

Foresters Advantage Plus II, Strong Foundation, Your Term & SMART UL

Underwriting Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters Financial™ philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This manual is a guide intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.

INDEX

Introduction	2
Product Information	2
Field Underwriting.....	2
Financial Underwriting Guidelines	3
Foreign Travel	4
Military.....	4
Occupation	4
Avocations.....	5
Beneficiary Designation	5
Temporary Insurance Agreement (TIA)	5
Preferred Submissions Instructions.....	5
Non-medical Underwriting	6
Insurance Classes – Your Term, Advantage Plus II and SMART UL	7
Preferred Criteria – Advantage Plus II and SMART UL Medical	7
Preferred Criteria – Your Term	8
Build	9
Adult Build Charts (16+) Fully Underwritten	9
Adult Build Chart (16+) Non Medical.....	10
Juvenile Build Chart	11
Age & Amount Requirements.....	12
Age & Amount Requirements Charts	13
Approved Vendors	14
Accelerated Underwriting	15
Modified Coverage	15
File Incomplete or Postponed.....	15
Impairments	15
Reconsideration of Underwriting Action	15
Submitting Information	16
Underwriting Impairment Guide	17
Other Impairments	17
Medical Impairments	18
Certificate Change Information	21
Paid-Up Additions Rider Examples	22

INTRODUCTION

You are an important part of the underwriting process and as a participant in the sale, processing, underwriting, and issue of our life insurance certificates, strong field underwriting is critical to your success and should consist of more than just careful questioning of the client. Take the time to get familiar with our underwriting philosophy and practices. Attention to these guidelines will help to speed up the process of certificate issue and to explain underwriting decisions.

The most important step in the underwriting process is accurate detailed answers to all questions on the application. It is important that the application show detailed health history for all proposed insureds to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious problems at time of claim.

PRODUCT INFORMATION

Individual life insurance coverage is provided by Foresters Financial™, a trade name and trademark of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Road, Toronto, Ontario, Canada, M3C 1T9) and its subsidiaries.

Underwriting guidelines, procedures and forms may vary by type of life insurance and state. Be sure to consult all materials relative to your specific product and state. By following the procedures outlined in this manual and the marketing guidelines you will maximize your percentage of issued life insurance applications.

FIELD UNDERWRITING

As an appointed producer you are authorized to solicit, write applications and otherwise transact the business of insurance in any state where you are both properly licensed by the state and authorized by Foresters to conduct business.

As an appointed producer you may not solicit applications in any manner prohibited by or inconsistent with the provisions of Foresters rules, regulations, or policies. If you have any questions regarding any type of solicitation transaction please contact your agency or refer to Foresters State Solicitation Rules [found on ezbiz](#) .

The following practices are not acceptable:

1. Applications altered or corrected with regard to: the signature of the proposed insured, the signature of the proposed owner (if different from the proposed insured), the date signed, the city and state of the required signers, the producer's signature, or any changes to information deemed to be material to the issuance of the certificate, unless initialed by all parties to the contract (Agent, Owner and Proposed Insured).
2. Paper applications with a stamped signature rather than handwritten ink signatures.
3. For e-Applications, signing with an email address that is not the signer's own unique email address. A signer's unique email address cannot belong to anyone other than the signer, can only be accessed by the signer, and should not include the name or initials of any other party listed on the application.

The following suggestions should help you and your clients in obtaining coverage as quickly as possible and on the most equitable basis:

1. If the proposed insured is under age 18, the application and Authorization To Obtain and Disclose information must be signed by the Parent or Legal Guardian.
2. Furnish complete information on past medical history including date(s) of first diagnosis, types of treatment, dates of consultation with physician, and physician contact information.
3. If medical history is disclosed, identify the disease or condition, and any disease or condition for which treatment was obtained or is pending.
4. Complete all underwriting questionnaires as appropriate.

Do not underestimate the proposed insured's knowledge of the diagnosed condition or the reason for the operation or treatment.

1. The writing producer is never authorized to disregard a proposed insured's answers, or to impose his or her judgment as to what is or is not important to record. The writing producer is never authorized to approve or alter an application for the proposed insured.
2. Only the Underwriting Team can make the final decision; therefore, never suggest or promise that coverage will be issued.

FINANCIAL UNDERWRITING GUIDELINES

Income replacement and estate protection are two important factors in determining the total amount of insurance (applied for and in-force) the proposed insured is eligible for.

Income Replacement

An income factor may be used to determine the total amount of insurance a proposed insured may be eligible for.

AGE	MULTIPLIER OF EARNED INCOME up to
18 - 30	30
31 - 40	25
41 - 50	20
51 - 60	15
61 - 65	10
66 and up	5

Earned income includes income from salary, commissions and bonuses. It does not include investment, pending interest, retirement or rental income.

Estate Protection

This is generally meant to preserve the proposed insured's net worth by covering any federal, and if applicable, state estate or inheritance taxes. This is determined on a case-by-case basis. Factors used to determine the amount of coverage include:

- The value of the estate and the anticipated future value of the estate.
- The state of residence and the anticipated estate taxes taking into consideration the federal exemption and current federal and, if applicable, state law.

Non-income Earning Spouse

We evaluate the insurance needs for a non-income earning spouse on an individual basis. Some factors we consider are:

- The amount of household income.
- The amount of coverage on the income earning spouse. The non-income earner should not have more coverage than the working spouse unless the working spouse is uninsurable.
- The number of dependents.

Juvenile Underwriting

Most children and students do not need a significant amount of insurance since they do not have estates, pay taxes or have income to replace. When submitting applications on children or students, the following information will be required:

- Provide the amount of insurance each sibling has, if any.
- An explanation will be required if the amount of insurance varies between siblings.
- Amount of insurance in-force on the parents. Generally, a parent must have double the amount of insurance in-force than applied for on the child.

In addition, when submitting applications for students or recent graduates, provide the following information:

- Area of study and expected graduation date.
- Anticipated future earnings.
- Family net worth.

Some of the cases may not fit into the parameters above, but we are willing to work with you to understand the special circumstances of each case. For complicated financial cases or when you cannot use the information above to justify the amount of insurance applied for or in-force, a Financial Needs Analysis along with a cover letter describing the financial need for your client will be beneficial.

RESIDENCE/CITIZENSHIP

Solicitation must be in a state where the product is approved for sale and the owner must sign the application in that state. To check product availability for each product, [visit the product section of ezbiz](#).

Foresters will consider proposed insureds between the ages of 18 and 70 years old with a valid Green Card and select Visas. Please refer to the Immigration Guidelines document on the agent website for full details.

FOREIGN TRAVEL

Travel in the course of business or pleasure will be considered up to and including 12 weeks. Underwriting foreign travel/residency will vary depending on international risks and how changes in political, security and health "environments" could impact the risk in that area. It is advisable to call Underwriting for a more accurate risk assessment as travel advisories are always changing.

Coverage is not available for proposed insureds planning to reside in a foreign country indefinitely.

MILITARY

Foresters welcomes applications from active-duty military personnel or those in the Reserve or National Guard. Insurance will not be offered to individuals who have been deployed or have received notice of deployment to serve in a war zone, an area of conflict or political instability or to a country outside of North America.

State regulations require the use of point-of-sale disclosure documents when selling to active-duty military personnel.

A Military Questionnaire will be required.

OCCUPATION

The occupation of a proposed insured is a major factor in their eligibility and many of those occupations may disqualify the proposed insured for the basic product and possibly riders. Proposed insureds with occupations that are exceptionally hazardous will be declined or rated. including but not limited to:

- Any occupation that involves working above certain heights.
- Any occupation that involves handling explosives.
- Any occupation that involves handling hazardous materials.

AVOCATIONS

Examples of recreational activities that may eliminate a proposed insured from Non-Medical Issue include:

- Scuba diving. The decision depends primarily on the level of certification and depths. Please have the proposed insureds complete Scuba or Skin Diving Questionnaire.
- Motorized racing (automobiles, motorcycles, boats). The decision depends on the level of competition, size and power of engine, etc. Please have the proposed insured complete a Motor Vehicle Sports Questionnaire.
- Hang-gliding, skydiving. Please have the proposed insured complete Aerial Sports Questionnaire.
- Mountain/Rock Climbing. Please have the proposed insured complete Climbing or Mountaineering Questionnaire.

BENEFICIARY DESIGNATION

The beneficiaries must meet Foresters, and state insurance law insurable interest, requirements. Please refer to Foresters "ezbiz" Acceptable Beneficiaries for Fraternal Organizations.

<https://ezbiz.foresters.com/foresters-spotlight-on-beneficiaries>

TEMPORARY INSURANCE AGREEMENT (TIA)

The TIA is a temporary insurance agreement that allows the proposed insured to have coverage during the underwriting process. It is available to the proposed insured who, on the date the application is being signed, are more than 15 days old but have not had their 71st birthday and for face amounts applied for up to a maximum of \$1,000,000. The proposed insured must truthfully answer "No" to the 3 questions asked in the TIA agreement and provide their first month premium for the TIA to take effect. The maximum payout is the lesser of the face amount applied for or \$500,000.

PREFERRED SUBMISSIONS INSTRUCTIONS

- Preferred rates are only available on fully underwritten plans (see Product Guide for face amount minimums).
- Current testing and underwriting can only determine preferred status. Proposed insureds cannot be expected to know if they qualify. All submissions will automatically be considered for preferred underwriting and issue based on the best insurance class available according to the preferred criteria (page 7).
- AVOID DELAYS AND DISSATISFACTION: Even if the proposed insured appears to qualify for preferred rates, they may not. Foresters underwriting strongly advises that the producer collect the standard non-tobacco or tobacco premium with the application or prepare the client for the possibility of a non-preferred decision.
- When ordering medical requirements, please ensure you select the correct company and location to ensure the completed information is received in a timely manner.

NON-MEDICAL UNDERWRITING

Non-Medical underwriting requires answers to the Lifestyle Questions, Part 1: Medical Questions and Other Insurance questions on the application. A pharmacy, medical data and credit attributes check from Milliman and an MIB check will be requested on every proposed insured.

The pharmacy, medical data, and credit attributes-based insurance score is constructed with this information. The credit behavior aspect of the score is provided by information received from a consumer credit reporting agency and provided through Milliman IntelliScript to correlate with mortality risk.

- The insurance score using the credit attributes is different from a FICO score.
- The insurance score shows a direct correlation to mortality risk.
- The applicable data used for the score is governed by the Fair Credit Reporting Act (FCRA).
- The proposed insured can dispute and correct inaccurate information with Milliman.

Prescription history, lab history and medical data results compile a report of available current and past prescriptions, lab and medical treatment, and test results ordered by a medical provider.

- This aspect of the score accesses these lab and test results, analyzes the results and data, and directly correlates to mortality risk.
- The applicable data is governed by the Health Insurance Portability and Accountability Act (HIPPA) and/or the Fair Credit Reporting Act (FCRA).
- The proposed insured can dispute and correct inaccurate information with Milliman.

If the proposed insured does not qualify for non-medical rates, the application will be declined. In some situations, a new application will be required for a fully underwritten product. Non-medical limits are based on the proposed insured's age nearest and total medically and non-medically underwritten insurance in-force with Foresters and are as follows:

STRONG FOUNDATION NON-MEDICAL ISSUE LIMITS

Age	Face Amount	
	Standard	Substandard
18 to 55	\$500,000	\$300,000
56 to 80	\$250,000	\$150,000

YOUR TERM NON-MEDICAL ISSUE LIMITS

Age	Face Amount
18 to 55	\$400,000
56 to 80	\$150,000

SMART UL AND ADVANTAGE PLUS II NON-MEDICAL ISSUE LIMITS

Age	Face Amount
0 to 15	\$150,000
16 to 55	\$400,000
56 to 75	\$150,000

For Advantage Plus II, if either the 10-Year or 20-Year Term Rider is added at issue, the maximum rider benefit amount is:

For issue ages 18-55: \$400,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-up Additions Rider (if applicable), plus any other non-medical coverage currently in-force with Foresters.

For issue ages 56-75: \$150,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-Up Additions Rider (if applicable), plus any other non-medical coverage currently in-force with Foresters.

Non-Medical Non Tobacco Definition:

Strong Foundation: Proposed insureds who have not smoked cigarettes within the past 12 months. Allows use of cigar, pipe, chewing tobacco, nicotine patches, vape pens, marijuana and other substitutes.

SMART UL, Your Term & Advantage Plus II: Proposed insureds who have not used any tobacco or product containing nicotine within the past 12 months. Allows use of marijuana but no vape pens (nicotine and non-nicotine vaping included).

INSURANCE CLASSES –YOUR TERM, ADVANTAGE PLUS II AND SMART UL FULLY UNDERWRITTEN

Standard Tobacco	Proposed insureds who have used any tobacco or product containing nicotine within the past 12 months.
Tobacco Plus	Proposed insureds who have used any tobacco or product containing nicotine within the past year and who meet all the Preferred Plus criteria listed below.
Standard Non-Tobacco	Proposed insureds who have not used any tobacco or product containing nicotine within the past 12 months.
Standard Plus Non-Tobacco	Proposed insureds who have not used any tobacco or product containing nicotine within the past 12 months and who meet all the Standard Plus criteria listed below.
Preferred Non-Tobacco	Proposed insureds who have not used any tobacco or product containing nicotine within the past 3 years and who meet all the Preferred criteria listed below.
Preferred Plus Non-Tobacco	Proposed insureds who have not used any tobacco or product containing nicotine within the past 5 years and who meet all the Preferred Plus Criteria listed below.
Substandard	Proposed insureds who would require an extra premium or exclusion(s) for certain health conditions that are otherwise not insurable.

PREFERRED CRITERIA – ADVANTAGE PLUS II AND SMART UL

	Preferred Plus Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco	Tobacco Plus
Tobacco Use*	No use of any tobacco or product containing nicotine in the past 5 yrs.	No use of any tobacco or product containing nicotine in the past 3 yrs.	No use of any tobacco or product containing nicotine in the past 1 yr.	≤ 1 pack per day
Cholesterol Level	<220 (No previous history of treatment or medication)	<230 (No previous history of treatment or medication)	<260 (No previous history of treatment or medication)	<220 (No previous history of treatment or medication)
Cholesterol/HDL Ratio	<4.5 (No previous history of treatment or medication)	<5.0 (No previous history of treatment or medication)	<6.5 (No previous history of treatment or medication)	<4.5 (No previous history of treatment or medication)
Blood Pressure	<135/80 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<135/80 (No previous history of treatment or medication)
Height Weight	See Build Charts	See Build Charts	See Build Charts	See Build Charts
Family History: NO Death of a parent	<AGE 65 due to CAD, CVD or Cancer	<AGE 65 due to CAD, CVD or Cancer	<AGE 60 due to CAD, CVD or Cancer	<AGE 65 due to CAD, CVD or Cancer
Medical History	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment
Alcohol & Drug Abuse	No history	No history	No history	No history
DUI/DWI/Reckless Driving Moving Violations	0 for 5 yrs. <3 within 5 yrs.	0 for 5 yrs. <3 within 3rs.	0 for 5 yrs. <3 within 3yrs.	0 for 5 yrs. <3 within 5 yrs.
Avocation	No hazardous sport	No hazardous sport	No hazardous sport	No hazardous sport
Aviation (Commercial pilots excepted)	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft

*For Medical products cigar use qualifies as a non-tobacco for standard, standard plus and preferred rates provided the use is admitted upfront, urinalysis is negative for nicotine and use is limited to 1 cigar per month up to a maximum of 12 cigars per year. Cigar use is not available for preferred plus rates.

PREFERRED CRITERIA – YOUR TERM

	Preferred Plus Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco	Tobacco Plus
Tobacco Use*	No use of any tobacco or product containing nicotine in the past 5 yrs.	No use of any tobacco or product containing nicotine in the past 3 yrs.	No use of any tobacco or product containing nicotine in the past 1 yr.	≤ 1 pack per day
Cholesterol Level	<220 (No previous history of treatment or medication)	<230 (No previous history of treatment or medication)	<260 (No previous history of treatment or medication)	<220 (No previous history of treatment or medication)
Cholesterol/HDL Ratio	<4.5 (No previous history of treatment or medication)	<5.0 (No previous history of treatment or medication)	<6.5 (No previous history of treatment or medication)	<4.5 (No previous history of treatment or medication)
Blood Pressure	<135/80 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<140/90 (No previous history of treatment or medication)	<135/80 (No previous history of treatment or medication)
Height Weight	See Build Charts	See Build Charts	See Build Charts	See Build Charts
Family History:	No Death or diagnosis of a parent or sibling <AGE 65 due to CAD, CVD or Cancer	No death of a parent <AGE 65 due to CAD, CVD or Cancer	No death of a parent <AGE 60 due to CAD, CVD or Cancer	No Death or diagnosis of a parent or sibling <AGE 65 due to CAD, CVD or Cancer
Medical History	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment
Alcohol & Drug Abuse	No history	No history	No history	No history
DUI/DWI/ Reckless Driving Moving Violations	0 for 5 yrs. <2 within 5 yrs.	0 for 5 yrs. <3 within 3rs.	0 for 5 yrs. <3 within 3yrs.	0 for 5 yrs. <2 within 5 yrs.
Avocation	No hazardous sport	No hazardous sport	No hazardous sport	No hazardous sport
Aviation (Commercial pilots excepted)	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft	No flying as a pilot or crew member of a private aircraft

*For Fully Underwritten products cigar use qualifies for non-smoker standard, standard plus and preferred rates provided the use is admitted upfront, urinalysis is negative for nicotine and use is limited to 1 cigar per month up to a maximum of 12 cigars per year. Cigar use is not available for preferred plus rates.

BUILD

OVERWEIGHT

Of significant importance in evaluating one's insurability is the relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Being overweight may also be associated with other disorders such as diabetes and other endocrine disorders.

UNDERWEIGHT

Underweight generally is of less significance than overweight concerning long-term disabilities and illnesses, however, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, or a chronic underlying disease. Frequently, thin individuals have a low resistance to acute illnesses.

WEIGHT REDUCTION

When weight reduction has been accomplished, and the weight has been stable for a period of 12 months, full credit will be given for weight loss. If there has been weight loss and the weight has not been stable for a period of 12 months, half credit will be given for the weight lost. Example: Female 5'7", 231lbs; lost 36 lbs within 2 months. If current weight is 195 lbs, allow ½ credit by adding 18 lbs, for a total of 213 lbs, before referencing the appropriate build table. When weight change is due to illness or an unknown reason, the proposed insured will likely be declined.

ADULT BUILD CHARTS (16+) – Fully underwritten

Preferred Plus/ Preferred Smoker Fully Underwritten		Preferred Fully Underwritten		Standard Plus Fully Underwritten		Standard Fully Underwritten	
Height (Ft)	Maximum Weight (lbs)	Height (Ft)	Maximum Weight (lbs)	Height (Ft)	Maximum Weight (lbs)	Height (Ft)	Maximum Weight (lbs)
4'8	118	4'8	125	4'8	143	4'8	162
4'9	122	4'9	130	4'9	150	4'9	168
4'10	126	4'10	135	4'10	155	4'10	174
4'11	130	4'11	137	4'11	160	4'11	180
5'0	144	5'0	152	5'0	167	5'0	186
5'1	149	5'1	158	5'1	175	5'1	193
5'2	152	5'2	162	5'2	180	5'2	199
5'3	157	5'3	166	5'3	185	5'3	206
5'4	161	5'4	172	5'4	190	5'4	211
5'5	166	5'5	178	5'5	195	5'5	219
5'6	170	5'6	182	5'6	200	5'6	226
5'7	176	5'7	190	5'7	205	5'7	233
5'8	180	5'8	195	5'8	210	5'8	240
5'9	184	5'9	200	5'9	215	5'9	247
5'10	190	5'10	205	5'10	222	5'10	254
5'11	196	5'11	210	5'11	227	5'11	261
6'0	202	6'0	220	6'0	234	6'0	269
6'1	206	6'1	225	6'1	242	6'1	276
6'2	211	6'2	230	6'2	247	6'2	284
6'3	216	6'3	240	6'3	252	6'3	292
6'4	221	6'4	244	6'4	258	6'4	299
6'5	227	6'5	251	6'5	264	6'5	307
6'6	244	6'6	260	6'6	270	6'6	315
6'7	249	6'7	265	6'7	276	6'7	323
6'8	254	6'8	270	6'8	281	6'8	332
6'9	259	6'9	273	6'9	285	6'9	340

ADULT BUILD CHART (16+) – Non Medical

These are the minimum and maximum builds that will be considered for non-medical underwriting. The maximum weights assume the proposed insured has no other ratable impairments. Only use this chart if the proposed insured has no medical impairments other than height and weight.

Minimum Weight (lbs)	Height (ft)	Maximum Weight (lbs)
74	4'8	189
77	4'9	196
79	4'10	203
82	4'11	210
85	5'0	217
88	5'1	224
91	5'2	232
94	5'3	239
97	5'4	247
100	5'5	255
103	5'6	263
106	5'7	271
109	5'8	279
112	5'9	287
115	5'10	296
119	5'11	304
122	6'0	313
126	6'1	322
129	6'2	330
132	6'3	339
136	6'4	349
140	6'5	358
143	6'6	367
147	6'7	377
151	6'8	386
154	6'9	396

**For further clarification please call the Risk Assessment Line at 1-877-622-4249 option 2

JUVENILE BUILD CHART (Age 0-15)

Juvenile Build Chart		
Nearest Age (Years)	Length Range (Inches)*	Weight Range (Pounds)*
0	18-30	4-33
1	24-37	11-46
2	29-40	16-52

*Final underwriting decision will be based on actual height and weight.

Nearest Age (Years)	*BMI Range
3	13.5-26.1
4	13.2-25.3
5	13.0-25.6
6	12.9-26.4
7	12.9-27.6
8	12.9-29.0
9	12.9-30.5
10	13.1-32.2
11	13.4-31.4
12	13.7-32.8
13	14.1-34.2
14	14.6-35.4
15	15.1-36.6

Minimum and maximum heights and weights will be considered in addition to BMI.

*BMI – Body Mass Index calculation: $(\text{weight in pounds} / (\text{height} \times \text{height in inches})) \times 703$

[Juvenile BMI Calculator](#)

AGE & AMOUNT REQUIREMENTS

(Your Term, Advantage Plus II & SMART UL Medically Underwritten)

To help your underwriter with the evaluation process you are responsible for ordering requirements from a third-party provider (See Approved Vendors). A representative from the selected third-party provider will call your client to schedule an appointment to complete the necessary requirements (outlined in the appropriate age and amount requirement charts).

The risk appraisal may be based on the following information:

- Application
- Attending Physician's Statements (APS)
- Blood Profile
- Criminal Records check
- Department of Motor Vehicle (MVR)
- ECG or Stress Test
- Existing laboratory data
- Inspection Report
- Medical Examination
- MIB, LLC
- Paramedical Examination
- Pharmacy, medical data and credit attributes data
- Special Questionnaires
- Urinalysis (included with Blood Profile unless otherwise stated)
- Vitals
- Other data sources, as available

AGE & AMOUNT REQUIREMENTS CHARTS

(Your Term, Advantage Plus II & SMART UL Medically Underwritten)

It is important to note the following:

- At ages 75 and up, a completed Activities of Daily Living Questionnaire (ADLQ) is required with the application form submission.
- For additional insurance (within 12 months) age and amount requirements will be based on the total insurance in-force and applied for with all companies.
- Additional requirements may be requested by the underwriter to obtain details of declared histories.

AGE & AMOUNT REQUIREMENTS CHARTS

YOUR TERM

Age	100,000-200,000	200,001-250,000	250,001-499,999	500,000-999,999	1,000,000-1,500,000	1,500,001-1,999,999	2,000,000-2,999,999	3,000,000+
18 to 40	V/B	V/B	V/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
41 to 45	V/B	V/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
46 to 50	V/B	V/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
51 to 55	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
56 to 60	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
61 to 65	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
66 + **	P/B	P/B	P/B	P/B	P/B/E	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*

* Inspection Reports will be ordered by Foresters.

** Automatic APS at age 75 and above

SMART UL

Age	25,000-49,999	50,000-99,999	100,000-150,000	150,001-250,000	250,001-499,999	500,000-999,999	1,000,000-1,999,999	2,000,000-2,999,999	3,000,000+
0-4	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
5-15	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
16-40	NM	NM	V/B	V/B	V/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
41-45	NM	NM	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
46-50	NM	NM	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
51-55	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
56-60	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
61-65	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
66-70	NM	NM	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
71-75**	NM	P/B	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
76-85	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B/E	APS/P/B/E/I*	APS/P/B/E/I*

* Inspection Reports will be ordered by Foresters.

** Automatic APS at age 75 and above

ADVANTAGE PLUS II

For Advantage Plus II, in order to determine age and amount requirements, add the following together; basic Advantage Plus II face amount, plus any term rider, plus the amount of PUAR using the chart below. If GIR is also applied for add on amount equal to the lesser of the original face amount or \$50,000. For examples, refer to the last page of this guide.

Age	25,000-49,999	50,000-99,999	100,000-150,000	150,001-250,000	250,001-499,999	500,000-999,999	1,000,000-1,999,999	2,000,000-2,999,999	3,000,000+
0-4	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
5-15	NM	NMU	NMU	NMU	NMU	APS/CL	APS/CL	APS/CL/I*	APS/CL/I*
16-40	NM	NMU	V/B	V/B	V/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
41-45	NM	NMU	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
46-50	NM	NMU	P/B	P/B	P/B	P/B	P/B	APS/P/B/E/I*	APS/P/B/E/I*
51-55	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
56-60	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
61-65	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
66-70	NM	NMU	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
71-75**	NM	P/B	P/B	P/B	P/B	P/B	P/B/E	APS/P/B/E/I*	APS/P/B/E/I*
76-85	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B	APS/P/B/E	APS/P/B/E/I*	APS/P/B/E/I*

* Inspection Reports will be ordered by Foresters.

** Automatic APS at age 75 and above

For the Single Payment or Flexible Payment Paid-up Additions Rider, applications are underwritten on an insurance amount determined by the factors shown in the table below:

Underwriting Age & Amount Tables for Paid-up Additions Rider		
Age at Rider Effective Date	Flexible PUA Factor	Single PUA Factor
18-35	25	6
36-50	12	3
51-75	6	2

The proposed insured's applied for maximum annual payment amount is multiplied by the appropriate factor to determine age and amount requirements. The expense load is not deducted from the payment when determining this amount. Any increase to this flexible payment will require underwriting on the amount in excess of any previously approved amounts.

A PUA rider can only be added to a Medical version of an Advantage Plus II certificate that is standard or rated up to an including Table F +150%.

LEGEND FOR CODES:

Code	Requirement	Validity
APS	Attending Physicians Statement (Ordered by Foresters)	n/a
B	Blood profile (includes a urinalysis)	12 months
CL	Cover Letter – Outlining purpose of coverage	12 months
E	Electrocardiogram (ECG)	12 months
I*	Inspection Report	12 months
NM**	Non-Medical	12 months
NMU**	Non-Medical Underwritten	12 months
P	Paramedical (Nurse)	12 months
V	Vital Signs	12 months

Requirements are good for 12 months, for non-rated cases with a face amount of \$500,000 or less and for ages 60 or less; otherwise requirements are good for 6 months.

*Inspection Reports will be ordered by Foresters.

**NM and NMU: The proposed insured either qualifies, or not, based on the answers to the application and 3rd party data searches.

All other age and amount requirements indicate full underwriting.

APPROVED VENDORS

NAME	CONTACT INFORMATION
APPS	www.appslive.com , or call 1-800-727-2101 for the contact number for your state.
ExamOne	www.examone.com or call 1-800-768-2058 for contact information for the servicing office in your area.

In order to ensure the completed results are received promptly at Foresters, please ensure you select the correct company name when placing your order with these vendors.

ACCELERATED UNDERWRITING

Lab tests, medical exams, medical records, and tele-med interviews are not required making Accelerated Underwriting a great option for healthier clients within medically underwritten business.

Eligibility guidelines include:

- Issue ages 18 to 55.
- Face amounts from \$100,000 up to \$1,000,000.
- Available for Your Term, SMART UL and Advantage Plus II.
- Request acceleration in the producer section of the application.
- DO NOT order age and amount requirements.

Check our agent website <https://portal.foresters.biz/> for details

MODIFIED COVERAGE

It may be necessary to issue coverage with a higher premium or exclude or deny coverage to a proposed insured due to the proposed insured's health or other history. Final disposition regarding an application is the decision of the Underwriter. It is possible that two proposed insureds with similar conditions could result in a significantly different final action based on multiple factors.

FILE INCOMPLETE OR POSTPONED

Incompletion occurs when the required age and amount requirements are not ordered within 28 days after the application date. However, once received, the file may be considered for reopening and a certificate issued if the proposed insured is insurable.

Postponements are applied in immediate high-risk situations where it is likely that a satisfactory judgment may be made at a later date. The Underwriter will provide the approximate date and/or prerequisites for reconsideration.

Some impairments will require a waiting period before being considered for life insurance. This is not a complete list:

- Cancer: one or more years.
- Coronary Artery Disease (includes angina, heart attack, bypass surgery and angioplasty): minimum 6 months.
- Uninvestigated symptoms, symptoms currently under investigation, until investigation is complete.

IMPAIRMENTS

Some medical impairments cannot be considered for coverage. Please refer to the attached Impairment Guide.

Certain combinations of impairments are often uninsurable. The following are some examples:

- Chronic kidney disease with high blood pressure.
- Depressive and/or anxiety problems in combination with alcohol abuse.
- Diabetes in combination with coronary artery disease (CAD), cardiovascular disease (CVD), or kidney disease.

RECONSIDERATION OF UNDERWRITING ACTION

Certain medical impairments that resulted in a substandard premium may be reconsidered when there has been an improvement in health status. A reconsideration of the rating may be reviewed upon completion of a change application and the review of any deemed underwriting requirements. A reconsideration date may be offered in some situations at the time of initial underwriting.

SUBMITTING INFORMATION

If all the available information is submitted with the application, it is more likely that a decision can be made with a single review.

For non-medical cases, Foresters requires additional information for each "Yes" answer in the Lifestyle and Medical Questions sections. You can help speed up the underwriting process by completing, at the time of the application, the Underwriting Questionnaire that is applicable to each "Yes" answer-

The following questionnaires will be required for "Yes" answers to relevant questions on the application:

- Military.
- Drug or Substance Use.
- Aviation.
- Diabetes.
- Heart Murmur or Irregular Heartbeat.
- Chest Pain
- Tumor, Cyst or Cancer.
- Respiratory.
- Mental Health.

For all other "Yes" answers, you can provide the following details in the within the application or complete the applicable questionnaires:

- Diagnosis.
- Date first diagnosed.
- Treatment.
- Prescribed medications and equipment.
- Medical facilities.
- Dates of hospitalization and duration of each stay.
- Physicians' names, addresses and telephone numbers (if different from question 19 in the application).

The full list of Foresters questionnaires is available for those who wish to use them, but you may not need them if complete details are provided in the "Additional Information" section (*Impairments with available questionnaires are noted with a "Q" in the Medical Impairment section*).

All States excluding South Carolina	South Carolina
Activities of Daily Living Questionnaire (required for ages 75+)	Activities of Daily Living Questionnaire
Aerial Sports Questionnaire	Aerial Sports Questionnaire
Alcohol Usage Questionnaire	Alcohol Usage Questionnaire
Arthritis Questionnaire	Arthritis Questionnaire
Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) Questionnaire	Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder Questionnaire
Aviation Questionnaire	Aviation Questionnaire
Back, Neck or Musculoskeletal Questionnaire	Back & Neck Questionnaire
Benign Prostate Questionnaire	Benign Prostate Questionnaire
Blood /Lymphatic Disorders	N/A
Business Financial Questionnaire	Business Financial Questionnaire
Chest Pain Questionnaire	Chest Pain Questionnaire
Climbing and Mountaineering Questionnaire	Climbing and Mountaineering Questionnaire
Diabetes Questionnaire	Diabetes Questionnaire
Digestive Systems Disorders Questionnaire	Digestive System Disorders Questionnaire
Drug or Substance Use Questionnaire	Drug and Substance Use Questionnaire
Endocrine System (Endocrine, Pancreas, Thyroid) Questionnaire	N/A

All States excluding South Carolina	South Carolina
Epilepsy or Seizure Disorder Questionnaire	Epilepsy and Seizure Questionnaire
Foreign Travel Questionnaire	Foreign Travel Questionnaire
Heart Murmur or Irregular Heartbeat Questionnaire	Arrhythmia/Atrial Fibrillation/Irregular Heartbeat Questionnaire or Heart Murmur Questionnaire
High Blood Pressure Questionnaire	High Blood Pressure Questionnaire
Kidney and Urinary Disorders Questionnaire	Kidney and Urinary Disorders Questionnaire
Lupus Questionnaire	Lupus Questionnaire
Mental Health Questionnaire	Mental Health Questionnaire
Military Questionnaire	Military Questionnaire
Motor Vehicle Sports Questionnaire	Hazardous Sports Questionnaire
Personal Financial Questionnaire	Personal Financial Questionnaire
Prostate Cancer Questionnaire	Prostate Cancer Questionnaire
Respiratory Questionnaire	Respiratory Disorders Questionnaire
Scuba or Skin Diving Questionnaire	Scuba and Skin Diving Questionnaire
Sleep Apnea Questionnaire	Sleep Apnea/Sleep Disorder Questionnaire
Smoking or Tobacco Use Questionnaire	Tobacco Questionnaire
Tumor, Cyst or Cancer Questionnaire	Cyst, Lump, Tumor Questionnaire
US Immigration Questionnaire	Immigration Questionnaire

In the event of insufficient/no details provided on the application for a “Yes” answer or of a discrepancy between information from MIB/prescription drug or medical claims billing data and the application, Foresters will contact the producer for further information and may request to have a questionnaire completed.

All questionnaires can be found in the “Order Forms, Apps & Brochures” section of Foresters producer website under “Underwriting & Questionnaires”.

UNDERWRITING IMPAIRMENT GUIDE

Although clients may qualify for Non-Medical products, if ratable up to 200% mortality (+100, or 4 tables or table D), the impairments listed below as “decline” should not be submitted for Non-Medical.

The following guide applies to single impairments. Individuals with multiple impairments may not qualify.

OTHER IMPAIRMENTS

Impairment	Guideline	Decision
Criminal Activity	If on probation /parole, incarcerated or criminal charges pending. If no jail time served, individual consideration 1 year after end of probation.	Decline for Non-Medical and Fully Underwritten
	If jail time has been served, consider 5 years after parole.	Decline for Non-Medical and Fully Underwritten
Driving Record (Assumes no jail time or probation, otherwise see Criminal Activity above)	Single DUI within 12 months/2 DUI, last within 5 years	Decline for Non-Medical /Call Risk Assessment Line for Fully Underwritten
	More than 2 DUI	Call Risk Assessment Line

MEDICAL IMPAIRMENTS

Impairments with available questionnaires are noted with a "Q".

Impairment	Criteria	Life (Non-Medical)
ADL assistance required		Decline
AIDS / HIV +ve		Decline
Alcoholism	Within 5 years	Decline
Alcohol Usage Q	After 5 years, without relapse, no current use	Accept
Alzheimer's / Dementia		Decline
Amputation	Caused by injury	Accept
	Caused by disease	Decline
Anemia	Iron deficiency	Accept
Aneurysm		Decline
Angina	See Heart Disease	Decline
Angioplasty	See Heart Disease	Decline
Aortic Insufficiency		Decline
Aortic Stenosis		Decline
Arrhythmia		Decline
Artery Blockage		Decline
Arthritis	Osteoarthritis	Accept
Arthritis Q	Rheumatoid – Mild with no limitations	Accept
	Rheumatoid – Moderate or severe (Rx include Humira, Embrel, Prednisone)	Decline
Asthma	Mild/Moderate	Accept
Ages 3+		
Respiratory Q	Severe-Hospitalization	Decline
Autism		Decline
Blood Pressure	Controlled	Accept
High Blood Pressure Q		
Bronchitis	Acute	Accept
	Chronic	Decline
By-Pass Surgery	See Heart Disease	Decline
Build	Weight is above or below the Build Chart on page 10	Decline
Cancer Tumor, Cyst or Cancer Q	Basal Cell Carcinoma (Skin)	Accept
	Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment	Accept
	All other cancers including Hodgkin's Lymphoma	Decline
Cerebral Palsy		Decline
Chronic Bronchitis	See COPD	Decline
Chronic Obstructive Lung Disease COPD (Strong Foundation)	Smoker	Decline
Respiratory Q	Non Smoker, mild COPD, no oxygen, no steroids or serious COPD medications. Little to no shortness of breath (SOB) on exertion; able to climb at least 1 flight of stairs with little to no SOB	Accept
Chronic Obstructive Lung Disease COPD (Advantage Plus II and Smart UL)		Decline
Cirrhosis of Liver		Decline
Circulatory Surgery		Decline
Colitis-Ulcerative	Mild to moderate, intermittent	Accept
Digestive Systems Disorders Q		
Congestive Heart Failure		Decline
Crohn's Disease	>5 years in remission	Accept

Impairment	Criteria	Life (Non-Medical)
Digestive Systems Disorders Q		
CVA /Stroke /TIA		Decline
Cystic Fibrosis		Decline
Depression/Anxiety Mental Health Q	Mild > age 25, onset more than 1 year or longer, no hospitalization or time off work	Accept
	Severe, major depression, bi-polar disease, schizophrenia	Decline
Diabetes – Type 2 (Advantage Plus II, Your Term or Smart UL) Treated with non insulin medications or diet, good control, non-smoker or <1 pack/day and no diabetic complications. For consideration of build and diabetes refer to Diabetes Ratings for Nonmed Business- Advantage Plus II, Foresters Term or Smart UL	Current age 20-29, duration since diagnosis < 5 yrs Current age 30+ any duration since diagnosis	Accept Based on results of Rating Worksheet
Diabetes Type 1 or Type 2 (Strong Foundation Only) For consideration of build and diabetes refer to the Strong Foundation Diabetes Ratings Calculator	Individual consideration based on A1C, age, duration and build with no diabetic complications	Individual Consideration
Diabetes Type 1 or Type 2 (Advantage Plus II, Your Term or Smart UL) Treated with Insulin; or any product with poor control, or complications such as heart disease, kidney disease, peripheral vascular disease, neuropathy, retinopathy or build and diabetes combination that exceeds limits. Refer to Diabetes Ratings for Nonmed Business- Advantage Plus II, Foresters Term or Smart UL	Any age or duration	Decline
Diverticulitis/Diverticulosis Digestive System Disorders Q		Accept
Down's Syndrome		Decline
Drug Use (other than marijuana)		Decline
Drug use – Age 18 and up Marijuana (recreational)	Up to 6 days per week Daily Use	Accept
		Individual consideration may be given
Marijuana (medical)	Depends on reason for use	Individual consideration will be given
Drug or Substance Usage Q		
Emphysema	See COPD	Decline
Epilepsy / Seizure Epilepsy or Seizure Q	Controlled on meds, no seizures for 2 years, no complications	Accept
Fibromyalgia	No depression, working full-time	Accept
Gallbladder Disorders		Accept
Gastric Bypass Digestive Systems Disorders Q	After 1 year, weight stabilized	Accept
Gastritis		Accept
Gout		Accept
Heart Blockage		Decline
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline
Heart Murmur Heart Murmur or Irregular Heartbeat Q	"innocent", no symptoms, no treatment	Accept
Other Heart Murmur		Decline
Heart Surgery/Procedure		Decline
Heart Valve Disease/Surgery		Decline
Height and Weight	See Build	See Build
Hemophilia		Decline

Impairment	Criteria	Life (Non-Medical)
Hepatitis	A, recovered	Accept
	B or C	Decline
Hodgkin's Disease		Decline
Hypertension High Blood Pressure Q	Controlled	Accept
Hysterectomy	Non cancer	Accept
Kidney Disease	Stones, acute infection	Accept
Kidney & Urinary Disorders Q	Other chronic kidney disease	Decline
Leukemia		Decline
Liver disease		Decline
Lou Gehrig's Disease (ALS)		Decline
Lupus Erythematosus	Discoid	Accept
Lupus Q	Systemic	Decline
Marfan's Syndrome		Decline
Marijuana – Age 18 and up Recreational	Up to 6 days per week Daily Use	Accept Individual consideration may be given
Medical		Individual consideration will be given
Drug or Substance Use Q	Depends on reason for use	
Mitral Insufficiency		Decline
Mitral Stenosis		Decline
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Narcolepsy Sleep Apnea Q	Occasional Episodes	Accept
Nursing Home/Skilled Nursing facility or Psychiatric Facility Resident		Decline
Oxygen Use		Decline
Pacemaker		Decline
Pancreatitis Digestive System Disorders Q	Single attack, acute >1 year ago, non alcohol related, no complications	Accept
	Alcohol related, chronic	Decline
Paralysis	Paraplegia and Quadriplegia	Decline
Parkinson's Disease		Decline
Peripheral Vascular or Arterial Disease (PVD, PAD)		Decline
Prostate Disorder Benign Prostate Q	Infection, inflammation	Accept
Sarcoidosis	Localized, non-pulmonary	Accept
	Pulmonary	Decline
Sleep Apnea Sleep Apnea Q	Treated and controlled	Accept
Spina Bifida		Decline
Splenectomy	Due to trauma	Accept
Stroke/ CVA/ TIA		Decline
Suicide Attempt		Decline
Thyroid Disorders	Treated, no symptoms	Accept
Transient Ischemic Attack (TIA)		Decline
Tuberculosis	Treatment completed, inactive	Accept
Ulcer/GERD Digestive System Disorders Q		Accept
Weight	See Build	See Build
Weight Loss	Unexplained	Decline
Wheelchair Use	Due to chronic illness or disease (includes injury or disability resulting in the permanent and ongoing use of a wheelchair)	Decline

**For further clarification please call the Risk Assessment Line at 1-877-622-4249 option 2

CERTIFICATE CHANGE INFORMATION

OVERVIEW

These types of changes include requests from the proposed insured or producer to change the coverage either by increasing or decreasing benefits; adding or deleting benefits, adding or deleting family members or reinstating coverage that has lapsed. Changes that increase Foresters liability require underwriting approval.

UNDERWRITING POLICY CHANGES

For requested certificate changes, medical history is reviewed including claims information on file. Current underwriting guidelines are followed and insurability requirements must be met.

As with New Business applications, the underwriting review process may include, but is not limited to, requests for information through third party vendors, such as Attending Physicians Statement, exam, blood profile, inspection report, Motor Vehicle Report (MVR), MIB, LLC or other reports.

- Benefit changes - If current guidelines would require modification to coverage with a rating, it is normal underwriting procedure to deny a benefit change to avoid compromising current benefits.

90-DAY CHANGES

Changes made to certificates within 90-days of issue. Changes could include:

- Increasing or decreasing certificate face amount.
- Increasing or decreasing rider coverage amount.
- Adding or removing riders (e.g. Accidental Death Rider).
- Changing the plan type (e.g. changing from a 20-year term to a 15-year term).

To request changes within 90-days of certificate issue, we require the following:

- A signed letter from the owner, advising of the requested changes or revised application pages with a current dated signature page

Note: These changes are effective as of the original certificate issue date. Therefore, ensure that the check will cover the difference in premium from the original issue date to the date the request is being submitted.

After the change has been completed, a new certificate issue package will be provided to you for delivery to the owner. The New Business delivery processes should then be followed.

POST 90 DAY CHANGES

The following changes may be requested for certificates beyond the 90-day change period:

- Decrease in certificate face amount.
- Decrease in rider coverage amount.
- Addition or removal of riders.
- Change to non-tobacco premium basis.
- Reduction or removal of rating.
- Increase certificate face amount (SmartUL only)

To request changes beyond the 90-day change period, we require the following:

- A properly completed and signed Application for Change.

PAID-UP ADDITIONS RIDER EXAMPLES

Example 1: Flexible Payment Paid-up Additions Rider (PUAR) applied for at issue.

Application Details		Riders	
Age:	35	Guaranteed Insurability Rider (GIR):	\$50,000
Face Amount:	\$300,000	20-Year Term Rider:	\$25,000
Plan:	Paid-up at 100	Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$1,200
		Flexible Payment PUAR Factor:	15

Total amount of insurance underwritten for:

Base Face + Term Rider + GIR + (PUAR maximum annual payment amount x factor)

$\$300,000 + \$25,000 + \$50,000 + (\$1,200 \times 15) =$

$\$300,000 + \$25,000 + \$50,000 + \$18,000 =$

$\$393,000$

Age & Amount Requirements will be the requirements for the \$250,001-\$499,999 range.

Example 2: Single Payment Paid-up Additions Rider (PUAR) applied for at issue

Application Details		Riders	
Age:	18	Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$50,000
Face Amount:	\$300,000	Single Payment PUAR Factor:	6
Plan:	Paid-up at 100		

Total amount of insurance underwritten for:

Base Face + (PUAR maximum annual payment amount x factor)

$\$300,000 + (\$50,000 \times 6) =$

$\$300,000 + \$300,000 =$

$\$600,000$

Age & Amount Requirements will be the requirements for the \$500,000-\$999,999 range.

Example 3: Flexible Payment and Single Payment Paid-up Additions Rider (PUAR) applied for at issue

Application Details		Riders	
Age:	70	*10-Year Term Rider:	\$150,000
Face Amount:	\$100,000	Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$3,000
Plan:	Paid-up at 100	Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$10,000
		Flexible Payment PUAR Factor:	5
		Single Payment PUAR Factor:	2

Total amount of insurance underwritten for:

Base Face + 10-Year Term Rider + (Flexible PUAR maximum annual payment amount x factor) + (Single PUAR maximum annual payment amount x factor)

$\$100,000 + \$150,000 + (\$3,000 \times 5) + (\$10,000 \times 2) =$

$\$100,000 + \$150,000 + \$15,000 + \$20,000$

$= \$285,000$

Age & Amount Requirements will be the requirements for the \$250,001-\$499,999 range.