
UNDERWRITING GUIDELINES

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Introduction



Welcome to Mutual Trust Life Solutions' *Underwriting Guidelines*. This guide provides our medical underwriting procedures and requirements in a quick, easy-to-use format. We know every insurance carrier is different and policies and procedures vary, so we created this guide when you need underwriting information. We encourage you to review this document and use it to help market to new clients and service existing ones.

These are general guidelines, so while they outline our policies, at Mutual Trust we consider the whole person when making underwriting decisions. This means we don't only use an applicant's medical history, but consider other factors. If these other factors are favorable, they could help offset the extra risk for an applicant with a health issue.

At Mutual Trust, you, and the relationships you build with your clients, are very important to us. We take great pride in providing fair and consistent underwriting, outstanding customer service and quality products. It's the Mutual Trust advantage and our promise to you!

Underwriting rules are subject to change. This guide will be revised when necessary.

Important Contact Information



UNDERWRITING DEPARTMENT

1-800-323-7320

For best results, please use our **easy@pp** electronic application platform, which can be accessed through our Agent website.

Electronic Upload: Go to agent.mutualtrust.com/bookofbusiness and select the "Create New Message & Send Document(s)" button.

Fax: 1-800-522-0449

Completing the Life Insurance Application



As a writing agent, you are an important source of information about the applicant. We expect you, as a matter of general practice, to complete the medical history questions on all applications. This also is helpful because during the underwriting process it enables the underwriter to order all medical requirements immediately, even if a Paramed Exam will follow.

When submitting an application, you must also complete the Agent's Report, which is included in the life application packet. A cover letter is also recommended. The letter should explain the purpose and need for the insurance, the background of the sale, and how the face amount was determined. You also must clarify any unusual or unique aspects of the case in the letter and list all amounts of life insurance in force and the amount, if any, being replaced. Also, a Personal Financial Statement, completed by the agent, is required at face amounts of \$2,000,000 and higher at ages 18–50 and at \$1,000,000 and higher at ages 51 and older. This information gives the underwriter a better understanding of the case and typically results in faster issuance of the policy.

Medical Underwriting



AGE & FACE AMOUNT REQUIREMENTS

Face amounts are based on Underwriting Risk Amount, as identified on page 2 of the policy illustration.

Age Nearest	0-17	18-40	41-50	51-55	56-60	61-70	71+
\$0-\$49,999	Non-Med	Non-Med	Non-Med	Non-Med	Non-Med	PMED BCP HOS	PMED BCP HOS
\$50,000-\$99,999	Non-Med	Non-Med	Non-Med	Non-Med	PMED BCP HOS	PMED BCP HOS	PMED BCP HOS SA
\$100,000-\$249,999	Non-Med	PXM BCP HOS	PXM BCP HOS	PMED BCP HOS	PMED BCP HOS	PMED BCP HOS EKG	PMED BCP HOS EKG SA
\$250,000-\$500,000	Consult UW	PXM BCP HOS	PMED BCP HOS	PMED BCP HOS	PMED BCP HOS	PMED BCP HOS EKG	PMED BCP HOS EKG SA
\$500,001-\$1,000,000	Consult UW	PMED BCP HOS	PMED BCP HOS	PMED BCP HOS	PMED BCP HOS EKG	PMED BCP HOS EKG	PMED BCP HOS EKG SA
\$1,000,001-\$5,000,000		PMED BCP HOS PFS*	PMED BCP HOS PFS*	PMED BCP HOS EKG PFS	PMED BCP HOS EKG PFS	PMED BCP HOS EKG PFS	PMED BCP HOS EKG SA PFS
\$5,000,001 and up		PMED BCP HOS PFS	PMED BCP HOS EKG PFS	PMED BCP HOS EKG PFS	PMED BCP HOS EKG PFS	PMED BCP HOS EKG PFS	PMED BCP HOS EKG SA PFS

PXM: Physical Measurements | PMED: Paramed Exam | BCP: Blood Profile | HOS: Urinalysis | EKG: Electrocardiogram | SA: Senior Assessment
PFS: Personal Financial Statement | *\$2,000,000 and greater

AGE OF ACCEPTABLE REQUIREMENTS

In the absence of significant medical history, the Paramed Exam (PMED), Physical Measurements (PXM), EKG, blood profile (BCP) and urinalysis (HOS) are acceptable for the periods of time indicated here. Paramed Exams that are over 6 months old require a Statement of Health and the application will be amended. Other requirements may be acceptable for up to 12 months. Please consult our Underwriting Department for any questions.

Test	Proposed Insured Age	Requirement Age
EKG	All Ages	12 months
PMED, PXM	<70	12 months
PMED	≥70	6 months
BCP, HOS	<70	12 months
BCP, HOS	≥70	6 months

MEDICAL & PARAMEDICAL EXAMINATIONS

For the blood draw and urine sample collection, the proposed insured does not need to be fasting. However, it is recommended that the applicant refrain from heavy physical activity and eating for 4 hours prior to the exam.

Preferred vendors must be used for the examinations. Paramedical exams are generally valid for up to 12 months (6 months at older ages). We will accept exams made by other companies under certain circumstances, as long as the medical questions on the application form have been completed, and the other company's medical exam is compatible with ours. Exams completed by a personal physician are usually not acceptable for insurance underwriting purposes. Exams by relatives or associates are not acceptable under any circumstances.

The following Preferred Provider paramedical facilities should have the ExamOne kits in their office and are able to draw blood for the blood profile.

Please help us to manage our acquisition costs by using only the following Preferred Providers:

- ExamOne
1-877-933-9261
- EMSI: Examination Management Services, Inc.
1-800-872-3674
- APPS: American Para Professional Systems, Inc.
1-800-727-2999
- Superior Mobile Medics
1-800-898-3926

ACCELERATED UNDERWRITING (Available *Exclusively* for Qualifying Term Policies)

Accelerated Underwriting is a process that uses information from a variety of electronic databases to enable our underwriters to determine the best available rate class for your clients *without requiring a Paramed Exam*. Accelerated Underwriting has the potential to substantially reduce underwriting time and is easier and more convenient for your clients.

For an application to be considered for Accelerated Underwriting, it must include all of the following criteria:

- It is for term insurance
- Proposed insured meets standards for a Preferred Plus Non-tobacco or Preferred Non-tobacco risk class (Accelerated Underwriting is not available for standard, substandard or tobacco risk classes.)
- Age of proposed insured is 19–50
- Death benefit is \$100,000–\$500,000
- Application is filled out completely, including all medical questions (section 14) and submitted with all required forms (i.e. HIPAA, etc.)

Do not order medical exams for cases submitted for Accelerated Underwriting consideration!

If you submit a case that meets all these criteria, do not order exams. Upon receiving the application, an underwriter will review it, along with information from the databases, to determine if the case can be approved without a medical exam, or if it requires full underwriting. If full underwriting is required, you will be notified by email and any necessary medical requirements will be identified as pending. Upon completion of these requirements, the application can go through our traditional underwriting process.

NON-TOBACCO RISK CLASSIFICATION CRITERIA

The following chart provides an overview of our non-tobacco risk classification criteria. The minimum face amount to be considered for a Preferred class is \$100,000.

Criteria	Preferred Plus	Preferred	Standard
Substandard Risks (medical & nonmedical)	None	None	None
Medical History	No history of diabetes, internal cancer, melanoma history or any other significant medical history	No current treatment, observation or diagnosis for or significant history of diabetes, internal cancer, melanoma, cardiovascular history, kidney disease, respiratory history or any other significant medical history	In certain circumstances, an applicant with a history of well controlled diabetes, certain cancers, well controlled cardiovascular disease and other medical history may be eligible for standard
Alcohol/Drug Abuse or Misuse	No history for 10 years	No history for 10 years	No history for 5 years
Driving Record	No DWI/DUI or reckless driving for 5 years and no more than 2 moving violations in 2 years	No DWI/DUI or reckless driving for 3 years	No ratable driving history
Family History	No incidence before age 60 in parents or siblings of cardiovascular disease, stroke or cancer. Applicants age 60 and over may qualify with only one incident prior to age 60	No death before age 60 in parents or siblings of cardiovascular disease, stroke or cancer. Applicants age 60 and over may qualify with only one death prior to age 60	No ratable family history
Aviation, Avocation & Occupation	No private aviation (including co-pilot or student pilot) and no ratable avocation or occupation within the past 3 years	No private aviation (including co-pilot or student pilot) and no currently ratable avocation or occupation	Some private aviation may qualify for standard. Contact our Underwriting Department for details
Blood Pressure	130/80, no current treatment	140/90, blood pressure stable and controlled with a single medication	Non-ratable blood pressure control based on age of applicant
Lipids	Cholesterol 220, Chol/HDL ratio 5.0, no treatment within past 12 months	Cholesterol 240, Chol/HDL 5.0, treatment ok, lipid levels maintained for 12 months or more	Cholesterol 300, Chol/HDL 7.0
Residence	Permanent US residence for 3 years	No rating related to residence	No rating related to residence
Foreign Travel	No ratable travel	No ratable travel	No ratable travel
Tobacco Use	No use of tobacco or nicotine in any form within the past 4 years	No use of tobacco or nicotine in any form within the past 24 months	No use of tobacco or nicotine in any form within the past 12 months

HEIGHT & WEIGHT CHART

Height	Maximum Weight			
	Preferred Plus (Male)	Preferred Plus (Female)	Preferred (Male & Female)	Standard (Male & Female)
5'0"	141	125	156	171
5'1"	145	127	160	177
5'2"	155	129	165	183
5'3"	160	132	169	189
5'4"	165	135	173	195
5'5"	170	139	178	201
5'6"	175	141	183	207
5'7"	180	145	185	213
5'8"	185	149	194	220
5'9"	190	153	200	226
5'10"	195	157	206	233
5'11"	201	161	213	240
6'0"	205	165	218	246
6'1"	210	170	224	253
6'2"	215	175	230	260
6'3"	221	180	237	267
6'4"	226	185	243	275
6'5"	231	190	250	282
6'6"	236	195	257	289

ATTENDING PHYSICIAN STATEMENTS (APS)

An APS will be requested routinely for the following age and face amounts:

Age	Face Amounts
18–45	\$5,000,001 and up
46–55	\$1,500,000 and up
56–60	\$500,001 and up
61–70	\$100,000 and up
71+	All Cases

However, an APS may be requested by an underwriter at any age and amount for cause.

Note that some medical facilities require a special authorization signed by the proposed insured before an APS can be provided. In such situations, Mutual Trust will email the special authorization form to the agent to obtain the proposed insured's signature. Obtaining that signature promptly can help expedite the APS process.

TOBACCO/MARIJUANA USE

Tobacco

We consider as a tobacco/nicotine user anyone who uses tobacco or nicotine in any form (cigars, cigarettes, e-cigarettes, vaping, hookah, pipe, chewing tobacco, nicotine gum or patches, etc.) and with any frequency.

Qualifications for non-tobacco risk classifications are based on the number of months the person has not used tobacco prior to the application.

<u>STANDARD</u>	<u>PREFERRED</u>	<u>PREFERRED PLUS</u>
12 months	24 months	48 months

Mutual Trust tests for the presence of cotinine, the metabolite of nicotine, as part of the urinalysis. We DO NOT re-test for any positive test, but a proposed insured may re-qualify for non-tobacco consideration after 12 months.

Occasional Cigar Use

Occasional cigar users may qualify for non-tobacco rates if all of the following requirements are met:

- Use is limited to no more than twice a month
- Current urinalysis must be negative for nicotine (cotinine)
- Use must be admitted on the application and Paramed Exam with full details provided
- Must not have tested positive for nicotine (cotinine) with another carrier within the past 12 months

Marijuana/CBD

A Preferred rating is generally not available with marijuana use. The majority of cases will be classified as Tobacco/Nicotine cases. A Standard rating is possible if all other factors are very favorable. This is an area that is changing rapidly as more research is completed and made public. As a result, there may be changes to underwriting that are not reflected in this version of our *Underwriting Guidelines*. Please contact our Underwriting Department if you have any questions.

In all cases, whether prescribed for medical reasons or used recreationally, the following requirements will be needed:

- Completed Drug and Alcohol Questionnaire to include form of ingestion and frequency of use
- Attending Physician Statement
- Other requirements as deemed necessary by the underwriter

Medical Use

If marijuana is being prescribed by a physician, the Underwriting Department will need to see a copy of the medical records from the physician prescribing the marijuana and the specific condition for which the marijuana is being prescribed. We will still need to know if the doctor is prescribing Cannabidiol (CBD) even though it does not contain THC. Any underwriting rating for verifiable prescription use of marijuana will be based on the medical condition that the marijuana is prescribed to treat.

Personal Use (Non-Medical)

The underwriting decision based on the non-medical marijuana use will depend on a number of factors that include:

- Age of applicant
- Age at which applicant began using marijuana
- Frequency of use
- Form of ingestion

Other factors are weighed heavily into the underwriting decision, including but not limited to, employment history, driving history, avocations and overall medical history.



Policies are underwritten by Pan-American Life Insurance Company.

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