

SecureLife Universal Life Underwriting Guidelines

These guidelines will help you classify risks quickly and as accurately as possible in a field situation. Be sure to include all the names of doctors, medications, hospitals, and treatments used by your client. The date of last illness and the nature and severity of the illness should be recorded. Always include the last date seen by a doctor or hospital and the reason for the visit.

Underwriting Requirements:

Application – Form 1730
(with state variations)

Check for other state specific requirements

Male Weight						Female Weight						
Height		Average Standard	Maximum Standard	Maximum Preferred	Maximum Super Preferred	Height		Average Standard	Maximum Standard	Maximum Preferred	Maximum Super Preferred	
Feet	Inches					Feet	Inches					
5	0	131	184	161	156	4	10	100	140	120	115	
	1	134	189	165	160		11	102	144	124	119	
	2	137	193	169	164		5	0	105	147	129	124
	3	141	199	173	168			1	107	151	133	128
	4	145	204	178	173			2	110	154	137	132
	5	149	210	183	178			3	113	159	142	137
	6	153	215	189	184			4	116	163	146	141
	7	157	221	195	190			5	119	168	150	145
	8	161	227	200	195			6	122	172	154	149
	9	165	232	206	201			7	126	177	159	154
	10	170	239	212	207			8	129	182	163	158
11	174	245	217	212	9	132	186	167	162			
6	0	179	252	223	218	6	10	136	191	172	167	
	1	183	258	228	223		11	139	196	176	171	
	2	188	265	235	230		0	143	202	181	176	
	3	193	272	242	237		1	146	212	185	180	
	4	199	280	248	243		2	150	218	189	184	
	5	204	287	255	250		3	154	224	194	189	
	6	210	296	262	257		4	159	230	198	193	
	7	216	305	266	261		5	163	237	203	198	
8	221	314	272	267	6	168	244	208	203			

Underwriting Conditions

If any of the following conditions are present, no application should be submitted:

- AIDS, ARC (Aids Related Complex)
- Chronic Active Hepatitis or Cirrhosis of the Liver
- Kidney or Renal Failure, including dialysis
- Alzheimer's Disease/Dementia
- Congestive Heart Failure
- Severe Psychotic Disorder
- Angina – unstable
- Demyelinating disease, such as Lou Gehrig's Disease (ALS) or Muscular Dystrophy
- Not a U.S. resident
- Cancer within the last year or cancer that has metastasized (except skin cancer)
- Not a U.S. citizen or no green card
- Travel to countries under State Department Advisory

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	Super Preferred	Preferred	Preferred Tobacco	Standard
Tobacco	No tobacco use* for 5 years	No tobacco use* for 3 years	Current tobacco use*	NA
Family History	No cardiovascular disease or hereditary type cancer in either parent or siblings prior to age 60	No death from cardiovascular disease or hereditary type cancer in either parent or siblings prior to age 60	Not more than one parent death from cardiovascular disease or hereditary cancer prior to age 60	NA
Cholesterol/HDL Ratio	May not exceed 5.0 (without treatment)	May not exceed 6.0	May not exceed 6.0	Levels 6.1-8.5
Cholesterol Level	May not exceed 220 (without treatment)	May not exceed 240	May not exceed 240	Levels 241-299
Blood Pressure	No history of treatment; may not exceed 140/85	Currently controlled; current and historic readings over last two years may not exceed 145/88	Currently controlled; current and historic readings over last two years may not exceed 145/88	Currently controlled; current and historic readings over last two years may not exceed 150/92
Alcohol/Substance Abuse	No history	No history in the past 10 years	No history in the past 10 years	No history in the past 5 years
Driving History	No DUI, DWI, or reckless driving in the past 5 years; no more than 1 moving violation in the last 3 years	No DUI, DWI, or reckless driving in the past 5 years; no more than 2 moving violations in the last 3 years	No DUI, DWI, or reckless driving in the past 3 years; no more than 3 moving violations in the last 3 years	No DUI, DWI, or reckless driving in the past 2 years; no more than 3 moving violations in the last 3 years
Aviation	Not available for private pilots	Private pilots given individual consideration	Private pilots given individual consideration	For private pilots an extra premium may apply
Avocation	Ratable avocation: Not available	Ratable avocation: Not available	Ratable avocation: Not available	Extra premium may apply
Military	Retired/inactive only	Individual consideration	Individual consideration	Individual consideration

Note: Certain medical conditions may disqualify applicant from preferred rates.

* Includes the use of nicotine replacement therapy

SecureLife Universal Life Underwriting Guidelines

The following chart outlines the requirements needed to facilitate the underwriting of all submitted life insurance applications. Refer to product guidelines for specific age limits and minimum face amounts.

Issue Age	Up to \$49,999	\$50,000-\$99,999	\$100,000-\$249,999	\$250,000-\$999,999	\$1,000,000-\$1,499,999	\$1,500,000-\$4,999,999	\$5,000,000+
0-17	NM	NM	Rx	Rx, APS	IC	IC	Not Accepted
18-39	Rx	Rx	Rx, PM, MVR	Rx, PM, MVR	Rx, PM, MVR	Rx, PM, MVR, IR	Rx, PM, IR, MVR, APS
40-54	Rx	Rx	Rx, PM	Rx, PM, MVR	Rx, PM, EKG, MVR	Rx, PM, IR, EKG, MVR	Rx, PM, IR, ST, MVR, APS
55-65	Rx	Rx, PM	Rx, PM	Rx, PM, MVR	Rx, PM, EKG, MVR, APS	Rx, PM, IR, ST, MVR, APS	Rx, PM, IR, ST, MVR, APS
66+	Rx, MA	Rx, MA	Rx, MA	Rx, MA, EKG, MVR	Rx, MA, EKG, MVR, APS	Rx, MA, IR, *ST, MVR, APS	Rx, MA, SB, IR, *ST, MVR, APS

The amount is based upon the total amount of coverage applied for, issued, and placed in force with Royal Neighbors of America. We reserve the right to order additional requirements as needed to make a risk assessment.

APS: Attending Physician Statement/Medical Records (May also be requested at other age/face amounts as required)

EKG: Electrocardiogram

IC: Individual Consideration; contact Underwriting prior to writing application

IR: Inspection Report

MA: Mature Assessment, Paramed exam, Blood Profile/Urinalysis

NM: Non-Medical

MVR: Motor Vehicle Report

PM: Paramed exam, Blood Profile/Urinalysis

Rx: Prescription Profile

SB: Special Blood - NTPro-BNP

ST: Stress Test EKG (*UW authorization required before ordering stress test at age 66+)