MAKING OUR MARK.

We’ve got underwriting professionals committed to underwriting the entire individual, not just the impairment. Let Legal & General America put its thumbprint on your next case.

We’re making Every Day Matter.
Every Day Matters at Legal & General America.

Understanding that underwriting is critical to driving revenue and profitability is the reason why our underwriting philosophy is simple. We underwrite the entire individual, not just the impairment.

Our unyielding commitment is to engage highly skilled and experienced underwriters and medical directors to consistently deliver thoughtful and responsible underwriting, attentive and responsive processing and personalized service to you, our treasured brokerage business partners.

Our medical directors are diligent in their review of medical literature for new tests/studies and medical advances (such as drug therapy, procedures and surgery) that most accurately reflect the mortality risk and support adjustments to our guidelines.

Our financial underwriting philosophy is to work with you to provide the amounts of insurance coverage necessary to meet the needs of your clients, through the positive interpretation of income multipliers, projected estate needs and charitable giving programs as well as the full range of business insurance needs.

Our leading-edge technology enables us to provide you with enhanced communication throughout the risk selection process, providing the ease of doing business you require.

Thank you for your business. Please use this underwriting Criteria and Requirements brochure to facilitate your LGA applications.

If you have any questions or require any further underwriting assistance, please do not hesitate to contact us at 800.638.8428. After all, we are Your Company For Life™.

Approval Express Team, APEX.

Do you have a proposed insured age 20-40, applying for ≤ $1.5 million, or a 41-50 year-old applying for ≤ $1 million of total coverage? Is his or her medical history insignificant? Is an attending physician statement not required according to our published guidelines? If so, your case may be processed by our APEX Team.

Our commitment is to get your case approved and issued expeditiously. This team of underwriters is solely dedicated to processing these cases which require limited underwriting.

With APEX, smaller, cleaner cases won’t be slowed down by underwriters handling larger, more complex cases. APEX can help eliminate roadblocks and get you the quick approval you need to drive higher case placement.

Here’s all you need to do to help APEX approve the application ASAP:

- Make sure the application and all related forms are completed to their fullest extent.
- Have all medical requirements completed before or shortly after application submission.

With an average turnaround time of 24 hours for initial underwriting review, the more complete your case is when it reaches an APEX underwriter’s desk, the more rapidly it may be approved. It’s just that simple.

Even your smallest, clean case is our biggest priority.

Rate Reduction and Change 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 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.
Take the first important step to submitting an impaired risk case to us by sending a QuickQuote request.

We accept emails as well as formatted requests from XRAE. Your QuickQuote can include up to 5 pages of records and you are encouraged to include copies of echocardiograms, stress test reports, and pathology reports or any other test or study that best reflects the risk. Be sure to include age, sex, tobacco use, and face amount.

We will review your QuickQuote request and provide you with an accurate preliminary quote. Simply email your inquiry to your underwriting team’s QuickQuote email box (not the BannerQuickQuote Box) and our dedicated team of experienced underwriters will do the rest. Our underwriters work closely with our medical directors to ensure delivery of competitive tentative offerings. Our quotes are processed within 48 hours; many are back in 24 hours.

The QuickQuote rendered is not a final offer. It is a tentative offer based solely on the information you provide. A final decision will be made after receipt and assessment of a formal application, Medical Information Bureau (MIB) review, all age and amount requirements, complete medical records and financial documentation necessary to justify requested coverage. Facultative reinsurance review may be required. It is our intent to issue a policy that matches your QuickQuote.

The formal application and copy of our tentative QuickQuote offer must be received within 60 days.

If you have any questions, or need your team QuickQuote email box, call your sales representative.

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

At Legal & General America large cases don’t get lost in the underwriting shuffle.

All applications $\geq$ $10$ million and/or $\geq$ $100,000$ premium get all the special attention we know they require.

Our Special Services Case Unit is staffed with the underwriting expertise necessary to drive these critically important cases through to policy issue.

The LGA Special Services Case Unit provides our BGA’s with:

- Expeditious, high touch “white glove” service
- Pro active communication
- Attentive and responsive review of preliminary inquiries/trial applications
- Third-Party Inspection Reports from our exclusive First Financial Inspection Services, transferring the time and worry necessary to secure third-party financial verification from the broker to First Financial
- Coordinated review of third-party verified financial data with our SSCU underwriters and internal staff members from our legal and finance departments, to ensure full understanding and positive interpretation

A REAL BIG PLUS.

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

The savings add value ... and more reasons to give Legal & General America the first look at your next case.
MEDICAL IMPAIRMENTS

PREFERRED PLUS CAN LOOK LIKE THIS:

**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.

**Colon Adenoma**
Tubular, serrated or villous, fully removed with negative margins, no dysplasia.

**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**
With mitral valve normal appearing and 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, 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.

MEDICAL IMPAIRMENTS

PREFERRED CAN LOOK LIKE THIS:

**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.

**Asthma**
On two medications or less, well controlled.

**Epilepsy**
No seizures for > 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.
Temporary Insurance Application and Agreement (TIAA)
Our agreement provides a limited amount of life insurance coverage, for a limited amount of time and is subject to specific terms and conditions.

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 can be and is 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.

Good Health Statement
A Good Health Statement (GHS) is required when the,
- 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

Note: Should the Good Health Statement indicate that a physician has been consulted during the interim, it is our practice to request an Attending Physician’s Statement.

<table>
<thead>
<tr>
<th>Retention</th>
<th>Preferred Plus - Table 4</th>
<th>Table 5 -8</th>
<th>Table 9 -12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-75</td>
<td>$2 million</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>76-80</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>81-85</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Automatic Binding Limits</th>
<th>Preferred Plus - Table 4</th>
<th>Table 5 -8</th>
<th>Table 9 -12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-75</td>
<td>$20 million</td>
<td>$5 million</td>
<td>$5 million</td>
</tr>
<tr>
<td>76-80</td>
<td>$4 million</td>
<td>$2 million</td>
<td>$1 million</td>
</tr>
<tr>
<td>81-85</td>
<td>$2 million</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Significant additional capacity is available through facultative reinsurance for cases exceeding our Automatic Binding Authority.

<table>
<thead>
<tr>
<th>Jumbo Limits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages</td>
<td></td>
</tr>
<tr>
<td>20-75</td>
<td>$40 million</td>
</tr>
<tr>
<td>76-85</td>
<td>$30 million</td>
</tr>
</tbody>
</table>

The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.
Financial underwriting is an important aspect of the risk assessment process. In essence, the underwriters must decide “if the case makes sense.” Specifically, they consider the following:

Is there an insurable interest?
Is there a definable economic loss?
Is there a valid need and purpose for insurance?
Does the amount of insurance applied for correlate with the amount of loss?

A well-written cover letter by the writing agent will allow the underwriter to better understand the case upon initial review and result in quicker issuance of the policy applied. The cover letter should address how the face amount was determined and the reason for the coverage, including all in force coverages.

For any case, additional financial statements and/or information may be required to justify coverage amounts. You may need to order an IR (Inspection Report) and/or BBR (Business Beneficiary Report) even though the age/amount underwriting requirements (located on page 18) do not specify it. Third-party verified financials are required for personal coverage, amounts over $5 million.

Note: We will not approve any applications involving Non-Recourse Premium Financing, Investor-Owned or Stranger-Owned Life Insurance or other similar programs.

### Personal Insurance:

<table>
<thead>
<tr>
<th>AGES</th>
<th>EARNED INCOME MULTIPLIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 40</td>
<td>30</td>
</tr>
<tr>
<td>41 - 50</td>
<td>25</td>
</tr>
<tr>
<td>51 - 55</td>
<td>20</td>
</tr>
<tr>
<td>56 - 65</td>
<td>15</td>
</tr>
<tr>
<td>66 - 70</td>
<td>5 - 10</td>
</tr>
<tr>
<td>&gt; 71</td>
<td>Case-by-case determination</td>
</tr>
</tbody>
</table>

Insurance on Dependent Spouses:
We will consider applicants for coverage in the same amount as the wage-earning spouse for face amounts up to and including $1 million. Face amounts over $1 million will be considered on a case-by-case basis. Supporting documentation:
- Amount of insurance in force and applied for on wage-earning spouse
- Income of wage-earning spouse

### Charitable Beneficiary:
Coverage is determined by multiplying the annual donation by the age-specific earned income multiplier (page 10) ... or ... by multiplying the annual donation by the number of years pledged. Supporting documentation must include contribution record (past history of giving to the institution). Other insurance needs must be met.

### Estate Tax Planning:
Net assets times the tax rate.

### Business Coverage:
An inspection report (IR) and fully completed Business Beneficiary Report (BBR) are required for amounts over $3 million.

### Keyperson Coverage:

<table>
<thead>
<tr>
<th>Ages</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages ≤ 64:</td>
<td>Up to 10 times the applicant’s annual income (salary and bonus)</td>
</tr>
<tr>
<td>Ages 65 - 70:</td>
<td>Up to 5 times the applicant’s annual income (salary and bonus)</td>
</tr>
<tr>
<td>Ages ≥ 71:</td>
<td>Individual consideration for key person when facts and financial data demonstrate a significant loss to the company</td>
</tr>
</tbody>
</table>

### Creditor/Debt Repayment:
We will consider coverage provided the term of the 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. Supporting documentation must include details of the loan agreement outlining purpose, amount and duration of the loan.

### Buy-Sell, Partnership, Stock Redemption Coverage:
Coverage is determined by percentage of ownership held by applicant multiplied by the market value of the company (i.e., 10 times net income).

### New Business Coverage/Start-up Entities:
Case-by-case: Total line of coverage cannot exceed 50% of the loan or investment. Detailed cover letter from broker with respect to amount and exact purpose of insurance must include:
- Need amount and source of funding
- Experience of the owners in the field
- Their success as measured by prior income in addition to years of work experience
- Historical balance sheet and income / expense statement
### Preferred Plus (non-tobacco)

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aviation</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Avocation</strong></td>
<td>Available only if no flat extra premium would be required.</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Currently well controlled with or without treatment, with the average readings in the past two years not greater than 136/86.</td>
</tr>
<tr>
<td><strong>Build</strong></td>
<td>See chart on page 16.</td>
</tr>
<tr>
<td><strong>Cancer History</strong></td>
<td>Only available on certain types of skin cancer.</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>120-300, with or without treatment.</td>
</tr>
<tr>
<td><strong>Chol/HDL Ratio</strong></td>
<td>May not exceed 4.5 with or without treatment.</td>
</tr>
<tr>
<td><strong>Driving History</strong></td>
<td>No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.</td>
</tr>
<tr>
<td><strong>Family History</strong></td>
<td><strong>Cardiovascular Disease</strong> No cardiovascular disease in either parent or siblings before age 60. A family history of cardiovascular disease is not a consideration for applicants over age 70 who don’t use tobacco.</td>
</tr>
<tr>
<td><strong>Impairments</strong></td>
<td>No personal history of disease or impairment that would affect mortality.</td>
</tr>
<tr>
<td><strong>Residency/Citizenship</strong></td>
<td>Must be permanent U.S. resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.</td>
</tr>
<tr>
<td><strong>Substance/Alcohol Abuse</strong></td>
<td>No abuse.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>No use of tobacco or nicotine-based products in last 36 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.</td>
</tr>
</tbody>
</table>

### Preferred (non-tobacco / tobacco)

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aviation</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Avocation</strong></td>
<td>Available, however may have a flat extra.</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Currently well controlled with or without treatment, with the average readings in the past two years not greater than 146/90.</td>
</tr>
<tr>
<td><strong>Build</strong></td>
<td>See chart on page 16.</td>
</tr>
<tr>
<td><strong>Cancer History</strong></td>
<td>Only available on certain types of skin cancer.</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>120-300, with or without treatment.</td>
</tr>
<tr>
<td><strong>Chol/HDL Ratio</strong></td>
<td>May not exceed 5.5 with or without treatment.</td>
</tr>
<tr>
<td><strong>Driving History</strong></td>
<td>No more than 2 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 5 years.</td>
</tr>
<tr>
<td><strong>Family History</strong></td>
<td><strong>Cardiovascular Disease</strong> No cardiovascular death in either parent before age 60. A family history of cardiovascular disease is not a consideration for applicants over age 70 who don’t use tobacco.</td>
</tr>
<tr>
<td><strong>Impairments</strong></td>
<td>No personal history of disease or impairment that would affect mortality.</td>
</tr>
<tr>
<td><strong>Residency/Citizenship</strong></td>
<td>Must be U.S. permanent resident for past 3 years and either U.S. citizen or have permanent Visa or Green Card.</td>
</tr>
<tr>
<td><strong>Substance/Alcohol Abuse</strong></td>
<td>No abuse in past 10 years.</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>No use of tobacco or nicotine-based products in last 24 months. One celebratory cigar allowed per month with HO specimen negative for cotinine.</td>
</tr>
<tr>
<td>UNDERWRITING CRITERIA</td>
<td>Standard Plus (non-tobacco)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Aviation</strong></td>
<td>Available, however may have flat extra or exclusion rider.</td>
</tr>
<tr>
<td><strong>Avocation</strong></td>
<td>Available, however may have a flat extra.</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Currently well controlled with or without treatment, with the average readings in the past two years not greater than 152 / 92.</td>
</tr>
<tr>
<td><strong>Build</strong></td>
<td>See chart on page 16.</td>
</tr>
<tr>
<td><strong>Cancer History</strong></td>
<td>Available depending on type and date of onset of cancer.</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>120-300, with or without treatment.</td>
</tr>
<tr>
<td><strong>Chol/HDL Ratio</strong></td>
<td>May not exceed 6.5 with or without treatment.</td>
</tr>
<tr>
<td><strong>Driving History</strong></td>
<td>No more than 3 moving violations in last 3 years. No DWI, DUI, reckless driving, license revocation or suspension in last 3 years.</td>
</tr>
</tbody>
</table>
| **Family History**   | **Cardiovascular Disease**  
No cardiovascular death of more than one parent before age 60.  
A family history of cardiovascular disease is not a consideration for applicants over age 70 who don’t use tobacco. | **Cardiovascular Disease**  
No cardiovascular death of more than one parent before age 60.  
A family history of cardiovascular disease is not a consideration for applicants over age 70 who don’t use tobacco. |
| **Impairments**      | Can have personal history of certain diseases or impairments. | Can have personal history of certain diseases or impairments. |
| **Residency/Citizenship** | Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card. | Must be permanent U.S. resident for past 2 years and either U.S. citizen or have permanent Visa or Green Card. |
| **Substance/Alcohol Abuse** | No abuse in past 7 years. | No abuse in past 7 years. |
| **Tobacco Use**      | No use of tobacco or nicotine-based products in last 12 months. One celebratory cigar allowed per month with HO specimen negative for cotinine. | No use of tobacco or nicotine-based products in last 12 months. One celebratory cigar allowed per month with HO specimen negative for cotinine. |
### BUILD CHARTS

Half-inch measurements are rounded to the next highest inch.

#### Preferred Plus Build Chart

<table>
<thead>
<tr>
<th>Height</th>
<th>Male</th>
<th>Female</th>
<th>Height</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>5'0&quot;</td>
<td>144</td>
<td>135</td>
<td>6'0&quot;</td>
<td>207</td>
<td>180</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>148</td>
<td>138</td>
<td>6'1&quot;</td>
<td>213</td>
<td>184</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>153</td>
<td>140</td>
<td>6'2&quot;</td>
<td>219</td>
<td>188</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>158</td>
<td>143</td>
<td>6'3&quot;</td>
<td>225</td>
<td>193</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>163</td>
<td>145</td>
<td>6'4&quot;</td>
<td>230</td>
<td>197</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>168</td>
<td>148</td>
<td>6'5&quot;</td>
<td>237</td>
<td>201</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>174</td>
<td>150</td>
<td>6'6&quot;</td>
<td>243</td>
<td>205</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>179</td>
<td>155</td>
<td>6'7&quot;</td>
<td>249</td>
<td>209</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>185</td>
<td>160</td>
<td>6'8&quot;</td>
<td>256</td>
<td>214</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>190</td>
<td>165</td>
<td>6'9&quot;</td>
<td>262</td>
<td>218</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>196</td>
<td>170</td>
<td>6'10&quot;</td>
<td>268</td>
<td>222</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>201</td>
<td>175</td>
<td>6'11&quot;</td>
<td>276</td>
<td>226</td>
</tr>
</tbody>
</table>

### PERMISSIBLE TIME LIMITS

#### Permissible Time Limits for Routine Age and Amount Medical Evidence, where the results are normal:

**Ages 20 through 60:**
- Non-Medical Part II: 1 year
- Exam (abbreviated, paramedical exam, MD exam): 1 year
- Resting and/or treadmill electrocardiogram: 1 year
- Blood and/or urine specimen: 1 year

**Ages 61 through 80:**
- Non-Medical Part II: 6 months
- Exam (abbreviated, paramedical exam, MD exam): 6 months
- Resting and/or treadmill electrocardiogram: 6 months
- Blood and/or urine specimen: 6 months

**Ages Over 80:**
- Non-Medical Part II: 3 months
- Exam (abbreviated, paramedical exam, MD exam): 3 months
- Resting and/or treadmill electrocardiogram: 3 months
- Blood and/or urine specimen: 3 months

Note: A Good Health Statement is required after 60 days. Should the Good Health Statement indicate a change in health or a consultation with a physician during the interim, it is our practice to request an Attending Physician’s Statement.
**Face Amount:**
For the purpose of determining the correct 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 the company applied to (Banner and / or William Penn)

### Face Amount

<table>
<thead>
<tr>
<th>Face Amount</th>
<th>20-40</th>
<th>41-50</th>
<th>51-60</th>
<th>61-70</th>
<th>&gt;70</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000 to $250,000</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU MVR</td>
<td>PM BU APS MVR</td>
<td>PM BU APS DAQ MVR</td>
</tr>
<tr>
<td>$250,001 to $500,000</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU MVR</td>
<td>PM BU APS MVR</td>
<td>PM BU APS DAQ MVR</td>
</tr>
<tr>
<td>$500,001 to $1 million</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU MVR</td>
<td>PM BU APS MVR</td>
<td>MDE BU APS DAQ MVR</td>
<td></td>
</tr>
<tr>
<td>$1,000,001 to $2 million</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU EKG MVR</td>
<td>PM BU APS MVR</td>
<td>MDE BU APS DAQ MVR</td>
<td></td>
</tr>
<tr>
<td>$2,000,001 to $3 million</td>
<td>APM/NM BU MVR</td>
<td>APM/NM BU EKG MVR</td>
<td>PM BU APS MVR</td>
<td>MDE BU APS DAQ MVR</td>
<td></td>
</tr>
<tr>
<td>$3,000,001 to $5 million</td>
<td>PM BU EKG MVR</td>
<td>PM BU EKG MVR</td>
<td>PM BU EKG IR APS MVR</td>
<td>MDE BU APS DAQ MVR</td>
<td></td>
</tr>
<tr>
<td>$5,000,001 to $10 million</td>
<td>PM BU EKG CXR* IR MVR</td>
<td>PM BU EKG CXR* IR MVR</td>
<td>PM BU EKG CXR* IR MVR</td>
<td>MDE BU APS DAQ MVR</td>
<td></td>
</tr>
<tr>
<td>$10,000,001 +</td>
<td>MDE BU EKG CXR* IR MVR</td>
<td>MDE BU EKG CXR* IR MVR</td>
<td>MDE BU EKG CXR* IR MVR</td>
<td>MDE BU APS DAQ MVR</td>
<td></td>
</tr>
</tbody>
</table>

### Requirement Abbreviations

- **APM/NM**: Abbreviated Paramed
  In addition to APM, please complete Nonmed (NM) Part II of the application.

- **APS**: Attending Physicians Statement
  At any age and amount, an APS is always required for the conditions listed on page 21, as well as at the discretion of the underwriter.

- **BU**: Blood and Urine

- **CXR**: Chest X-Ray
  - Required for tobacco users only.

- **DAQ**: Daily Activities Questionnaire

- **DBI**: Data Base Inquiry
  A data base inquiry will be completed for applications $2,000,001 through $5,000,000, up to and including age 60

- **EKG**: Electrocardiogram

- **IR**: Inspection Report
  A third party inspection report is required for amounts:
  - Personal cases over $5 million
  - Business cases over $3 million to include Business Beneficiary Report
  - Over $1 million, ages 61 and up
  An interview with the proposed insured in person or by phone is usually part of the investigation. These reports are completed by First Financial Underwriting Services.

- **MDE**: Exam by Physician

- **MVR**: Motor Vehicle Report

- **PM**: Paramedical Examination

- **TMEKG**: Treadmill EKG
  If a TMEKG is necessary to properly evaluate a proposed insured who is age 71 or older, we will close our file until the applicant has obtained a full cardiac evaluation.

The Legal & General America Companies reserve the right to request additional requirements whenever they are deemed necessary.
At ages 20-60, for all amounts, an APS is not required for the conditions at the bottom of this page and an APS is always required for the conditions listed at right. At all ages, an APS may be requested at the discretion of the underwriter.

### APS Ordering Requirements

<table>
<thead>
<tr>
<th>Age</th>
<th>Amounts $50,000-$500,000</th>
<th>Order APS if physician is consulted (but not for conditions noted at bottom) within...</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-40</td>
<td>1 Month</td>
<td>3 Months</td>
</tr>
<tr>
<td>41-60</td>
<td>1 Month</td>
<td>3 Months</td>
</tr>
<tr>
<td>61 &amp; Up</td>
<td></td>
<td>APS always required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Amounts $500,001 - $1 million</th>
<th>Order APS if physician is consulted (but not for conditions noted at bottom) within...</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-40</td>
<td>1 Month</td>
<td>3 Months</td>
</tr>
<tr>
<td>41-50</td>
<td>1 Month</td>
<td>3 Months</td>
</tr>
<tr>
<td>51-60</td>
<td>1 Year</td>
<td>APS always required</td>
</tr>
<tr>
<td>61 &amp; Up</td>
<td></td>
<td>APS always required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Amounts $1,000,001 - $2 million</th>
<th>Order APS if physician is consulted (but not for conditions noted at bottom) within...</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-50</td>
<td>1 Year</td>
<td>2 Years</td>
</tr>
<tr>
<td>51-60</td>
<td>1 Year</td>
<td>2 Years</td>
</tr>
<tr>
<td>61 &amp; Up</td>
<td></td>
<td>APS always required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Amounts $2,000,001 and up</th>
<th>Order APS if physician is consulted (but not for conditions noted at bottom) within...</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-50</td>
<td>2 Years</td>
<td>APS always required</td>
</tr>
<tr>
<td>51-60</td>
<td>3 Years</td>
<td>APS always required</td>
</tr>
<tr>
<td>61 &amp; Up</td>
<td></td>
<td>APS always required</td>
</tr>
</tbody>
</table>

### AT AGES 20-60, ALL AMOUNTS, AN APS IS NOT REQUIRED...

**NOT** for any of the following routine examinations:
- Company physicals
- FAA or ICC physical examination
- Insurance examinations
- Routine gynecological exams; all findings normal
- Normal pregnancy and childbirth
- Pre-school, pre-marital or pre-employment examinations

**NOT** for any of the following routine operations:
- Appendectomy
- Cataract
- Gallbladder
- Hemorrhoidectomy
- Hernia
- Pilonidal cyst
- Sterilization procedure
- Tonsillectomy

**NOT** if the only reason for medical consultation was for minor illnesses such as:
- Allergies
- Cold / Flu
- Hay Fever
- Minor injuries

### AT ALL AGES AND AMOUNTS, AN APS IS ALWAYS REQUIRED

**IF...** the proposed insured has obtained medical consultation for the following conditions. Please ask for details of medical history (or incident), treatment (including copy of hospital records) and follow-up care. For all biopsy and follow-up surgical procedures marked with an asterisk (*), please request Gross and Microscopic Pathology Reports:

- Abnormal EKG
- Alcoholism
- Aneurysm
- Angioplasty
- Apnea
- Arrhythmia / Palpitations
- Biopsy*
- Blood in Urine
- Blood Disorders
- Blood Pressure (Elevated)
- Brain Tumor
- Bronchiectasis
- Cancer*
- Cerebral Hemorrhage
- Cerebral Vascular Disease
- Chest Pain (Angina)
- Chronic Cough
- Cirrhosis of Liver
- Convulsions
- COPD - (Chronic Obstructive Pulmonary Disorder)
- Coronary Bypass Surgery
- Coronary Artery Disease
- Crohn's Disease
- Depression
- Diabetes
- Dizzy Spells
- Drug Use
- Emboilism
- Emphysema, Bronchitis
- Epilepsy (seizures, convulsions)
- Fatigue
- Heart Attack
- Heart Valve Disorders
- Heart Murmur
- Heart Disease
- Heart Murmurs
- Hemophilia
- Hepatitis
- Hypertension
- Intestinal Bleeding
- Kidney Disorders
- Liver Disorders
- Malignant Tumors*
- Mental Disorders
- Mole*
- Multiple Sclerosis
- Muscular Dystrophy
- Nervous Conditions
- Pancreatic Disorders
- Paralysis
- Peachy
- Psychosis
- Regional Enteritis or Ileitis
- Rheumatoid Arthritis
- Skull Fracture
- Stroke (Cerebral Vascular Accident)
- Syncope
- Thrombosis (Clots)
- Tumors, Growths, Lesions*
- Tuberculosis
- Ulcerative Colitis / Proctitis
- Ulcers
- Vascular Disease (PVD)
- Vertigo
SUPER CRITERIA - NO TOBACCO USE

How often has this happened?

You submit a case and everything looks good except for one finding. That finding hurts the premium calculation by one rate class.

We can improve an underwriting decision by ONE class ... IF the one adverse finding was for build, blood pressure or family history ... AND the respective criteria in the yellow box below or Super Criteria is satisfied.

The additional underwriting criteria can only be applied to cases rated Standard or better.

FOR APPLICANTS WHO DON’T USE TOBACCO

If all other criteria for an improved class are met, except for ONE of these adverse findings:

**Build**
Add one-inch to the proposed insured’s measured height when referring to published build charts.

- **Improves rate by one class**
- **No improvement, so try Super Criteria**

**Family History**

- **Try Super Criteria**

**Blood Pressure**

- **Try Super Criteria**

**Cholesterol/HDL Ratio**

- **Try Super Criteria**

SUPER CRITERIA 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, can qualify for Preferred using the Super Criteria.
- An applicant who is Preferred for blood pressure and Preferred Plus for everything else can qualify for Preferred Plus using the Super Criteria.
- An applicant who is Preferred for ratio 4.7 and Preferred Plus for everything else can qualify for Preferred Plus using the Super Criteria.

SUPER CRITERIA

Three of the seven Super Criteria must be 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.
2. Cholesterol/HDL ratio of \( \leq 4.5 \)
3. NT Pro BnP under 100
4. 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, ect.) or any other endeavor that adds positive protective value.
7. GGT below 30.
SUPER CRITERIA - TOBACCO USE

At Banner and William Penn, a tobacco user may qualify for Preferred Tobacco rates through the additional underwriting criteria:

... IF ALL criteria for Preferred Tobacco are met except for one finding build, blood pressure or family history.

... AND IF that one-off finding meets the Standard Plus criteria

... AND IF the respective criteria in the yellow box below or Super Criteria is satisfied.

These additional underwriting criteria can move a Standard Tobacco case to Preferred Tobacco.

FOR TOBACCO USERS

If all other criteria for an improved class are met, except for ONE of these adverse findings:

- Build
  Add one-inch to the proposed insured’s measured height when referring to published build charts.

  ➡️ Improves rate by one class

  ➡️ No improvement, ➡️ so try Super Criteria

- Family History

  ➡️ Try Super Criteria ➡️

- Blood Pressure

  ➡️ Try Super Criteria ➡️

- Cholesterol/HDL Ratio

  ➡️ Try Super Criteria ➡️

SUPER CRITERIA 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 Super 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 Super Criteria is met.

SUPER CRITERIA

Three of the six Super Criteria must be met.

1. Cholesterol/HDL ratio of \( \leq 4.5 \)
2. NT Pro BnP under 100
3. 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.
4. Both parents surviving to at least age 75 and no sibling with onset of cancer or cardiovascular disease before age 60.
5. 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, ect.) or any other endeavor that adds positive protective value.
6. GGT below 30.
### APPROVED VENDORS

#### Paramed Exam Vendors

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPS</td>
<td>800.635.1677</td>
</tr>
<tr>
<td>EMSI (Examination Management Services, Inc.)</td>
<td>800.872.3674</td>
</tr>
<tr>
<td>ExamOne</td>
<td>877.933.9261</td>
</tr>
<tr>
<td>Hooper Holmes/Portamedic</td>
<td>888.442.7571</td>
</tr>
<tr>
<td>Superior Mobile Medics</td>
<td>800.898.3926 <a href="http://www.superiormobilemedics.com">www.superiormobilemedics.com</a></td>
</tr>
</tbody>
</table>

#### APS Vendors

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSI (Examination Management Service, Inc.)</td>
<td>800.566.9318</td>
</tr>
<tr>
<td>ExamOne</td>
<td>888.521.2004 Fax: 800.997.2771 <a href="http://www.examone.com">www.examone.com</a></td>
</tr>
<tr>
<td>J &amp; H Copy Service</td>
<td>714.921.0102 ext. 105</td>
</tr>
</tbody>
</table>

#### Inspection Report Vendor

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Financial Underwriting Services</td>
<td>Phone: 800.570.3477 Fax: 800.571.3477 <a href="http://www.firstfin.com">www.firstfin.com</a></td>
</tr>
</tbody>
</table>

Inspection reports request forms can be found on our website at Forms>Underwriting>Inspection Reports.

The phone numbers listed above are subject to change.

### ABOUT APS AND PARAMED ORDERS

#### About Our Paramed Exam Orders:

We will only accept examinations from approved vendors. Please do not make an appointment with a vendor that is not pre-approved. Any exam(s) done by an unapproved examining vendor will neither be accepted nor paid for and will be returned.

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.

#### About 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 three 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:

Portamedic Services (Hooper Holmes, Inc.) is the only vendor we use for post issue change requests such as rate reduction and reinstatement requests. They can be reached at 888.442.7571 or Brokerselite@portamedic.com.
About Us.

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, Garden City, 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.

Banner and William Penn are wholly owned subsidiaries of Legal & General Group Plc. 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.

Banner Life Insurance Company
Urbana, MD 800.638.8428

William Penn Life Insurance Company of New York
Garden City, NY 800.346.4773

www.LGAmerica.com