

Field guide for life insurance underwriting

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



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

This field guide offers comprehensive information on the underwriting practices of Banner Life Insurance Company and William Penn Life Insurance Company of New York, Legal & General America companies.

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 are experienced and focused 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.

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!

Plus, our substandard premium calculations are based on Standard Plus rates, giving us a leg up on the competition.

Top sweet spots

Preferred Plus consideration for:

- Cigarette smokers three years out
- Clients with controlled Hypercholesterolemia
- Clients with controlled Hypertension (average readings 135/85 or less)
- Clients with a combination of controlled HTN / cholesterol
- Clients with treated or untreated total cholesterol 300 or less
- 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
- Clients with high functioning autism (IQ > 70, well developed language skills and able to learn and live independently) without any neurobehavioral, mental health symptoms or epilepsy
- Clients with mild anxiety on one medication (well controlled)

Preferred consideration for:

- Clients with mild asthma on two medications or less (well controlled)
- Clients with depression on one prescription medication (well controlled)
- Clients with mild or moderate 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 over age 50
- 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.

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.

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.

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

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

Customize Coverage

Digital application customization – Get More, Get Less

Agencies have the option to customize coverage for their clients by setting their preferences for Get More and/or Get Less coverage in Application Manager.

Depending on the options selected, functionality will be available to increase or decrease the face amount. Increases are limited to a face amount that does not require additional underwriting requirements for that age.

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

Requirements for the Get More opportunity

A proposed policy cannot include:

- Table ratings
- Application for business coverage
- Applications where the owner is not the payor

Horizon digital application and digital AppAssist

The Horizon digital application allows your clients the flexibility to complete the application online with or without agent assistance.

For clients who prefer a phone interview and in-house expertise, 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
- Up to three applications at once

When an application is submitted to Legal and General's digital application underwriting platform via drop ticket, underwriting evidence is gathered digitally in real-time during the application process and gives applicants the greatest opportunity for approval with less requirements.

Full details and other resources for the digital application platform are available [here](#).

Banner Life digital accelerated underwriting

Accelerated Underwriting eligibility is determined by evidence collected during the digital application or digital AppAssist process such as disclosures by the applicant, prescription history, and other third-party data.

Eligibility parameters:

- Ages 20-60, Up to \$4 million (including total coverage in force and applied for with Banner Life and William Penn)
- OPTerm with any term duration

Applicants who qualify may get an instant decision. If they do not meet the instant decision criteria, they will be considered for exam-free underwriting.

Applications that do not meet Accelerated Underwriting eligibility above may still qualify for an exam-free experience through our Lab Lift exam substitution program.

Learn more [here](#).

Lifestyle factors and third-party data

Lifestyle factors, whether admitted or identified by third-party data, may impact underwriting. In some cases, an applicant may become ineligible for Accelerated Underwriting, or an offer may be lowered by one class.

Factors include, but are not limited to, items such as bankruptcies, credit history, criminal history, driving history, evictions and property ownership.

William Penn (NY) accelerated underwriting

New York applicants may qualify for exam-free underwriting when a drop ticket is submitted through AppAssist (voice signature required). The client may be approved instantly or within 48 hours of the interview.

Eligibility parameters

- Standard Plus or better (see pages 16-17 for additional eligibility parameters)
- No premium financing
- No policy lapse or replacement considered within the last 6 months
- No internal policy lapse or internal replacement within the last 2 years
- No APS required and no major medical conditions

OPTerm 15, 20, 25, 30	OPTerm 10
Ages 20-40, Amounts \$100,000 - \$1 million	Ages 20 - 50, Amounts \$100,000 - \$500,000
Ages 41-45, Amounts \$100,000 - \$750,000	
Ages 46-50, Amounts \$100,000 - \$500,000	

Lifestyle factors and third-party data

Lifestyle factors, whether admitted or identified by third-party data, may impact underwriting. In some cases, an applicant may become ineligible for Accelerated Underwriting, or an offer may be lowered by one class.

Factors include, but are not limited to, items such as bankruptcies, credit history, criminal history, driving history, evictions and property ownership.

If the applicant does not qualify for automated approval, the process will continue seamlessly with traditional underwriting.

Lab Lift exam substitution program

Our exam substitution program, Lab Lift, is an accelerated underwriting enhancement designed for your clients. With Lab Lift, clients who are not initially approved exam-free have the option to substitute recent electronic health records (EHR), if available, or an attending physician statement (APS) for a paramedical exam assuming a physical with complete blood work has been completed within 18 months*.

Banner Life digital eligibility parameters:

- Ages 20-60 up to \$4 million (including total coverage in force and applied for with Banner Life and William Penn)
- For participating firms

William Penn (NY) eligibility parameters:

- Ages 20-60 up to \$2,000,000 of coverage (including total coverage in force and applied for with Banner Life and William Penn)
- Lab Lift Program Cover Sheet (LP-203)

Learn more about our Lab Lift program [here](#).

*Eligibility for Lab Lift is determined by date of last physician visit and information provided by the EHR/APS. If the applicant does not qualify for Lab Lift, an exam will be ordered.

Age and amount requirements

Our innovative Horizon digital application and digital AppAssist determines if your client is eligible for reduced requirements for face amounts up to \$4,000,000, ages 20-60. If needed, requirements will be ordered at the end of the application journey.

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.

Face amount	Ages				
	20-40	41-50	51-60	61-70	>70
\$100,000 to \$250,000	APM/NM, BU	APM/NM, BU	APM/NM, BU	PM, BU APS	PM, BU APS DAQ
\$250,001 to \$500,000	APM/NM, BU	APM/NM, BU	APM/NM, BU	PM, BU 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

APM/NM	Abbreviated Paramed / Non-med <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Medical records from an attending physician/licensed medical professional
BBR	Business Beneficiary Report <ul style="list-style-type: none"> Required for any business case over \$5 million. Acceptable 3rd party financials can also be used to satisfy this requirement
BU	Blood and Urine
DAQ	Daily Activities Questionnaire
EKG	Electrocardiogram
EIR	Electronic Inspection Report <ul style="list-style-type: none"> Required for amounts over \$2 million for ages 20-60 and for amounts over \$1 million for ages over 60
PM	Paramedical Examination <ul style="list-style-type: none"> The examiner will take vitals, blood and urine, as well as a medical history from the applicant

Special lab tests

The following lab tests will be added if labs are 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 the application and routine age and amount medical evidence (abbreviated paramed, paramedical exam, blood / urine, electrocardiogram) are as follows:

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

Note: A Good Health Statement is required when medical evidence is over 60 days old. (Please reference Good Health Statement guidelines on page 23.)

Horizon/Digital applications

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.

Digital applications automatically determine if an APS is needed and simplifies the process even further by placing the APS order for you.

William Penn 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 Table 4 or better)
51 - 60	1 month
61+	APS always required
Age	\$250,000 - \$1 million
20 - 40	No APS required (if Standard or better – otherwise 1 month)
41 - 50	No APS required (if Standard or better – otherwise 3 months)
51 - 60	3 months
61+	APS always required
Age	\$1,000,001 - \$2 million
20 - 50	No APS required (if Standard or better AND have exam/labs – otherwise 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 typically required for:

An APS will typically be required at all ages and amounts, if the proposed insured has obtained a medical consultation for the following conditions*:

- Blood Disorders
- Brain Tumor
- Cancer / Malignant Tumors** (may not be required for superficial basal cell or squamous cell carcinoma)
- 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
- Intestinal Bleeding
- Inflammatory Bowel Disease (Ulcerative Colitis / Crohn's)
- Kidney Disease
- Liver Disease
- Mental Health Disorders (exception: mild anxiety well controlled on one medication)
- Multiple Sclerosis
- Muscular Dystrophy
- Pancreatic Disease
- Paralysis
- Rheumatoid Arthritis
- Substance Abuse / Dependence
- Systemic Lupus
- Thrombosis (Clots / DVT)

APSs for digital applications will be ordered in Horizon when required.

APSs for William Penn will be ordered based on agency preference (home office or agent ordered).

If agent ordered, please ask for full records to include medical history, testing, treatment and follow-up care.

*APS requirements may vary based on individual factors of the case and details provided.

**Biopsy and follow-up surgical procedures: Please request Gross and Microscopic Pathology Reports.

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

Minor illnesses

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

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 without surgery
- Abdominal – size \geq 5.0cm
- Thoracic – size \geq 5.5 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
- Stroke (CVA), severe or multiple strokes. Consider contacting underwriting before submitting on a stroke diagnosis if the applicant is less than age 40
- 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
- Pregnancy with history of pre-eclampsia or gestational diabetes
- 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 mild, well controlled on single medication
- Asthma - mild exercise induced or mild seasonal asthma
- Carotid Imaging - CIMT mildly increased for age / gender, no plaque or carotid stenosis.
- Depression / Mood Disorder - one episode, duration of less than one year, recovered, no current medication
- 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! Meaning, non-tobacco substandard premiums are based off Standard Plus rates - not Standard. This includes flat extras with a table rating.

Note: Temporary flat extras (medical impairments) without a table rating will have a base rating of standard.

Visit our underwriting hub

For access to more information about our underwriting approach, please visit lgamerica.com/advisor/our-approach/underwriting-experience.

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 16.
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 16.
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, DUI ¹ , 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.)

¹Multiple DUIs are excluded²Reckless/Negligent Driving: includes, but is not limited to, speeding ≥ 30 mph over the posted limit or speeding ≥ 90 mph³Acceptable 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 16.
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, DUI1, 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 16.
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, DUI1, 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.)

¹Multiple DUIs are excluded

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

³Acceptable 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.

Height	Maximum weight in pounds (lbs)				
	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

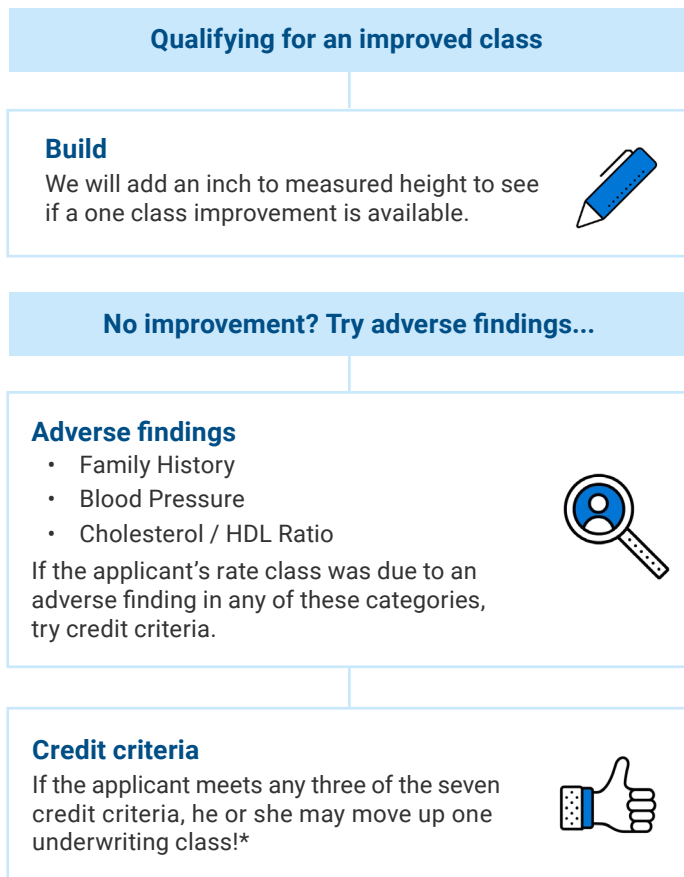
We can improve an underwriting decision by one class for qualified applicants in the Standard eligible or better categories.

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 exam-free underwriting, only the one inch credit for build is available.



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 $\leq 4.5^*$
3. NT ProBnP 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*

*Values must be from exam lab results or medical records.

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 such as insurable interest at the time of application and the purpose of coverage.

The financial guidelines listed represent only some of the factors considered to help justify the requested face amount. Individual aspects of each case determine the amount of coverage that can be offered. Underwriters have the discretion to request additional financial information as needed.

Providing answers to the questions below, any other key points and supporting documentation will help streamline the underwriting process:

- Does the owner, beneficiary and/or premium payor have an interest in the continued life of the proposed insured?
- What is the reason for an uncommon owner, beneficiary or payor?
- What is the specific purpose of coverage or need being covered?
- How was the amount applied for determined?
- Does the amount of insurance applied for correlate with the amount of financial loss to the owner/beneficiary?
- What is the total amount of life insurance with all carriers on the insured's life?
- Are any policies being replaced?
- Are there applications pending with other carriers?

Financial underwriting requirements

Third-party financial verification

Third Party Financial Verification is required when the total line with Banner Life and William Penn coverage in force and pending is \$10,000,000 or more for personal coverage or \$5 million or more for business cases. A Business Beneficiary Report (BBR) may be requested for business cases.

Although the third-party financial requirement is based on Banner Life and William Penn's total line, the ultimate total line with all carriers (in force and applied for) must be financially justified.

Acceptable third-party documents vary depending on the purpose of coverage and aspects of the case.

Trust certificate

A 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.

Note: Trust Certificate information is obtained during the Horizon digital application. The Trust Certificate form is only required on non-digital William Penn (NY) applications.

Personal insurance guidelines

Purpose	Guidelines	Considerations																
Income replacement	<table border="1" data-bbox="423 369 734 636"> <thead> <tr> <th>Age</th> <th>Income factor</th> </tr> </thead> <tbody> <tr> <td><30</td> <td>40x</td> </tr> <tr> <td>30-39</td> <td>35x</td> </tr> <tr> <td>40-49</td> <td>25x</td> </tr> <tr> <td>50-59</td> <td>20x</td> </tr> <tr> <td>60-64</td> <td>10x</td> </tr> <tr> <td>65-70</td> <td>5x</td> </tr> <tr> <td>71+</td> <td>3x</td> </tr> </tbody> </table> <p>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.</p> <p>For applicants age 71 or older who are still employed, we will individually consider income replacement using small multipliers.</p>	Age	Income factor	<30	40x	30-39	35x	40-49	25x	50-59	20x	60-64	10x	65-70	5x	71+	3x	<ul style="list-style-type: none"> Gross annual earned income How the amount of insurance was determined Amount of personal insurance coverage pending and in force with Banner Life and William Penn and all carriers not being replaced Verification of income such as tax returns (included those verified by 4506TEZ form) or W-2 forms may be needed
Age	Income factor																	
<30	40x																	
30-39	35x																	
40-49	25x																	
50-59	20x																	
60-64	10x																	
65-70	5x																	
71+	3x																	
Dependent spouse or life partner	<p>A dependent or non-wage earning spouse or life partner is eligible for coverage generally up to the amount of personal insurance coverage of the working spouse or life partner.</p>	<ul style="list-style-type: none"> Dependent on household income Amount of personal insurance coverage pending and in force with all carriers for working spouse/life partner and applicant Other sources of income and amounts Any special circumstances contributing to how the amount of coverage was determined 																
Charitable giving	<p>Annual donation x number of years pledged OR Annual donation x earned income multiplier</p>	<ul style="list-style-type: none"> Contribution Record (confirming established history of giving to the institution/charity) Other insurance needs must be met Charitable giving statements 																
Estate conservation / liquidity	<p>Maximum amounts based on future value of the estate less the estate tax exclusion amount x estate tax rate (40%)</p> <p>General guidelines</p> <ul style="list-style-type: none"> Interest rates for future value from 5-10% (subject to individual consideration) Growth spans based on the applicant's age and life expectancy to a maximum of 20 years 	<ul style="list-style-type: none"> Net worth How the face amount was determined (estate analysis) Verification of assets and liabilities (such as broker dealer statements, CPA letter/audited statements, tax appraisals) may be needed 																

Business insurance guidelines

Any type of business coverage being considered must be limited to business interests in the U.S.

Business valuation methods

Providing favorable corporate financial justification may allow consideration beyond the following typical business value multiples:

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

Purpose	Guidelines	Considerations
Key person	<p>Ages ≤ 64 up to 20x up to applicant's annual income</p> <p>Ages 65-70 up to 10x applicant's annual income</p> <p>Ages ≥ 71 individual consideration when facts and financial data demonstrate a significant loss to the company</p>	<ul style="list-style-type: none"> • Owner and beneficiary should generally be the business. • Amounts are dependent on the factors such as age, involvement in the business, expertise, unique skills, contribution to revenue or growth and total compensation. • Verification of compensation or contributions may be needed.
Buy-sell and stock redemption	<p>Fair market value of the business x percentage of ownership held by the applicant.</p> <p>All business partners should be similarly insured.</p>	<ul style="list-style-type: none"> • Owner and beneficiary for cross purchase should generally be business partners/owners. For entity/purchase or stock redemption, should generally be the business/company. • Business financials such as the balance sheet, income statement and/or Buy Sell agreement may be needed.
Business loans	<p>Consider coverage provided the term of the new loan is at least seven years (when the coverage is solely for loan coverage needs).</p> <p>Consider up to 80% of the loan amount for uncollateralized loans and up to 100% of the loan if structured as a collateral assignment.</p> <p>Loan coverage on a sole proprietor is essentially the same as personal insurance for the same purpose.</p> <p>For life insurance policies tied to an SBA (7a) loan, we will forgo the need for business or personal financial statements supporting the financial justification. The reasoning behind this is due to diligence that is put into the loan process. SBA 7 (a) loans cap out at \$5 million.</p>	<ul style="list-style-type: none"> • Owner should typically be the business or proposed insured dependent on the situation (a bank/creditor cannot be the owner of the beneficiary). <p>Requirements</p> <ul style="list-style-type: none"> • Purpose, amount, date and loan duration • Collateral assignment • Copy of SBA 7(a) loan approval document (if SBA loan) • A copy of the loan agreement or business financials may be needed.

Note: We do not allow any coverage for business operations, owners, growers and/or distributors of marijuana or related products containing THC.

Employer owned life insurance acknowledgment and consent

Employer-owned policies must have a completed LR-63 or LR63WP Employer Owned Life Insurance Acknowledgment and Consent form signed by both the proposed insured and the employer.

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	\$4 million	\$1 million	\$1 million

Automatic binding limits

Ages	Preferred Plus Table 4	Tables 5 - 8	Tables 9 -12
20 - 75	\$30 million	\$10 million	\$10 million

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

Jumbo limits

Ages	Amounts
20 - 75	\$65 million

Foreign national jumbo limit

20 - 70	\$35 million
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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.

Reinstatement requests

If a policy lapses due to non-payment, Reinstatement Application forms are available on Partner Dashboard. You may also contact our customer service department at 800-638-8428 or customerservice@bannerlife.com. 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 or send an email to quickquotes@lgamerica.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.

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

AdamsBridge	844-202-2357
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.

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 Life products are distributed in 49 states and in DC. William Penn products are available exclusively in New York; Banner Life is not authorized as an insurer and does not do business in New York. 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

LAA1934 21-020 CN03252025-1