

**Assurity®**

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# **Critical Illness Insurance Underwriting Guide**

FOR AGENT USE ONLY. NOT FOR USE WITH CONSUMERS. NOT AVAILABLE IN NEW YORK.  
Product availability, features and rates may vary by state.

## Important Notice

### Underwriting Guide for Critical Illness Insurance

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY.

This is an underwriting guide for policy Form No. I H1820. Any prior guide does not apply to this product.

Policy Form No. I H1820 and Rider Form Nos. R I1821, R I1822, R I1823, R I1824, R I1825, R I1826, R I1827, R I1828, R I1829 and R I1831 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska. Policy and riders may contain reductions of benefits and limitations. For costs and complete details of the coverage, please contact Assurity 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.** Key differences by state are summarized in the State Specific Information section. Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK, as detailed in the Contacts and Forms section.

This underwriting guide is for agent use only. It is not for use with consumers and is not for use in New York.

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## General Underwriting Guidelines

### Non-U.S. Citizens

Applications may be taken for U.S. citizens who permanently reside in the U.S. or for permanent **legal** 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 and Attending Physician's Statement

For benefit amounts at or below \$75,000, a personal history interview and APS (attending physician's statement) may be ordered related to application questions and the results from an MIB (Medical Inspection Bureau) report. MIB reports will be requested by the Underwriting Department for all applications. Please inform every applicant that he/she may receive a phone call regarding an interview.

For benefit amounts above \$75,000, a personal history interview will be ordered by the Underwriting Department for all applications. Please inform every applicant that he/she will receive a phone call regarding an interview.

### Replacement Guidelines

If existing critical illness insurance is to be replaced, the following states require that a replacement form be completed and submitted with the application, and that a completed copy be left with the applicant:

Arkansas	Illinois	New Jersey	Utah
Colorado	Iowa	Oklahoma	Vermont
Connecticut	Kentucky	Pennsylvania	Virginia
Delaware	Maine	Rhode Island	Washington
Florida	Massachusetts	South Carolina	West Virginia
Idaho	New Hampshire	Texas	Wisconsin

### Backdating Policy Issue Date

Assurity will backdate the policy issue date 30 days 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

### Financial Guidelines

Here are a few guidelines to consider related to the applicant's income:

- The applicant will generally be eligible for a benefit amount up to six times earned income.
- A non-working applicant is eligible for up to the lesser of 50 percent of their working spouse's income or \$250,000.
- If applying for a benefit amount greater than stated guidelines, a cover letter outlining justification will be required with the application.
- For business situations with benefit amount over \$100,000, a cover letter outlining the purpose and justification will be required with the application.
- For benefit amounts over \$250,000, financial documentation may be required.

**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.

## 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 following chart. When using the chart, please note the following:

**Age**

- All age calculations should use the age last birthday.

**Exam**

- In the chart below, "Exam" means paramedical exams.
- 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)**

- If required, included in paramedical exam.

**Blood Requirements (BLD)**

- A fasting full blood draw is required; a dried blood spot (DBS) is not acceptable. Blood profile includes HIV screening and may include a prostate-specific antigen (PSA) screening for males, as indicated below.

**Electrocardiogram (EKG)**

- If required, included in paramedical exam.

<b>EXAM LIMITS CHART (effective 06/03/19)</b>					
<b>Age</b>	<b>Amount of Coverage</b>	<b>Exam</b>	<b>UA</b>	<b>BLD</b>	<b>EKG</b>
<b>18 - 35</b>	To \$99,999	No	No	No	No
	\$100,000 - \$250,000	No	No	No	No
	\$250,001 - \$500,000	Yes	Yes	Yes	No
<b>36 - 40</b>	To - \$99,999	No	No	No	No
	\$100,000 - \$250,000	Yes	Yes	No	No
	\$250,001 - \$500,000	Yes	Yes	Yes	No
<b>41 - 45</b>	To \$99,999	No	No	No	No
	\$100,000 - \$250,000	Yes	Yes	Yes	No
	\$250,001 - \$500,000	Yes	Yes	Yes	Yes
<b>46 - 50</b>	To \$75,000	No	No	No	No
	\$75,001 - \$99,999	Yes	Yes	No	No
	\$100,000 - \$250,000	Yes	Yes	Yes with PSA	No
	\$250,001 - \$500,000	Yes	Yes	Yes with PSA	Yes
<b>51 - 70</b>	To \$75,000	No	No	No	No
	\$75,001 - \$99,999	Yes	Yes	Yes with PSA	No

<b>EXAM LIMITS CHART (effective 06/03/19)</b>					
	\$100,000 - \$500,000	Yes	Yes	Yes with PSA	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 previously been declined, please contact Customer Connections, as detailed in the About Assurity section, 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

**Build Chart**

For benefit amounts at or below \$75,000, the applicant’s Body Mass Index (BMI) must be within the allowable range in the chart below to be eligible for coverage.

<b>SIMPLIFIED BUILD CHART</b> (for benefit amounts at or below \$75,000)	
<b>BMI</b>	<b>Underwriting Decision</b>
Below 19	Decline
19-35.9	Standard
Above 35.9	Decline

For benefit amounts above \$75,000, the chart below provides a guideline for policy issue and table rating. The actual underwriting decision incorporates other factors and may not exactly match this chart.

<b>FULLY UNDERWRITTEN BUILD CHART</b> (for benefit amounts above \$75,000)	
<b>BMI</b>	<b>Underwriting Decision*</b>
Below 19	Decline
19-35.9	Standard
36-39.9	Table 2
40 and above	Decline

\*Assumes no history of hypertension, unfavorable lipids, family history of cardiovascular disease, or current tobacco use.

**Family Health History and Risk**

Family history is an important predictive factor for many illnesses and conditions that will be considered with applicant’s eligibility for critical illness insurance benefit amounts above \$75,000.

Family history risk varies with:

- the number of affected first-degree relatives – mother, father, brothers and sisters;
- the relative's age at diagnosis, not at death;
- the current age of applicant; and
- the sex of the applicant, in some cases.

Cancer, heart disease, diabetes, motor neuron disease and advanced Alzheimer's disease all demonstrate a genetic disposition. If your prospect has a family history of any of these conditions, please contact Customer Connections, as detailed in the About Assurity section, to determine any potential rating.

The following chart can be considered in determining an applicant's rating related to family history of the following illnesses and conditions:

<b>FAMILY HISTORY GUIDELINES CHART</b>		
<b>Illness / Condition</b>	<b>Family History</b>	<b>Policy Issue / Rating</b>
<b>Cancer</b>	One first-degree relative diagnosed under age 40	Decline
	One first-degree relative diagnosed between ages 40-59	Up to Table 2
	One first-degree relative diagnosed age 60 or older	Standard
	Two or more first-degree relatives both diagnosed between ages 50-59	Table 2
	Two or more first-degree relatives with one diagnosed between ages 40-49 and the other diagnosed between ages 50-59	Decline
	More than two first-degree relatives diagnosed at any age	Decline
<b>Heart Disease, Blood Vessel Disease and Stroke</b>	One first-degree relative diagnosed under age 45	Table 2
	One first-degree relative diagnosed between ages 45-60	Table 1
	Two first-degree relatives diagnosed under age 45	Decline
	Two first-degree relatives diagnosed between ages 50-60	Table 2
	More than two first-degree relatives diagnosed at any age	Decline

# Additional Underwriting Information

## 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, provide the information as specified for conditions or situations listed under conditions 1 through 13 in the following section. For any condition or situations not listed, please provide information according to No. 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

We are never more than one call away.  
**Literally.**

### Connect with us!

#### Mailing Address:

P.O. Box 82533  
Lincoln, NE 68501-2533

#### Connect Online!

[www.assurity.com](http://www.assurity.com)

[linkedin.com/company/assurity-life](https://www.linkedin.com/company/assurity-life)

[facebook.com/assurity.life](https://www.facebook.com/assurity.life)

#### Customer Connections

**Phone:** (800) 276-7619

**Hours:** 7:00 a.m. to 5:00 p.m. Central Time

#### Application Questions

**By Phone:** Extension 4264

**By Email** [underwriting@assurity.com](mailto:underwriting@assurity.com)

**By Fax** (402) 437-4606

#### Policy Questions

**By Phone:** Extension 4279

**By Email** [clientservicecenterrequests@assurity.com](mailto:clientservicecenterrequests@assurity.com)

**By Fax** (888) 255-2060

#### Claims Questions

**By Phone** Extension 4484

**By Email** [claimsinfo@assurity.com](mailto:claimsinfo@assurity.com)

**By Fax** (800) 869-0368

## Why Assurity?

At Assurity, we're working hard to make the business of insurance simple – more human – by listening, showing that we care and offering customers invaluable insurance products and financial protection. More than a business with a bottom line, we're a mutual organization whose mission is helping people through difficult times. By dedicating ourselves to the community, the environment and using our business as a force for good, we're able to take the long view when it comes to upholding our promises. Assurity is also the first major life and specialty health insurer to become a Certified B Corporation®, demonstrating we meet the rigorous standards of social and environmental responsibility.

## Revisions to this Underwriting Guide

Date	Section	Update
06/01/2019	All	First version created 06/01/2019