

Assurity®

Universal Life Insurance Underwriting Guide

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

Important Notice

Underwriting Guide for Universal Life 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 L1921. Any prior guide does not apply to this product.

Policy Form No. I L1921 and Rider Form Nos. R I1922, R I1923, R I1924, R I1925, R I1926, R I1927 and R I1928 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.** Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK, as detailed in the 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.

Table of Contents

Important Notice 2

General Underwriting Guidelines..... 4

 Preferred Guidelines.....4

 Preferred Plus Guidelines.....4

 Height/Weight Build Charts.....5

 Non-U.S. Citizens.....6

 Personal History Interviews.....6

 Backdating Policy Issue Date.....6

Financial Underwriting Guidelines..... 7

 Bankruptcy.....7

Medical Underwriting Guidelines..... 7

 Non-Medical Limits and Exam Requirements.....7

 Authorized Paramedical Firms.....8

Additional Underwriting Information 9

 Additional Underwriting Information to Expedite Processing.....9

Revisions to this Underwriting Guide..... 11

About Assurity..... 12

 Connect with us!12

 Why Assurity?.....12

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 three years;
- Preferred Tobacco currently using tobacco;
- no 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 two 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 5.0; and
- build not to exceed limits set forth in the chart below.

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 five 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 130/80 (blood pressure treatment disqualifies);
- total cholesterol, untreated only, no higher than 210 mg/dl with chol/HDL ratio no higher than 4.5; and
- build not to exceed limits set forth in the chart below.

Height/Weight Build Charts

For any builds not listed in the chart below, please contact Customer Connections, as detailed in the About Assurity section, prior to scheduling an examination.

HEIGHT / WEIGHT BUILD CHART						
Height	Males					
	Preferred Plus		Preferred		Standard	
	Min	Max	Min	Max	Min	Max
4'8"	83	124	83	133	77	165
4'9"	86	130	86	139	79	171
4'10"	89	136	89	145	82	177
4'11"	92	141	92	151	85	183
5'0"	95	145	95	156	88	189
5'1"	98	150	98	161	91	196
5'2"	101	155	101	166	94	202
5'3"	105	160	105	172	97	209
5'4"	108	166	108	177	100	215
5'5"	111	171	111	183	103	222
5'6"	115	176	115	188	106	229
5'7"	118	181	118	194	109	236
5'8"	122	187	122	200	113	243
5'9"	125	192	125	206	116	250
5'10"	129	198	129	212	119	258
5'11"	133	204	133	218	123	265
6'0"	137	210	137	224	126	273
6'1"	140	216	140	231	130	280
6'2"	144	221	144	237	133	288
6'3"	148	228	148	244	137	296
6'4"	152	234	152	250	141	304
6'5"	156	240	156	257	144	312
6'6"	160	246	160	263	148	320
6'7"	164	252	164	269	152	328
6'8"	168	258	168	275	156	337
6'9"	173	264	173	281	160	345

HEIGHT / WEIGHT BUILD CHART						
Height	Females					
	Preferred Plus		Preferred		Standard	
	Min	Max	Min	Max	Min	Max
4'8"	83	114	83	124	77	165
4'9"	86	120	86	130	79	171
4'10"	89	126	89	136	82	177
4'11"	92	131	92	141	85	183
5'0"	95	135	95	145	88	189
5'1"	98	140	98	150	91	196
5'2"	101	144	101	155	94	202
5'3"	105	149	105	160	97	209
5'4"	108	154	108	166	100	215
5'5"	111	159	111	171	103	222
5'6"	115	164	115	176	106	229
5'7"	118	169	118	181	109	236
5'8"	122	174	122	187	113	243
5'9"	125	179	125	192	116	250
5'10"	129	184	129	198	119	258
5'11"	133	190	133	204	123	265
6'0"	137	195	137	210	126	273
6'1"	140	200	140	216	130	280
6'2"	144	206	144	221	133	288
6'3"	148	212	148	228	137	296
6'4"	152	217	152	234	141	304
6'5"	156	223	156	240	144	312
6'6"	160	229	160	246	148	320
6'7"	164	235	164	252	152	328
6'8"	168	241	168	258	156	337
6'9"	173	247	173	264	160	345

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 17), 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 02/01/20)					
Age	Amount of Coverage	Non-Med or Exam	UA	BLD	EKG
0 – 17	To \$300,000	Non-Med	No	No	No
	\$300,001 and above	Assurity may request a statement from the insured’s personal physician			
18 – 35	To \$200,000	Non-Med	No	No	No
	\$200,001 and above	Exam	Yes	Yes	No
36 – 45	To \$200,000	Non-Med	No	No	No
	\$200,001 and above	Exam	Yes	Yes	No
46 – 60	To \$150,000	Non-Med	No	No	No
	\$150,001 - \$2,000,000	Exam	Yes	Yes	No
	\$2,000,001 and above	Exam	Yes	Yes	Yes
61 – 65	To \$100,000	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$100,001 - \$2,000,000	Exam	Yes	Yes	No
	\$2,000,001 and above	Exam	Yes	Yes	Yes
66 – 85	To \$100,000	Non-Med (Exam if Pref.)	No (Yes if Pref.)	No (Yes if Pref.)	No
	\$100,001 - \$500,000	Exam	Yes	Yes	No
	\$500,001 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

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

Revisions to this Underwriting Guide

Date	Section	Update
02/01/2020	Medical Underwriting Guidelines	Corrected Exam Limits Chart for EKG exams
12/01/2019	All	First version created 12/01/2019

About Assurity

We are never more than one call away.
Literally.

Connect with us!

Mailing Address:

Assurity Life Insurance Company
P.O. Box 82533
Lincoln, NE 68501-2533

Connect Online!

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: Monday-Thursday – 7:00 a.m. to 6:30 p.m. Central Time
Friday – 7:00 a.m. to 5:00 p.m. Central Time

Application Questions

By Phone: Extension 4264

By Email underwriting@assurity.com

By Fax (402) 437-4606

Policy Questions

By Phone: Extension 4279

By Email clientservicecenterrequests@assurity.com

By Fax (888) 255-2060

Claims Questions

By Phone Extension 4484

By Email 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.