June 2023

Field guide for life insurance underwriting

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



Legal & General
BANNER LIFE | WILLIAM PENN

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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 underwriting_admin@lgamerica.com.

What's new

- Financial guidelines have been updated and improved
- Increased lab-free underwriting
- Reduced APS ordering

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 three years out
- clients with treated and controlled Hypercholesterolemia
- clients with treated and controlled 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 which is not due to a hereditary cancer syndrome

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 treatment including efficacy

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.

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 three years prior to the time of application or inquiry

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.

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.

Marijuana use

Non-tobacco rates will apply.* Substandard rates may apply depending on frequency and other factors, such as marijuana for medicinal use.

* We are unable to consider coverage on anyone who vapes marijuana.

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

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

The Get More offer

Digital application customization — Get More, Get Less

Agencies going through Horizon will automatically add an option for Get More, Get Less upon approval if the proposed insured is eligible for additional coverage. The Get More, Get Less feature is available and can be changed anytime before an offer has been accepted by the client.

Offers are made up to a face amount limit where no additional requirements are necessary, not to exceed $2 million through age 75 years.

Help your clients get the right amount of coverage. Let's close the coverage gap.

Learn more at lgamerica.com/digitalapp

* Subject to availability based on individual coverage amount applied for and other factors

Requirements for the Get More opportunity

A proposed policy cannot include:

- 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

Digital application and digital AppAssist

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.

Digital accelerated underwriting

When you drop a ticket to Legal & General America's digital application and automated underwriting platform, eligible customers may be approved without the need for exams. Underwriting evidence is collected digitally, in real-time during the application process and gives applicants the greatest opportunity to experience a lab-free approval.

For clients who prefer a phone interview, our digital AppAssist team makes it easy for clients to complete their digital application over a 30 minute call that can be scheduled at their convenience.

The digital application is available for:

- all issue ages
- all coverage amounts
- all states except New York
- at this time no Waiver of Premium or multiple policies

Learn More

Full details and other resources for the digital application platform are available at lgamerica.com/digitalapp

View digital lab-free eligibility parameters here

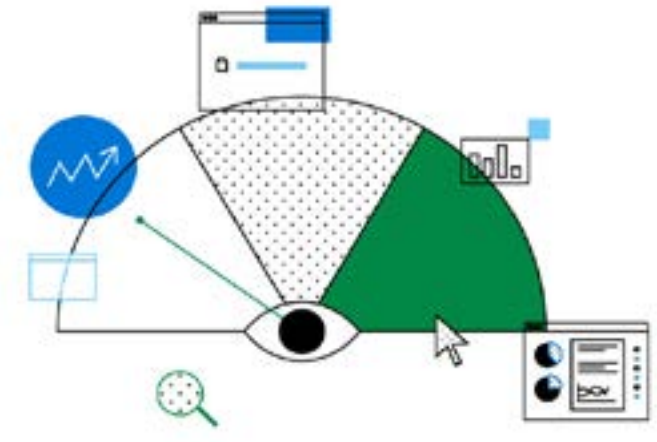
View lab-free eligibility for traditional AppAssist cases here | NY version

Lab Lift exam substitution program

Our new exam substitution program, Lab Lift, is the latest accelerated underwriting enhancement for your clients whether they use the paper or digital application. With Lab Lift, clients who are not initially approved lab-free now have the option to substitute recent electronic health records (EHR), if available, or an attending physician statement (APS) for a paramedical exam.

Eligible clients ages 20-60 can enjoy up to $2 million in coverage, at the same competitive price.

Learn more at lgamerica.com/au



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.

	Ages				
Face amount	**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 APS	PM, BU APS DAQ
$500,001 to $1,000,000	APM/NM, BU	APM/NM, BU	PM, BU	PM, BU APS	PM, BU APS DAQ
$1,000,001 to $2,000,000	APM/NM, BU	APM/NM, BU	PM, BU	PM, BU EIR APS	PM, BU EIR APS DAQ
$2,000,001 to $3,000,000	APM/NM, BU EIR	APM/NM, BU EIR	PM, BU EIR	PM, BU EKG EIR APS	PM, BU EKG EIR APS DAQ
$3,000,001 to $5,000,000	PM, BU EIR	PM, BU EIR	PM, BU EIR	PM, BU EKG EIR APS	PM, BU EKG EIR APS DAQ
$5,000,001 to $10,000,000	PM, BU EIR	PM, BU EIR	PM, BU EKG EIR	PM, BU EKG EIR APS	PM, BU EKG EIR APS DAQ
$10,000,001 +	PM, BU EIR	PM, BU EIR	PM, BU EKG EIR	PM, BU EKG EIR APS	PM, BU EKG EIR APS DAQ

Requirements key

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
DAQ	Daily Activities Questionnaire
EKG	Electrocardiogram
EIR	Electronic Inspection Report • Required for amounts over $2 million for ages 20-60 and for amounts over $1 million for ages over 60 • In addition to EIR, verification of financial status is required for Personal Insurance over $5 million (Please reference facilitating the Underwriting Process on pg. 18 for details)
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

Special lab tests ordered

Lab test	Age and face amounts
ProBNP	Ages 51 - 60, $1,000,001+ Ages 60+, $250,001+
PSA	Ages > = 50 (males)
CEA	Age > 50

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)

Horizon/Digital application

An Attending Physician Statement (APS) is required when:

A physician/licensed medical professional is consulted within these time frames:

Age	$100,000- $2 million
20-60	No APS required* (if Standard NT or better)
61+	APS always required
Age	**$2,000,001 and up**
20-50	2 Years
51-60	3 Years
61+	APS always required

*Subject to full disclosure on the application (Part 1 and Part 2).

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 of 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
- Gallbadder
- 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
- Cancer[1]
- Cerebral Vascular Disease (Hemorrhage/Stroke/TIA)
- Chronic Obstructive Pulmonary Disease (COPD)/ Emphysema
- Cognitive Disorders
- Diabetes
- Embolism
- Heart (Cardiac) Disease
- Heart or Blood Vessel Surgery / Disease
- Hereditary Cancer Syndrome
- Hypertension
- Intestinal Bleeding
- Inflammatory Bowel Disease (Ulcerative Colitis/ Crohn's)
- Kidney Disease
- Liver Disease
- Malignant Tumors[1]
- Mental Health Disorders
- Multiple Sclerosis
- Muscular Dystrophy
- Pancreatic Disease
- Paralysis
- Rheumatoid Arthritis
- Substance Abuse / Dependence
- Thrombosis (Clots / DVT)

Biopsy and follow-up surgical procedures[1]

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

William Penn and Legacy Traditional applications

An Attending Physician Statement (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
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- Insurance examinations
- Routine gynecological exams; findings normal
- Normal pregnancy and childbirth
- Pre-school, pre-marital, or pre-employment examinations

Routine operations

- Appendectomy
- Cataract
- Gallbadder
- 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
- Embolism
- Heart (Cardiac) Disease
- Heart or Blood Vessel Surgery / Disease
- Hereditary Cancer Syndrome
- Hypertension
- Intestinal Bleeding
- Inflammatory Bowel Disease (Ulcerative Colitis/ Crohn's)
- Kidney Disease
- Liver Disease
- Malignant Tumors[1]
- Mental Health Disorders
- Multiple Sclerosis
- Muscular Dystrophy
- Pancreatic Disease
- Paralysis
- Rheumatoid Arthritis
- Substance Abuse / Dependence
- Thrombosis (Clots / DVT)

Biopsy and follow-up surgical procedures[1]

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

Declined situations and impairments

To assist you with your field underwriting, below is a clear list of situations and medical impairments (admitted or discovered) that are declined:

- Aortic Aneurysm
- Abdominal – size≥ 5.0cm
- Thoracic – size ≥ 4.5 cm
- Alcohol abuse with current use
- Automatic Implantable Cardioverter-Defibrillator implanted
- Alzheimer's disease or dementia
- Cancer with current evaluation of type or receiving treatment
- Contact underwriting before submitting if a cancer diagnosis or treatment within the last 12 months, multiple cancer history, or recurrence
- Cardiomyopathy, moderate / severe or with coronary artery disease
- Cirrhosis of the liver
- COPD / Emphysema / Chronic Bronchitis with oxygen use or recent hospitalization
- Depressive disorder — severe
- Diabetes with significant complications or A1C >10.0
- Dialysis or Chronic Renal Failure
- Drug abuse (excludes marijuana)
- Single drug within three years of complete abstinence
- Multiple drugs within four years of complete abstinence
- Multiple relapses
- HIV positive
- Schizophrenia – can be considered after five years of treatment compliance, minimal symptoms, good follow-up and employed
- Sleep apnea – severe and untreated
- Stroke (CVA), under age 50 or multiple strokes any age
- Contact underwriting before submitting on a Stroke diagnosis if occurred with past two years
- Suicidal attempt within past two years, multiple attempts are always a decline
- Transplant recipient
- Contact underwriting if a kidney or bone marrow / stem cell transplant recipient
- Uncontrolled hypertension
- Quadriplegia

Postponed situations and impairments

To assist you with your field underwriting, below is a clear list of situations and medical impairments (admitted or discovered) that are postponed:

- Aortic aneurysm – recommended/pending surgical repair OR surgical repair within six months
- Alcohol abuse – abstinence less than two years
- Bipolar – less than one year from diagnosis
- Current pregnancy with history of pre-eclampsia
- Gastric bypass – less than six months
- Grand Mal seizures, cause known – less than three months since first seizure
- Heart attack / MI – less than six months
- Non-elective medical testing or surgery advised but not yet completed
- TIA – less than six months
- Valve replacement – less than six months

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 Imaging - CIMT mildly increased for age / gender, no plaque or carotid stenosis.
- Echocardiogram - mild diastolic dysfunction, echocardiogram otherwise normal, BP well controlled
- Mitral Valve Prolapse - mitral valve normal appearing with normal thickness and echocardiogram otherwise normal, no regurgitation
- 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
- Dysplastic Nevi – up to three 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 hub

For access to these guidelines, case studies, and more, please visit lgamerica.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 135/85.
Build	See chart on page 15.
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 two moving violations in last three years. No DWI, DUI[1], reckless / negligent driving[2], license revocation or suspension in last five years.
Family History	No cardiovascular death in either parent or sibling 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.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency / Citizenship	U.S. citizen or legal permanent resident / green card[3] residing in the US at least three 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 140/90.
Build	See chart on page 15.
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 two moving violations in last three years. No DWI, DUI1, reckless / negligent driving[2], license revocation or suspension in last five 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.
Impairments	No personal history of disease or impairment that would affect mortality.
Residency / Citizenship	U.S. citizen or legal permanent resident / green card[3] residing in the US at least three 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.)

[1]Multiple DUIs are excluded
[2]Reckless/Negligent Driving: includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph
[3]Acceptable Green Cards include IR1, CR1, CR6, EB-1, EB-2, EB-3. Temporary visas E3, H1B, H4, K1, L1, L2 may also be considered.

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 145/90.
Build	See chart on page 15.
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 three moving violations in last three years. No DWI, DUI[1], reckless / negligent driving[2], license revocation or suspension in the last three 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	U.S. citizen or legal permanent resident / green card[3] residing in the U.S. at least two years.
Substance / Alcohol Abuse	No abuse in past seven 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)

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 15.
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 three years. No DWI, DUI[1], reckless / negligent driving[2], license revocation or suspension in the last two 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	U.S. citizen or legal permanent resident / green card[3] residing in the U.S. at least two years.
Substance / Alcohol Abuse	No abuse in past seven 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.)

[1]Multiple DUIs are excluded
[2]Reckless/Negligent Driving: Includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph
[3]Acceptable Green Cards include IR1, CR1, CR6, EB-1, EB-2, EB-3. Temporary visas E3, H1B, H4, K1, L1, L2 may also be considered.

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.

	Maximum weight in pounds (lbs)				
Height	**Preferred Plus**	**Preferred** **May be eligible** for 1" height adjustment or credits	**Standard Plus** **May be eligible** for 1" height adjustment or credits	**Standard** **May be eligible** for 1" height adjustment or credits	**Standard** **Is not eligible** for 1" height adjustment or credits
4'10"	89 - 134	135 - 144	145 - 155	156 - 181	182 - 196
4'11"	92 - 139	140 - 149	150 - 160	161 - 188	189 - 203
5'0"	95 - 144	145 - 154	155 - 166	167 - 194	195 - 209
5'1"	98 - 149	150 - 159	160 - 171	172 - 201	202 - 216
5'2"	101 - 153	154 - 164	165 - 177	178 - 207	208 - 224
5'3"	104 - 158	159 - 170	171 - 183	184 - 214	215 - 231
5'4"	108 - 164	165 - 175	176 - 188	189 - 221	222 - 238
5'5"	111 - 169	170 - 181	182 - 194	195 - 228	229 - 246
5'6"	115 - 174	175 - 186	187 - 200	201 - 235	236 - 253
5'7"	118 - 179	180 - 192	193 - 207	208 - 242	243 - 261
5'8"	122 - 185	186 - 198	199 - 213	214 - 249	250 - 269
5'9"	125 - 190	191 - 204	205 - 219	220 - 257	258 - 277
5'10"	129 - 196	197 - 210	211 - 225	226 - 264	265 - 285
5'11"	133 - 201	202 - 216	217 - 232	233 - 272	273 - 293
6'0"	136 - 207	208 - 222	223 - 239	240 - 279	280 - 302
6'1"	140 - 213	214 - 228	229 - 245	246 - 287	288 - 310
6'2"	144 - 219	220 - 234	235 - 252	253 - 295	296 - 319
6'3"	148 - 225	226 - 241	242 - 259	260 - 303	304 - 327
6'4"	152 - 231	232 - 247	248 - 266	267 - 311	312 - 336
6'5"	156 - 237	238 - 254	255 - 273	274 - 320	321 - 345
6'6"	160 - 243	244 - 260	261 - 280	281 - 328	329 - 354
6'7"	164 - 249	250 - 267	268 - 287	288 - 336	337 - 363
6'8"	168 - 256	257 - 274	275 - 295	296 - 345	346 - 372
6'9"	173 - 262	263 - 281	282 - 302	303 - 354	355 - 382
6'10"	177 - 268	269 - 288	289 - 309	310 - 363	364 - 391
6'11"	181 - 275	276 - 295	296 - 317	318 - 371	372 - 401

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 fluidless underwriting and all digital applications, only the one inch credit for build is available.

Qualifying for an improved class

Build

We will add an inch to measured height to see if a one class improvement is available.



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

Financial underwriting focus

Our financial underwriting philosophy is to provide you with the guidance and collaboration you require to meet the needs, and the best interests, 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 including but not limited to the coverage amount in relation to the applicant's income and the applicant's ability to pay premiums.

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.

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
- mimimum of $25,000 household income would be needed to use the income factorial above
- household income of $20,000 to $24,999 would be limited to $250,000*
- household income less than $20,000 would be limited to $100,000*
- earned income is defined as income earned in the U.S. 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 up to
Under 30	40x
30 - 39	35x
40 - 49	25x
50 - 59	20x
60 - 64	10x
65 - 70	5x
71+	3x

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.

*other than special rules for students noted

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 inforce (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.

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.

May be considered on an individual basis and may require the following documentation:

- 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

Students: Students will no longer be required parents to be owner, payor, or beneficiary.

Undergraduate Students: Under age of 30, allow a maximum of $250,000 if their personal income does not support the total line of insurance. Ages 30 and older, allow maximum of $100,000 if their personal income does not support the total line of insurance to be placed.

Graduate Students: We will allow a maximum of $500,000 on graduate students if their personal income does not support the total line of insurance going to be placed.

Law or Medical School Students, Medical Interns, Residents and / or Fellows: We will consider for face amounts up to
$2 million 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 U.S.
Non-U.S. business interests will not be considered for any business related coverage.

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. Section headed "Business Financial Information" must be completed, along with Section J for paper applications. 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 or proposed insured should be the owner; a bank cannot be the owner or the bene
- 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.

SBA Loans: For life insurance policies tied to a SBA 7(a) loan, we will forgo the need for business or personal financial statements supporting the financial justification. The reasoning behind this is due to due diligence that is put into the loan process. SBA 7(a) loans cap out at $5 million.

A copy of the SBA 7(a) loan approval document is still required.

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

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.

Retention

Ages	Preferred Plus Table 4	Tables 5 - 8	Tables 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	Tables 5 - 8	Tables 9 -12
20 - 75	$30 million	$10 million	$10 million
76 - 80	$4 million	$500,000	$500,000
81 - 85	$2 million	None	None

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

Jumbo Limits

Ages	Amounts
20 - 75	$ 65 million
76 - 85	$30 million
Foreign National Jumbo Limit	
20 - 70	$35 million

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.

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, 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 is required when:

- the proposed insured is over age 70
- the application is approved on a substandard/ rated basis
- medical evidence is over 60 days
- delivery is extended
- the policy is reissued
- an 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.

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 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 strives to issue a policy that matches your QuickQuote. The tentative quote is non-binding and is based solely on the information you have provided and is subject to complete underwriting requirements.

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:

- Coronary Artery Disease
- Stroke
- Multiple Sclerosis
- MGUS
- Advanced Cancers
- Lymphoma, including Non-Hodgkin's
- Interstitial lung disease
- Applicants on public aid, government assistance or Disability

Paramed exam vendors	
APPS - Portamedic	800.635.1677
ExamOne	877.933.9261
APS vendors	
ExamOne	877.933.9261
Express Imaging Services	888.846.8804
Jetstream APS*	888-233-8015 x229 310.826.3759 x225
J & H Copy Service	714.921.1122 x102
Parameds.com	718-575-2000

*Only approved for Banner Life applications.

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.

Contact Legal & General America

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. For producer use only. Not for public distribution.

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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Legal & General
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