

LifeScape[®]
Universal Life Insurance

UNDERWRITING GUIDE

FOR AGENT USE ONLY. Not for use with consumers.
Product availability, features and rates may vary by state.

16-245-01131 (11/18)

Important Notice

Underwriting Guide for LifeScape® Universal Life Insurance

This policy is underwritten by Assurity Life Insurance Company, Lincoln, Nebraska, and may contain reductions of benefits and limitations. For costs and complete details of the coverage, please contact Assurity Life Insurance Company or review the policy. **The specific policy is your ultimate authority for any questions about this product.**

This is a generic underwriting guide. **Product availability, features and rates may vary by state.** Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each product by selecting the Applications/Forms option on the left.

This is an underwriting guide for policy Form No. ICC14 | L1419. Any prior guide does not apply to this product.

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General Underwriting Guidelines

Preferred Guidelines

Tobacco and Non-Tobacco

For Preferred underwriting classification, the applicant must meet the following guidelines:

- Preferred Non-Tobacco not using tobacco products for one year;
- Preferred Tobacco currently using tobacco;
- no more than one death of a parent, brother or sister under the age of 60 from cardiovascular disease or cancer;
- no private aviation, or hazardous avocations or occupations;
- no DUI or "reckless driving" convictions within the last five years, and no more than one moving violations in the past three years;
- only stable and mild anxiety or depression (subject to individual consideration);
- no personal history of vascular disease or life-threatening cancer (must be a standard risk);
- no treatment or counseling regarding drug or alcohol use within the last seven years;
- blood pressure, treated or untreated, no higher than 140/90;
- total cholesterol, treated or untreated, no higher than 250 mg/dl with chol/HDL ratio no higher than 6.5; and
- build not to exceed limits set forth in the table below.

PREFERRED HEIGHT / WEIGHT BUILD TABLE					
Height	Maximum Weight (lbs.)		Height	Maximum Weight (lbs.)	
	Males	Females		Males	Females
4'10"	145	136	5'9"	206	192
4'11"	151	141	5'10"	212	198
5'0"	156	145	5'11"	218	204
5'1"	161	150	6'0"	224	210
5'2"	166	155	6'1"	231	216
5'3"	172	160	6'2"	237	221
5'4"	177	166	6'3"	244	228
5'5"	183	171	6'4"	250	234
5'6"	188	176	6'5"	257	240
5'7"	194	181	6'6"	263	246
5'8"	200	187			
Body Mass Index	Maximum Body Mass Index				
	Males	Females			
	30	28			

Preferred Plus Guidelines

Non-Tobacco

For Preferred Plus underwriting classification, the applicant must meet the following guidelines:

- Preferred Non-Tobacco not using tobacco products for three years;
- no death of a parent, brother or sister under the age of 60 from cardiovascular disease, cancer or diabetes;
- no private aviation, or hazardous avocations or occupations;
- no DUI or “reckless driving” convictions within the last seven years, and no more than one moving violations in the past three years;
- no treatment for anxiety or depression;
- no personal history of vascular disease, life-threatening cancer or diabetes (must be a standard risk);
- no treatment or counseling regarding drug or alcohol use;
- blood pressure, untreated only, no higher than 140/90 (blood pressure treatment disqualifies);
- total cholesterol, untreated only, no higher than 220 mg/dl with chol/HDL ratio no higher than 5.0; and
- build not to exceed limits set forth in the chart below.

PREFERRED PLUS HEIGHT / WEIGHT BUILD TABLE					
Height	Maximum Weight (lbs.)		Height	Maximum Weight (lbs.)	
	Males	Females		Males	Females
4'10"	136	126	5'9"	192	179
4'11"	141	131	5'10"	198	184
5'0"	145	135	5'11"	204	190
5'1"	150	140	6'0"	210	195
5'2"	155	144	6'1"	216	200
5'3"	160	149	6'2"	221	206
5'4"	166	154	6'3"	228	212
5'5"	171	159	6'4"	234	217
5'6"	176	164	6'5"	240	223
5'7"	181	169	6'6"	246	229
5'8"	187	174			
Body Mass Index	Maximum Body Mass Index				
	Males	Females			
	28	26			

Non-U.S. Citizens

Applications may be taken for U.S. citizens who permanently reside in the U.S. or for permanent resident aliens who have lived in the U.S. for at least one year and do not plan to return to their native country on a permanent basis. The applicant’s resident alien card number must be submitted with the application for a permanent resident alien. A photocopy of the resident alien card can be included in case it is required.

Personal History Interviews

Personal history interviews are ordered by the underwriting department for all applications with benefit amounts exceeding \$250,000. Please inform every applicant that he/she may receive a phone call regarding an interview.

Backdating Policy Issue Date

Assurity will backdate the policy issue date six months prior to application's signature date to "save age" (i.e. allow for a lesser age to qualify for a lesser rate). However, Assurity will not backdate the policy issue date to "save eligibility" (i.e. allow for a lesser age to meet eligibility requirements).

Financial Underwriting Guidelines

Bankruptcy

Consideration of financial stability is an important part of the underwriting process. No coverage will be considered if bankruptcy is ongoing or pending, and until bankruptcy is discharged.

All other financial underwriting guidelines are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for this product by accessing the Product Specifications page and selecting Financial Underwriting Guidelines in the resource section.

Medical Underwriting Guidelines

Non-Medical Limits and Exam Requirements

Upon completion of the application, arrangements should be scheduled to fulfill underwriting requirements indicated on the chart below. When using the chart, please note the following:

Age

All age calculations should use the age last birthday

Amount of Coverage

- To calculate the amount of coverage used in determining underwriting requirements, add up the total amount of life coverage applied for on this application and pending, including term riders, plus other insurance in force with Assurity over the past two years and excluding any group insurance, Acci-Flex Accidental Death, NonMed Term 350, or Simplified Whole Life.
- If applying for coverage on a juvenile (ages 0 through 14), at least one parent must carry twice the child's current in-force coverage plus the applied-for amount.
- Personal history interviews will be required on cases above \$500,000.

Non-Med or Exam

- In the Exam Limits Chart, "Exam" means paramedical exams.
- Applicants through age 65 applying for benefit amounts above \$2,000,000 are required to have visited a physician within the last two years; Assurity will obtain medical records. If the applicant has not visited a physician within the last two years, Assurity may require a medical exam with a physician at the underwriter's discretion.
- Applicants above age 65 applying for benefit amounts above \$500,000 are required to have visited a physician within the last two years; Assurity will obtain medical records. If the applicant has not visited a physician within the last two years, Assurity will require a medical exam with a physician.
- If a TeleApp is completed, or if all questions on the application are completed, Assurity can waive the paramedical exam and use an abbreviated exam in which the paramed records height, weight, blood pressure and pulse.

Urinalysis (UA) and Electrocardiogram (EKG)

If required, included in paramedical exam.

Blood Requirements (BLD)

- To qualify for preferred underwriting classification, a full blood profile must be completed.
- Tobacco and Non-Tobacco Preferred classes require a fasting full blood draw; a dried blood spot (DBS) is not acceptable.

EXAM LIMITS CHART (effective 06/01/2016)					
Age	Amount of Coverage	Non-Med or Exam	UA	BLD	EKG
0 - 14	To \$300,000	Non-Med	No	No	No
	Assurity may request a statement from the insured's personal physician				
15 - 35	To \$149,999	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$150,000 - \$250,000	Exam	Yes	No (Yes if Pref.)	No
	\$250,001 - \$750,000	Exam	Yes	Yes	No
	\$750,001 - \$2,000,000	Exam	Yes	Yes	No
	\$2,000,001 and above	Exam	Yes	Yes	No
36 - 45	To \$149,999	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$150,000 - \$1,000,000	Exam	Yes	Yes	No
	\$1,000,001 - \$2,000,000	Exam	Yes	Yes	Yes
	\$2,000,001 and above	Exam	Yes	Yes	Yes
46 - 60	To \$149,999	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$150,000 - \$750,000	Exam	Yes	Yes	No
	\$750,001 - \$2,000,000	Exam	Yes	Yes	Yes
	\$2,000,001 and above	Exam	Yes	Yes	Yes
61 - 65	To \$74,999	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$75,000 - \$149,999	Exam	Yes	No (Yes if Pref.)	No
	\$150,000 - \$500,000	Exam	Yes	Yes	No
	\$500,001 - \$2,000,000	Exam	Yes	Yes	Yes
	\$2,000,001 and above	Exam	Yes	Yes	Yes
66 - 85	To \$74,999	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$75,000 - \$149,999	Exam	Yes	No (Yes if Pref.)	No
	\$150,000 - \$500,000	Exam	Yes	Yes	No
	\$500,001 - \$2,000,000	Exam	Yes	Yes	Yes
	\$2,000,001 and above	Exam	Yes	Yes	Yes

Note: These limits are subject to change at any time. Assurity reserves the right to require a medical exam and/or other medical requirements on any applicant.

Authorized Paramedical Firms

Our authorized paramedical firms have the examination forms, containers and blood draw kits in stock.

For significant medical health histories or if the applicant has been declined previously, contact the new business contact center at (800) 869-0355, Ext. 4264, prior to scheduling an examination.

Paramedical firms authorized by Assurity are as follows:

American Paraprofessional Systems, Inc. (APPS)	(800) 967-1499
Examination Management Services (EMSI)	(800) 872-3674
Quest Diagnostics – ExamOne	(800) 873-8845
Hooper Holmes Portamedic National Service Center	(800) 765-1010

Note: To qualify for non-tobacco rates, the applicant must have not used any tobacco or nicotine-based products, or substitutes for the last 12 months.

Additional Underwriting Information to Expedite Processing

Underwriting action often depends on answers to a number of basic questions specific to the condition or situation. In addition to information provided in the application, the underwriting process can be expedited by providing such additional underwriting information as outlined below. On a separate sheet of paper attached to the application, give the information as specified for conditions or situations listed 1 through 13. For any condition or situations not listed, please give information according to section 14.

1. Arthritis
 - Applicant's name
 - Type of arthritis
 - Joints and areas involved
 - Currently prescribed medications and treatment
 - Name, address and phone number of all physicians and medical facilities
2. Asthma, emphysema, or bronchitis
 - Applicant's name
 - Number of attacks in the past 12 months
 - Date of last attack
 - Hospitalizations due to respiratory condition
 - Date of last hospitalization (if any)
 - Currently prescribed medications and treatment
 - Name, address and phone number of all physicians and medical facilities
3. Back or neck pain or problems
 - Applicant's name
 - Diagnosis (sprain, strain, herniated disc, etc.)
 - Area of the back or neck affected
 - Date of last symptom
 - Currently prescribed medications and treatment
 - Date of last treatment
 - Name, address and phone number of physician and medical facilities

4. Diabetes or glucose metabolism abnormalities
 - Applicant's name
 - Diagnosis
 - Date of onset or diagnosis
 - Currently prescribed medications and treatment
 - Date(s) of any hospitalizations
 - Related conditions – eye disorders, kidney disorders, heart disorders, recurrent infections, circulatory problems, amputations, skin ulcers
 - Other conditions/symptoms due to diabetes
 - Name, address and phone number of physician and medical facilities
5. Epilepsy or seizure
 - Applicant's name
 - Type of epilepsy or seizure
 - Date of onset or diagnosis
 - Date of last seizure
 - Currently prescribed medications or treatment
 - Name, address and phone number of all physicians and medical facilities
6. Heart attack, angina or coronary artery disease
 - Date of onset or diagnosis
 - Diagnosis
 - Date of last symptoms
 - Tests completed or prescribed
 - Currently prescribed medications and treatment
 - Name, address and phone numbers of all physicians and medical facilities
7. Heart murmur
 - Applicant's name
 - Date of onset or diagnosis
 - Type of murmur
 - Restrictions to activities
 - Currently prescribed medications and treatments
 - Name, address and phone number of physician and medical facilities
8. High blood pressure
 - Applicant's name
 - Date of onset or diagnosis
 - Currently prescribed medications or treatment
 - Name, address and phone number of physicians and medical facilities

9. Kidney or urinary tract disease or disorder
 - Applicant's name
 - Disease or disorder
 - Currently prescribed medications and treatments
 - Tests completed
 - Name, address and phone number of physician and medical facilities

10. Stomach and/or digestive tract disorders
 - Applicant's name
 - Diagnosis
 - Date of onset
 - Date of last symptoms
 - Currently prescribed medications and treatment
 - Name, address and phone number of physicians and medical facilities

11. Tumor, polyp or cyst
 - Applicant's name
 - Diagnosis
 - Location of growth
 - Date of removal
 - Currently prescribed medications and treatment
 - Follow-ups planned
 - Name, address and phone number of physician and medical facilities

12. Driving under the Influence (DUI)
 - Applicant's name
 - Date of offense
 - Number of DUI offenses
 - License currently suspended
 - Current employment

13. Drug or alcohol abuse
 - Applicant's name
 - Types of drugs or alcohol used
 - Dates of last drug or alcohol use
 - Treatment dates
 - Current affiliation in support group - Alcoholics Anonymous (AA), Narcotics Anonymous (NA)

14. All other medical conditions

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Residual or ongoing symptoms
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications or treatment
- Names, addresses and phone numbers of all physicians and medical facilities

About Assurity

Assurity Life Insurance Company's origins are rooted in a 120-year legacy of providing long-term security to policyholders that has earned generations of customers' confidence and trust.

Assurity Life serves customers across the nation, offering disability income, critical illness, accident and life insurance, annuities and specialty insurance plans through our representatives and worksite distribution.

With assets exceeding \$2 billion, Assurity Life has built a reputation for "best in class" service and sound, conservative business practices with a disciplined approach to financial management. Headquartered in Lincoln, Neb., Assurity Life has earned a high rating from A.M. Best Company, one of the insurance industry's leading independent analysts. For more information about this rating, please visit www.ambest.com or www.assurity.com.

We're proud of our history of integrity, financial accountability...and helping people through difficult times.

Revisions to this Underwriting Guide

Date	Section	Update
11/15/2018	Medical UW Guidelines	Updated that personal history interviews are now required above \$500,000.