident or have permanent VISA/Green card			*
<b>Travel (unsafe)</b>	No	No	No	*
<b>Military</b>	No	No	No	*

Height	Weight Not to Exceed	Weight Not to Exceed	Weight Not to Exceed	Weight Not to Exceed
5' 0"	142	151	151	*
5' 1"	147	156	156	*
5' 2"	151	160	160	*
5' 3"	156	165	165	*
5' 4"	161	171	171	*
5' 5"	166	176	176	*
5' 6"	170	180	180	*
5' 7"	176	187	187	*
5' 8"	180	191	191	*
5' 9"	185	196	196	*
5' 10"	190	201	201	*
5' 11"	195	207	207	*
6' 0"	202	214	214	*
6' 1"	207	219	219	*
6' 2"	212	225	225	*
6' 3"	218	231	231	*
6' 4"	223	236	236	*
6' 5"	230	244	244	*
6' 6"	236	250	250	*
6' 7"	242	257	257	*
6' 8"	249	264	264	*
6' 9"	257	272	272	*

\*Individual Consideration on a Case by Case Basis - May or May Not be Eligible  
To qualify for Preferred Elite, Preferred Plus, Preferred or Preferred Tobacco, the insured must not be substandard for any reason, except certain flat extra ratings.  
Requirements listed above are not all-inclusive and other factors could prevent qualification for a class. Final decision made by company underwriter for all classes.

	Tobacco	
	Preferred Tobacco	Tobacco
<b>Tobacco Usage</b> Includes tobacco or nicotine based products	Tobacco Permitted	Tobacco Permitted
<b>Cholesterol</b> Cholesterol <=	230	*
Treatment	No	*
Chol./HDL Ratio <=	6.0	*
<b>Blood Pressure</b> Within these limits	135/85	*
Treatment	No	*
<b>Family History</b> Includes coronary artery disease, internal cancer or melanoma or cardiovascular disease.	No occurrences prior to age 60	*
<b>Aviation</b>	No	*
<b>Avocation (Hazardous)</b>	No	*
<b>Substance/Alcohol Abuse</b>	None in past 10 years	*
<b>Driving</b> Moving Violations	No more than 2 in past 3 years	*
DUI/Reckless	None in past 5 years	*
<b>US Residency</b>	U.S. Resident for past 3 years	*
<b>Citizenship</b>	Resident or have permanent VISA/Green card	*
<b>Travel (unsafe)</b>	No	*
<b>Military</b>	No	*

Height	Weight Not to Exceed	Weight Not to Exceed
5' 0"	151	*
5' 1"	156	*
5' 2"	160	*
5' 3"	165	*
5' 4"	171	*
5' 5"	176	*
5' 6"	180	*
5' 7"	187	*
5' 8"	191	*
5' 9"	196	*
5' 10"	201	*
5' 11"	207	*
6' 0"	214	*
6' 1"	219	*
6' 2"	225	*
6' 3"	231	*
6' 4"	236	*
6' 5"	244	*
6' 6"	250	*
6' 7"	257	*
6' 8"	264	*
6' 9"	272	*

\*Individual Consideration on a Case by Case Basis - May or May Not be Eligible  
To qualify for Preferred Elite, Preferred Plus, Preferred or Preferred Tobacco, the insured must not be substandard for any reason, except certain flat extra ratings.  
Requirements listed above are not all-inclusive and other factors could prevent qualification for a class. Final decision made by company underwriter for all classes.