

Field Underwriting **Guidelines**

Factors to consider in placing Americo business

- **Medical Requirements**
- **Build Charts**
- **Medical Impairment Guidelines**
- **Occupational Guidelines**
- **Preferred Underwriting**

2012 Edition



Americo Contact Information

Americo.com: Access product information, forms, pending business, commission information, and download quote software.

Sales Support: Providing proactive and reactive pre-sale and point-of-sale assistance. We are ready to answer your questions regarding product features and benefits, illustrations, Americo.com, and ordering supplies.

Agent Contact Center: Contact Center Representatives are trained in all facets of New Business operations with the goal to provide answers to your questions on the first call. Contact us with questions on licensing and contracting, New Business, Underwriting, and Commissions.

**Reach both departments by
calling one number
800.231.0801**

M-F, 8:00 AM to 5:00 PM, Central
salessupport@americo.com
pending.business@americo.com

Important Note Regarding Americo's Underwriting Standards

This Underwriting Guide is a subset of Americo's underwriting guidelines and does not reflect the full underwriting standards of Americo. Because Americo's underwriting guidelines are extensive and cannot be condensed for practical field use, this Underwriting Guide provides a list of common factors for agent consideration when screening clients for Americo products. Each application is reviewed based on the circumstances and conditions contained therein and may involve additional requirements. Both this Underwriting Guide and the full underwriting guidelines used by Americo are subject to change.

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The information provided is to assist you in understanding the guidelines used by Americo when reviewing applications. It is important that you understand these are guidelines only. Each case underwritten by Americo is unique and all factors from all sources are taken into consideration before a final underwriting decision is made. The underwriting staff at Americo reserves the right to deviate from these guidelines as may be appropriate for the proper underwriting of any case.

Americo Underwriting

Our knowledgeable staff is committed to working with you to get your clients the best rate and to provide outstanding service to you and your customers. You can talk to an underwriter directly regarding risk assessments and to answer your case-specific underwriting questions.

With Americo, you have:

- › toll-free telephone access to your underwriter
- › toll-free fax for applications
- › jet issue underwriting for non-medical cases
- › simplified issue on mortgage term and final expense products

Additionally, you'll have access to friendly, responsive agent and customer service call centers that are ready to answer your questions on products, pending business, or policyholder information. All contribute to getting your business placed quickly and effortlessly.

Getting Your Application Placed

Completing the Application

- ▶ Print clearly and use black ink.
- ▶ Answer all questions thoroughly.
- ▶ Make sure that you have all required forms for your product and state.
- ▶ Note special requests (effective date, draft date, save age, issue family members together) in the Agent Comments section of the application.
- ▶ Double check for correct signatures, agent number(s), and dates.

Fax Your Application

- ▶ Use the Amerigo Fax Application Transmittal Form (#AFSFAX2002).
- ▶ Attach the application, additional required forms and a copy of the premium check or EFT form.
- ▶ Fax to: 800.395.9261.
- ▶ If you provide your fax number or email address on the Fax Transmittal form, you will receive a confirmation which includes the policy number within 3 business hours.
- ▶ Please do not mail the originals.

Upload Your Application

Submit your business electronically to Amerigo's secure site.

- ▶ If your documents are not already saved electronically, scan and save them to your PC. We accept the following file types: .doc, .jpg, .pdf, .tif, .tiff, .bmp.
- ▶ You can upload 5 docs at a time with a maximum size of 10 megabytes.
- ▶ The name of your documents must be 45 characters or less.
- ▶ Log on to amerigo.com and click on the "Upload Documents" link on the lower left side of the home page.
- ▶ Follow the easy instructions.

Forms of Payment

- ▶ Please do not send cash or partial premiums.
- ▶ Amerigo will accept cashier's checks, but NOT money orders.

- ▶ We cannot process premium checks that are postdated, backdated by more than six months, or improperly endorsed.
- ▶ Personal checks written by the agent on behalf of the applicant will not be accepted.

Drafting for Premium

- ▶ We will draft for initial premium.
- ▶ If outstanding requirements are not received on a timely basis, or if you request a future effective date, we will draft for the first and second month's premium.
- ▶ If a third month is required, we will call you for approval.
- ▶ Drafting is not available on the 29th, 30th, or 31st of any month.
- ▶ If your client requests a specific draft date, please write it in the Agent Comments section of the application.
- ▶ The draft date and the effective date will always be the same.
- ▶ If no specific draft date is requested, the first draft will be submitted the day the application is approved and issued.
- ▶ Some clients may prefer to write a check for the initial premium and then provide the Bank Draft Authorization form (AF55019) for monthly drafts. If this is the case, please provide a copy of the initial premium check with application, if you fax or upload your documents. This will prevent us from drafting for the initial premium.
- ▶ We will draft from a checking or savings account as follows:
 - Checking accounts – include voided check
 - Savings accounts – must include a pre-printed deposit slip
 - Or, complete Amerigo's Bank Draft Authorization form (AF55019) for either type of account

Please remember to explain the drafting process to your clients when taking an application. This will lead to fewer drafts being returned and fewer complications for you and your client.

View your pending business at www.amerigo.com, or call Amerigo's Agent Contact Center at 800.231.0801.

Getting Your Application Placed

Top 10 ways to get your business placed faster

(You'll get paid faster too!)

You want your business placed quickly and we want to do everything we can to make this happen. Many times business is slowed down because of missing requirements or other problems.

✓ Ensure premium written on application matches modal premium due

- ▶ Ensure your illustration software is updated.
- ▶ Mark riders on the application.
- ▶ Confirm face amount, class, term, gender, and age.

✓ Use correct forms

- ▶ Check www.americo.com to ensure you are using the most current application for the product and state.
- ▶ Send all pages, even if pages have no information on them.

✓ Sign the application!

- ▶ Be sure to sign on both the witnessing agent line as well as on the Agent Report.

✓ Answer all replacement questions

- ▶ All replacement questions must be answered regardless of the answer to question "a" in the replacement section of the application.

✓ Submit Replacement form(s)

- ▶ Check www.americo.com to ensure you are using the most current form for the state.
- ▶ Ensure the form is signed on or prior to the application date and submitted with the application.

✓ Submit HIV form

- ▶ Many states require that an HIV consent form is submitted with the application when saliva and/or blood are collected.
- ▶ Check www.americo.com to ensure you are using the most current form for the state.
- ▶ The HIV form is based on the state of residence of the insured.

✓ Submit DI Supplemental application

- ▶ If the rider is applied for, the supplemental application is required.
- ▶ Check www.americo.com to ensure you are using the most current application for the product and state.
- ▶ Ensure all pages are sent and all questions are answered with as much detail as possible.

✓ Write Social Security Number on the Application

- ▶ A policy cannot be issued without it.
- ▶ If the client does not have a Social Security Number or the number starts with a 9, a copy of a driver's license, permanent visa, or green card is required (B1 or B2 visas are not accepted).

✓ Verify the Effective Date

- ▶ If saving age, it must be indicated on the application.
- ▶ If a specific effective date is requested but the processing exceeded that date, verification will be required.
- ▶ If it is a particular day of the month the client desires, simply state the date and not the month.

Underwriting Requirements

Mortgage - Home Mortgage Series

Amounts	Ages 20-65
\$25,000 - \$250,000	Non-medical*, Prescription History
\$250,001 - \$400,000	Agent-collected Saliva, Prescription History

*Maine Residents: Agent-collected saliva required.

Term - Simplified Issue Term

Amounts	Ages 20-65
\$25,000 - \$250,000	Non-medical*, Prescription History
\$250,001 - \$400,000	Agent-collected Saliva, Prescription History

*Maine Residents: Agent-collected saliva required.

General Life - Americo AdvantageWL, LifeCrest, LifeCrest Index, Quality 25

Amounts	0 - 17 (AdvantageWL only)	18 - 40	41 - 70	71 & Over
\$0 - \$99,999	Non-medical*, Prescription History	Non-medical*, Prescription History		Paramed Exam, HOS, APS
\$100,000 - \$250,000		Agent-collected Saliva, Prescription History	Paramed Exam, HOS, Blood Profile for ages 60+	Paramed Exam, HOS, Blood Profile, APS
\$250,001 - \$500,000	Paramed, HOS, Blood Profile			Paramed Exam, HOS, Blood Profile, APS
\$500,001 - \$1,000,000	Paramed, HOS, Blood Profile		Paramed Exam, HOS, Blood Profile, APS for ages 56+	Paramed Exam, HOS, Blood Profile, APS
\$1,000,001 - \$3,000,000	Paramed Exam, HOS, Blood Profile, ECG, APS, Inspection			MD Exam, HOS, Blood Profile, ECG, APS, Inspection
Over \$3,000,000	MD Exam, HOS, Blood Profile, Treadmill ECG, APS, Inspection			

*Maine Residents: Minimum face amount through \$99,999 requires saliva testing.

APS - Attending Physician Statement, HOS - Home Office Specimen, ECG - Electrocardiogram. Prescription history may be required.

Preferred Underwriting - LifeCrest, LifeCrest Index

Amounts	18-40	41-70	71 & Over
\$100,000 - \$250,000	Paramed Exam, HOS, Blood Profile		Paramed Exam, HOS, Blood Profile, APS based on merit
\$250,001 - \$500,000	Paramed Exam, HOS, Blood Profile		Paramed Exam, HOS, Blood Profile, APS
\$500,001 - \$1,000,000	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile, APS-ages 41-55 on merit 56+-all cases	
\$1,000,001 - \$3,000,000	Paramed Exam, HOS, Blood Profile, APS, Inspection, ECG		MD Exam, HOS, Blood Profile, APS, Inspection, ECG
Over \$3,000,000	MD Exam, HOS, Blood Profile, Treadmill ECG, APS, Inspection		

For Preferred underwriting, Americo will run a motor vehicle report on every application. Prescription history may be required.

Senior - Lifetime Legacy

Net Amount at Risk	55-70	71-80	81-85
\$0 - \$99,999	Telephone Interview, Prescription History, APS when necessary		Telephone Interview, APS; Paramed Exam and HOS when necessary
\$100,000 - \$150,000	Telephone Interview, Prescription History, APS when necessary	Telephone Interview, APS; Paramed Exam and HOS when necessary	
\$150,001 - \$350,000	Telephone Interview, APS; Paramed Exam and HOS when necessary		
\$350,001+	Home Office approval and additional underwriting required.		

Telephone Interview conducted by Mid-America Agency Services, Inc., 877.844.5046. Agent ordered at time of application. See page 10 for complete details. Prescription history may be required.

Underwriting Resources

Non-Medical

It is important for you to secure an accurate medical history by asking all health questions and providing the answers in the space provided on the application. In every case, please provide the name, address and telephone number of the applicant's personal physician plus the date, reason, and results of the last check-up.

Agent-Collected Saliva

The saliva specimen is collected by the agent during the sale. The process is simple:

- ▶ You must complete a brief training session and obtain your certification. Please go to www.salivatraining.com. The entire process should take you only about 10 minutes.
- ▶ The specimen is collected by you and sent to the lab in a special, postage-paid envelope provided in the saliva kit.
- ▶ To order your saliva kits or ask any questions regarding the process, please contact: Clinical Reference Laboratory (CRL) 800.882.1922.

Paramedical Services

Paramed services should be ordered by you. They will not be ordered by Americo. Paramed Companies will gather the following requirements:

- ▶ **Paramed Exam:** The paramed will ask some medical questions and take blood pressure plus height and weight.
- ▶ **Blood Profile:** Please advise the applicant to fast a minimum of 6 hours; however, for best results, it is recommended to avoid food for 10-12 hours. Applicants may drink water, tea, or black coffee (no sugar).
- ▶ **Home Office Specimen (HOS):** This is the collection of urine.
- ▶ **Electrocardiogram (ECG) & Treadmill ECG:** The paramed company will complete these tests, or instruct your client as to where they should go to complete the tests.

Approved Paramed Companies

- ▶ APPS (American Para Professional Systems, Inc.)
800.635.1677 www.appsnational.com
- ▶ EMSI (Examination Management Services, Inc.)
800.872.3674 www.emsinet.com

Attending Physician Statement (APS)

Reports will be ordered by Americo at the discretion of the underwriter and based on the underwriting guideline requirements. In general, they will be ordered based on the amount of insurance, age, medical history, medical exam findings, or MIB results.

MD Exam

This exam must be completed by a physician who is state board licensed. Paramed companies will not complete this exam. A licensed MD or DO, including the applicant's personal physician, may perform the exam. It is recommended that you contact one of the paramed companies listed above to determine if they have an MD on staff who can perform the exam and is located close to your applicant.

Inspection Reports

We will order inspection reports on all cases over \$1,000,000. You should inform your applicant when an inspection report is required so that they will expect a phone call or in-person interview.

Phone interviews are conducted for amounts through \$3,000,000. In-person interviews are conducted for amounts in excess of \$3,000,000. The name of our inspection company is LabOne.

Medical Information Bureau (MIB)

This is a database that houses medical information on individuals. Americo will run an MIB report on all applicants. The results may cause us to request additional requirements, which may affect our underwriting decision.

Prescription Drug Check

Information gathered from prescription drug databases is frequently used by insurance companies to assist in evaluating risk and streamline underwriting processes. Americo will run a prescription drug check on all products.

Build Charts

Standard Underwriting (Unisex)

Height	Americo Advantage ^{WL} , LifeCrest Index, LifeCrest, and Quality 25	Lifetime Legacy and Critical Illness Rider	125, 125 CBO, 100, 100 CBO, and Ultra Protector	Disability Income Rider	HMS w/ ADB
4'8"	74 - 167	74 - 189	74 - 198	74 - 178	74 - 221
4'9"	77 - 173	77 - 196	77 - 205	77 - 184	77 - 229
4'10"	79 - 179	79 - 203	79 - 212	79 - 191	79 - 237
4'11"	82 - 185	82 - 210	82 - 220	82 - 198	82 - 245
5'0"	85 - 192	85 - 217	85 - 227	85 - 204	85 - 253
5'1"	88 - 198	88 - 224	88 - 235	88 - 211	88 - 261
5'2"	91 - 205	91 - 232	91 - 243	91 - 218	91 - 270
5'3"	94 - 211	94 - 239	94 - 251	94 - 225	94 - 281
5'4"	97 - 218	97 - 247	97 - 259	97 - 233	97 - 287
5'5"	100 - 225	100 - 255	100 - 267	100 - 240	100 - 296
5'6"	103 - 232	103 - 263	103 - 275	103 - 247	103 - 305
5'7"	106 - 239	106 - 271	106 - 284	106 - 255	106 - 314
5'8"	109 - 246	109 - 279	109 - 292	109 - 263	109 - 323
5'9"	112 - 253	112 - 287	112 - 301	112 - 270	112 - 333
5'10"	115 - 261	115 - 296	115 - 310	115 - 278	115 - 343
5'11"	119 - 268	119 - 304	119 - 319	119 - 286	119 - 352
6'0"	122 - 276	122 - 313	122 - 328	122 - 294	122 - 362
6'1"	126 - 284	126 - 322	126 - 337	126 - 303	126 - 372
6'2"	129 - 292	129 - 331	129 - 346	129 - 311	129 - 382
6'3"	133 - 300	133 - 340	133 - 356	133 - 320	133 - 393
6'4"	136 - 308	136 - 349	136 - 365	136 - 328	136 - 403
6'5"	140 - 316	140 - 358	140 - 375	140 - 337	140 - 413
6'6"	143 - 324	143 - 367	143 - 385	143 - 346	143 - 424
6'7"	147 - 332	147 - 377	146 - 395	147 - 355	147 - 435

Preferred Underwriting

Height	Male Weight	Female Weight
4'8"	90 - 125	78 - 125
4'9"	93 - 130	81 - 130
4'10"	96 - 135	83 - 135
4'11"	100 - 140	86 - 138
5'0"	104 - 150	90 - 141
5'1"	107 - 155	93 - 145
5'2"	111 - 160	96 - 148
5'3"	115 - 165	99 - 153
5'4"	118 - 170	102 - 157
5'5"	122 - 175	105 - 162
5'6"	125 - 180	108 - 166
5'7"	128 - 185	111 - 171
5'8"	131 - 190	114 - 175
5'9"	135 - 195	117 - 180
5'10"	138 - 200	120 - 184
5'11"	142 - 205	123 - 189
6'0"	146 - 215	126 - 194
6'1"	149 - 220	129 - 199
6'2"	153 - 225	133 - 204
6'3"	157 - 230	136 - 209
6'4"	161 - 235	139 - 214
6'5"	164 - 240	142 - 219
6'6"	169 - 250	146 - 225
6'7"	173 - 255	150 - 231

Other builds will be considered on an individual basis.

Home Mortgage Series Underwriting

Medical Requirements

Amounts	Ages 20-65
\$25,000 - \$250,000	Non-medical*, Prescription History
\$250,001 - \$400,000	Agent-collected Saliva, Prescription History

*Maine Residents: Agent-collected saliva required.

Home Mortgage Series Underwriting Advantages

- ▶ Clean applications are typically issued in a couple of days.
- ▶ Underwriting decisions consider the medical questions on the application, any MIB results, and a prescription drug check. No parameds, no blood, no urine, no APSs...no hassle.
- ▶ On face amounts over \$250,000, agent collected saliva is required. This is a simple requirement you can fulfill easily at the point of sale. See page 5 for details.

Medical Impairments

If your client answers “yes” to any of the medical questions on the application, please provide full details. A complete listing of medical and activity questionnaires is located on page 12. If your applicant has a condition or activity covered in any of these questionnaires, we suggest that you complete one. The additional information provided by these questionnaires may allow us to make a quicker decision. Many times it will also provide enough information to approve the case, rather than decline the case for lack of information.

Mortgage Requirements

A mortgage is never required. In group states, the applicant or policyowner is required to have an interest in real estate. A statement to this effect is preprinted in the Agent Comments section of the HMS application.

HMS w/ADB Underwriting

HMS w/ ADB is underwritten on an accept/reject basis, based upon answers to questions on the applications including but

not limited to occupation, build and personal history. Medical questions that do not need to be answered are noted on the application.

The following medical histories **DO NOT** qualify for Home Mortgage Series. In some cases, the conditions listed below can be considered for a fully underwritten product on a rated basis.

Alcohol abuse
Aneurysm
Atrial fibrillation
Cancer
COPD
Coronary artery bypass
Criminal history
Crohn's disease
Diabetes treated with Insulin
Disabled more than 6 months
Drug use
DUI (multiple)
Emphysema
Heart Attack
Heart valve surgery
Chronic hepatitis
Hodgkins disease
Kidney disease
Leukemia
Lupus (SLE)
Major depression
Melanoma
Mental illness (psychosis, schizophrenia, etc.)
Multiple sclerosis*
Muscular dystrophy
Narcotic pain medication (long-term use)
Pacemaker
Parkinson's disease
Rheumatoid arthritis*
Sarcoidosis
Stent Placement
Stroke or TIA
Transplant Recipients
Ulcerative Colitis

*If experiencing current symptoms, frequent attacks, or requiring prescription medication.

General Life Underwriting

General Life - Amerigo AdvantageWL, LifeCrest, LifeCrest Index, Quality 25

Amounts	0 - 17 (AdvantageWL only)	18 - 40	41 - 70	71 & Over
\$0 - 99,999	Non-medical*, Prescription History	Non-medical*, Prescription History		Paramed Exam, HOS, APS
\$100,000 - 250,000		Agent-collected Saliva, Prescription History	Paramed Exam, HOS, Blood Profile for ages 60+	Paramed Exam, HOS, Blood Profile, APS
\$250,001 - 500,000	Paramed, HOS, Blood Profile			Paramed Exam, HOS, Blood Profile, APS
\$500,001 - 1,000,000	Paramed, HOS, Blood Profile		Paramed Exam, HOS, Blood Profile, APS for ages 56+	Paramed Exam, HOS, Blood Profile, APS
\$1,000,001 - 3,000,000	Paramed Exam, HOS, Blood Profile, ECG, APS, Inspection			MD Exam, HOS, Blood Profile, ECG, APS, Inspection
Over \$3,000,000	MD Exam, HOS, Blood Profile, Treadmill ECG, APS, Inspection			

*Maine Residents: Minimum face amount through \$99,999 requires saliva testing.

APS - Attending Physician Statement, HOS - Home Office Specimen, ECG - Electrocardiogram.

Prescription history may be required.

Preferred Underwriting - LifeCrest, LifeCrest Index

Amounts	18-40	41-70	71 & Over
\$100,000 - 250,000	Paramed Exam, HOS, Blood Profile		Paramed Exam, HOS, Blood Profile, APS based on merit
\$250,001 - 500,000	Paramed Exam, HOS, Blood Profile		Paramed Exam, HOS, Blood Profile, APS
\$500,001 - 1,000,000	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile, APS-ages 41-55 on merit 56+-all cases	
\$1,000,001 - 3,000,000	Paramed Exam, HOS, Blood Profile, APS, Inspection, ECG		MD Exam, HOS, Blood Profile, APS, Inspection, ECG
Over 3,000,000	MD Exam, HOS, Blood Profile, Treadmill ECG, APS, Inspection		

For Preferred underwriting, Amerigo will run a motor vehicle report on every application.

Prescription history may be required.

Underwriting Classes by Product

Product	Underwriting Classes
Amerigo AdvantageWL	Standard Smoker, Standard Non-smoker; Substandard ratings available.
LifeCrest	Preferred Non-nicotine, Preferred Nicotine, Standard Non-nicotine, Standard Nicotine Substandard ratings available.
LifeCrest Index	Preferred Non-nicotine, Preferred Nicotine, Standard Non-nicotine, Standard Nicotine
Quality 25	Non-Smoker Select (Table 2 or less), Select (Non-smoker Table 2 to Table 4), Standard (Smokers Table 2 to Table 4); Substandard ratings available. For specified amounts less than \$100,000, non-smokers can only qualify for the Select class and smokers can only qualify for the Standard class. In Texas, face amounts under \$100,000, smokers and non-smokers can only qualify for the standard rate in their respective classes.

Substituting Medical Requirements

Medical requirements such as Examinations, Home Office Specimens, Blood Profiles, and ECGs from other insurance companies done within 180 days of the date of the application may be acceptable as substitutes. They must be of good quality and readily available. Home Office Specimens and Blood Profiles completed by a laboratory other than Clinical Reference Laboratory may need to be repeated,

depending on the date and extent of testing.

Tests that do not meet minimum requirements under Amerigo guidelines may also need to be repeated.

Underwriting Children

The amount of insurance on a child should be reasonable in relation to the coverage carried by the parents and the same amount as his/her siblings.

Preferred Underwriting

Prequalify for Preferred

It is recommended that you prequalify the proposed insured prior to quoting Preferred rates. A Preferred risk involves meeting the standard underwriting medical requirements **plus** the following criteria:

- ▶ Height and weight (see Build Charts, page 6)
- ▶ Blood pressure
- ▶ Cholesterol
- ▶ Family history
- ▶ Driving history

Be certain to review the proposed underwriting class and its requirements prior to presenting the sales illustration. If the applicant does not qualify for Preferred, the policy will be amended resulting in an increase in the premium proposed, or a reduction in cash value accumulation.

General Information

Preferred underwriting is a way to offer the insured, with better than average health, a lower than average cost of insurance. The applicant must be an acceptable risk and meet all requirements in each criterion to qualify for Preferred rates.

Applicants with medical histories involving diabetes, internal cancer or melanoma, coronary artery disease, or alcohol/drug abuse, as well as borderline rateable risks, are ineligible.

Driving history, family history, height and weight, as well as occupation and avocations (including flying), must be identified on the application.

Definition of Non-Nicotine

Non-nicotine means no use of cigarettes, cigars, pipe or chewing tobacco, nicotine gum, nicotine patches, or other products containing nicotine in the past year.

Qualification Details

Underwriting Class	Preferred Requirements
Driving History	No DUI or reckless driving in past 5 years. No more than 3 moving violations in the past 3 years.
Family History	No death of parent/sibling prior to age 60 due to cardiovascular or cerebrovascular disease or diabetes.
Blood Pressure	Age 18-40: 140/80 Age 41-75: 140/85
Cholesterol	Controlled cholesterol when controlled average for past 12 months is 250 or less.
HDL Cholesterol Ratio	Less than or equal to 6.5
Laboratory Tests	Laboratory test results may deviate within 10% of normal ranges
Aviation, Avocation, Occupation	No rateable occupation/avocation. No flying - except commercial passenger/crew. Private aviation may be considered with an Aviation Exclusion Rider. Military personnel are not eligible.

Lifetime Legacy Underwriting

Net Amount at Risk	55-70	71-80	81-85
\$0 - \$99,999	Telephone Interview, Prescription History, APS when necessary		Telephone Interview, APS; Paramed Exam and HOS when necessary
\$100,000 - \$150,000	Telephone Interview, Prescription History, APS when necessary	Telephone Interview, APS; Paramed Exam and HOS when necessary	
\$150,001 - \$350,000	Telephone Interview, APS; Paramed Exam and HOS when necessary		
\$350,001+	Home Office approval and additional underwriting required.		

Telephone Interview conducted by Mid-America Agency Services, Inc., 877.844.5046. Agent ordered at time of application. Prescription history may be required.

Underwriting Advantages

Lifetime Legacy underwriting was designed to be quick and easy for you and your clients.

- ▶ Simplified underwriting based on Net Amount at Risk.
- ▶ Issued standard through Table 4.
- ▶ Minimal medical requirements at certain ages and Net Amount at Risk amounts.
- ▶ No blood draws.
- ▶ Point-of-sale teleunderwriting. Most underwriting can be handled through a short telephone interview with your client.

Net Amount at Risk

Lifetime Legacy is underwritten on a Net Amount at Risk basis. The Net Amount at Risk for underwriting purposes is the difference between the initial single premium and the initial guaranteed minimum death benefit.

Americo will accept multiple policies on any one insured; however, the total Net Amount at Risk for any one insured can not exceed \$350,000.

Net Amount at Risk Example

Net Amount at Risk example for 70 year old female, non-nicotine:

Initial Guaranteed Minimum Death Benefit:	\$96,100.25
Less Initial Single Premium	\$50,000.00
“Net Amount at Risk”	\$46,100.25

Teleunderwriting

To streamline the underwriting process, we encourage you to complete the teleunderwriting process while you are meeting with the customer. It is quick and easy.

1. Verify that the applicant is eligible for coverage. Please refer to the Build Chart and Medical Impairment Guide.
2. Always start the telephone interview process AFTER qualifying the applicant and completing the application.
3. Start the telephone interview process by calling 877.844.5046 (Monday - Thursday, 8:30 AM - 8:30 PM eastern, or Friday, 8:30 AM - 5:00 PM eastern).
4. Identify yourself as an Americo agent who wants to have a telephone interview completed for Lifetime Legacy. You will be asked to provide your name, agent number, and phone number.
5. Hand the phone to the applicant and then leave the room. The interview should only take a few minutes.
Important: *The telephone interview is for the applicant only. You cannot be present during the interview. You, nor any other person, are allowed to provide any assistance.*
6. If all interviewers are busy, you will receive a voicemail message. Please leave your name, your agent number, the name of the insured, name of company (Americo), and client's telephone number with area code for a return call. Normal call back time is 15 minutes.
7. Note in the Agent's Remarks section of the application "Telephone Interview Completed," and the date.
8. If the telephone interview cannot be completed at the time of the initial application, fax a copy of the completed application and a cover memo requesting a telephone interview to MAAS at 712.755.7212. The fax is available 24 hours a day, 7 days a week. Before faxing, please note in the Agent's Remarks section of the application "Telephone Interview Requested." Outgoing calls to your clients will not be made after 9:00 PM (all time zones).

Ultra Protector Series Underwriting

Ultra Protector Series is on an Accept/Reject basis according to health questions on the application. Ultra Protector III is guaranteed issue.* For Ultra Protector I and II, MIB and prescription database check will be required and, in some circumstances, a PHI will be required. Amerigo requires agents meet with all proposed insureds for these products.

Ultra Protector I will be issued if:

- ▶ all health questions on the application are answered “no” (both parts 1 and 2).
- ▶ height and weight are within guidelines.
- ▶ MIB records are clear or provide no information that is inconsistent with health history given on the application.
- ▶ Prescription database history is clear or provides no information that is inconsistent with the health history given on the application.

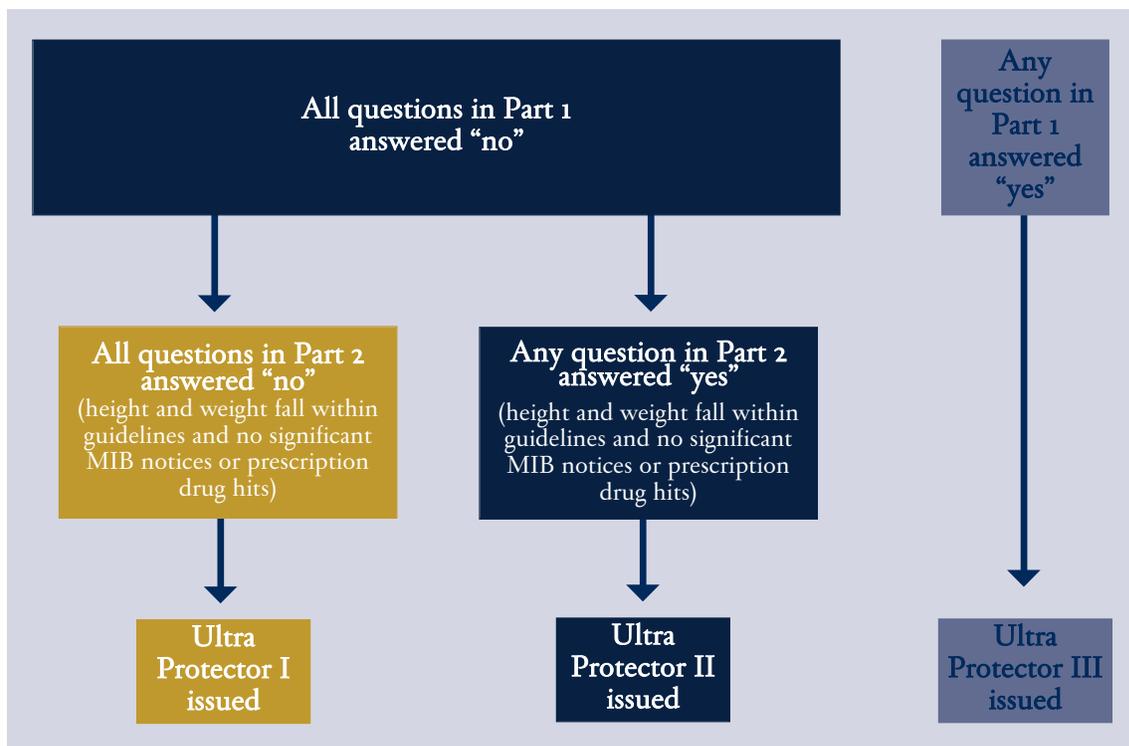
Ultra Protector II will be issued if:

- ▶ all health questions in Part 1 are answered “no.”
- ▶ one or more health questions in Part 2 are answered “yes.”
- ▶ height and weight are within guidelines.
- ▶ MIB records are clear or provide no information that is inconsistent with health history given on the application.
- ▶ Prescription database history is clear or provides no information that is inconsistent with the health history given on the application.

Ultra Protector III will be issued if:

- ▶ no health questions are answered on the application.
- OR
- ▶ any “yes” answers are reported in Part 1 of the application and the applicant agrees to accept any Ultra Protector product (section 4 of application).
- OR
- ▶ applicant does not qualify for Ultra Protector I or II and the applicant agrees to accept any Ultra Protector product (section 4 of application).

*Subject to issue age limits and state availability.



General Underwriting Information

Insurable Interest

The first aspect of assessing life insurance risks is the establishment of insurable interest, which must be determined before the life insurance policy is issued. An insurable interest exists when the beneficiary is likely to suffer some financial loss or detriment if the insured dies.

Personal relationships that have insurable interest include:

- Spouse
- Fiancé
- Parent (of minor children)
- Child
- Brother
- Sister
- Grandparent

Financial relationships considered to have insurable interest include:

- Creditor (The amount of insurance must not exceed the indebtedness.)
- Key Person (The general rule for the amount of insurance is no more than five times the proposed insured's annual income.)
- Principal stockholders
- Employer to key employee
- Business partnerships

Ownership in all cases must be prudent and reasonable. Examples of questionable ownership would be:

- Application requests owner to be the parent of an adult, married proposed insured without reasonable explanation.
- Application requests owner to be the adult child of an adult proposed insured without reasonable explanation.

Questionnaires

Questionnaires are available on www.americo.com and may be used for the Disability Income Rider or life insurance applications. Some questionnaires are state specific and may have another form number.



- Alcohol Usage Questionnaire
- Arthritis Questionnaire
- Aviation Questionnaire
- Back Disorders Questionnaire
- Business Insurance Questionnaire
- Chest Pain Questionnaire
- Diabetic Questionnaire
- Prescription Medication & Drug Use Questionnaire
- Epilepsy/Seizure Questionnaire
- High Blood Pressure Questionnaire
- Military Questionnaire
- Sports Activities Questionnaire
- Tumor Questionnaire
- Nervous Disorders Questionnaire
- Residence & Foreign Travel Questionnaire
- Respiratory Disorders Questionnaire
- Coronary Disease Questionnaire
- Personal Financial Questionnaire

Health Changes During Underwriting

Any change in the health of the proposed insured that occurs after the original application date, but before coverage becomes effective, must be reported to Americo. Provide detailed information regarding the health change directly to the Underwriting Department through the Agent Contact Center.

General Underwriting Information

Medical Check-Ups

Whether the medical check-up is for periodic wellness exams or symptomatic in nature, it is important to provide complete details on the application. **You should list the reason for the exam, date, and results of the check-up for all proposed insureds. Always provide the name, address, and telephone number of the attending physician or medical facility.** If there is a patient identification number such as a Kaiser Permanente number, please include that information on the application as well.

Military Guidelines

Active military personnel must complete a Military Questionnaire and submit it with the application for insurance. If deployment orders are pending, or have been received (verbal or written), please indicate the location of the next duty site for underwriting consideration.

Please note, agents are not permitted to sell Amerigo products on military bases.

In the event of any future military conflict, these guidelines may be discontinued.

Foreign Nationals and Foreign Travel

Coverage is not available for foreign nationals visiting, those temporarily residing in the United States, or individuals not residing legally in the United States. Consideration may be given to noncitizens who have established legal, permanent residency in the United States and are applying for citizenship. Any applicant who is not a U.S. citizen must reside in the United States for a minimum of one continuous year prior to application and have no significant medical history that would require medical records from a foreign country. For non-U.S. citizens without a Social Security number, some form of identification must be submitted

with the application. Please submit a copy of one of the following documents with the application. No exceptions will be made.

- Copy of the applicant's U.S.-issued Driver's License
- Copy of the applicant's Green Card or Permanent Visa (B1 - B2 Visas not acceptable)
- Copy of U.S. Citizenship and Immigration Services Form I-551

Underwriting reserves the right to use any and all information developed in making a determination of eligibility under these guidelines.

Foreign Residence and Travel - United States citizens making short trips (4 weeks or less) out of the country for business, pleasure, or educational purposes are usually acceptable risks, depending on their destination. Please complete a Residency and Foreign Travel Questionnaire for applicants who anticipate future foreign travel and submit it at the time of application. The Foreign Travel Questionnaire is not required in all states. Please contact your underwriter to determine which states do not require this information and form.

Critical Illness Rider

The Critical Illness Rider may be added to Home Mortgage Series (HMS) products (please check product and rider availability by state). This is a Standard to Table 4 rider. Although HMS is a simplified issue product, the Critical Illness Rider is underwritten separately. The following are some very general guidelines.

The Critical Illness Supplemental Application must be completed. In general, any questions that are answered “yes” will not cause a declination, but will require individual consideration by an underwriter. Certain conditions are more serious:

- ▶ Proposed insureds with Diabetes will need to be evaluated based upon the severity.

If you have any questions on Underwriting, or have a special situation, please contact an Amerigo underwriter.

Disability Income Rider

When applying for the Disability Income Rider (DIR), the DIR Supplemental application must be fully completed and submitted with the application. This is a Standard to Table 2 rider.

Benefit Amount

- ▶ The maximum monthly benefit is 2% of the face amount subject to percentage of income limitations.
- ▶ The benefit cannot exceed \$2,000 per month for all policies in force with Amerigo.
- ▶ Maximum benefit amounts for all in force individual disability income products are based on a calculation of percentage of salary.
- ▶ **60%** of applicant's earned income or **40%** in CA.
- ▶ **Self-employed individuals** are considered based on their net income (gross income less expenses) from Schedule C of their Federal tax return or their 1099 totals. The Disability Income Rider is not offered to self-employed individuals working from their home.
- ▶ **60%** for **eligible government occupations (maximum \$1,500)**.

Full time Employment

- ▶ Applicant must be employed **FULL TIME (at least 30 hours per week)** year round. No seasonal, temporary, or part-time occupations will be considered.

Employment History

- ▶ Stable employment is of primary importance for qualification.
- ▶ Applicant should be employed in the same occupation for at least **12 months**.
- ▶ If self-employed, applicant must have prior experience in that industry.
- ▶ Details of frequent occupation and employer changes must be provided.
- ▶ Periods of unemployment for the previous five years must be provided. (Reason, duration, and frequency or periods of unemployment.)

Annual Earned Income

- ▶ Earned income from the applicant's primary occupation is only considered when calculating the benefit amount.

- ▶ Unearned or passive income (rents, royalties, interest, dividends, and trusts) is not considered.

Occupation

- ▶ **Refer to the occupation guide on Pages 23 to 26.**
- ▶ **Detailed description of duties is necessary. Job titles only are not sufficient.**
- ▶ Obtain the percentage of time actually spent performing trade, service, or manual labor duties vs. supervisory or administrative duties.
- ▶ Eligibility will be determined for the most hazardous occupation if the applicant has multiple jobs.
- ▶ If applicant has multiple jobs, benefit amount will be based on primary occupation income.
- ▶ Payouts are based on **own** occupation.

Employer

- ▶ Full name, address, and phone number of the employer must be provided.
- ▶ Provide details as to the **type of industry** of the employer if not readily apparent, including identification of governmental agencies.

Other Disability Insurance In-Force

- ▶ Employer paid group disability coverage and state funded programs are NOT subtracted from the total monthly eligibility for Home Mortgage Series, but individual disability coverage with another carrier is subtracted.
- ▶ In-force individual disability coverage, to include group coverage paid for by the applicant, IS subtracted from the total monthly eligibility for all disability income coverage.

Previous Disability

- ▶ Previous periods of disability due to health or injury will be a factor in considering eligibility and may disqualify the applicant.
- ▶ If previous periods of disability exist, provide the date, duration, and reason for the disability.

Disability Income Rider Impairment Guide

This list is intended as a guide in field underwriting and is designed to help you prequalify the applicant for the Disability Income Rider. **It is essential for you to ask each question on the DIR Supplemental Application and record the answer as provided by the Proposed Insured. Conditions such as back disorders, carpal tunnel syndrome, or shoulder rotator cuff disorders may not impact life insurance mortality; however, they are important in disability income underwriting and very important for certain labor intensive or repetitive motion occupations.** For those impairments not listed in this table, please contact an underwriter through the Agent Contact Center.

Medical Condition	Criteria	Typical Underwriting Action
Achilles Tendonitis		IC
Acid Reflux		Accept to IC
AIDS		Decline
Alcoholism or Alcohol Abuse (use Alcohol Usage Questionnaire)	0-5 years	Decline
	Over 5 years	IC
Alzheimer's / Dementia		Decline
Amputation		IC
Anemia	Iron Deficiency	Accept
	Others	Decline
Aneurysm		Decline
Angina		Decline
Angioplasty		Decline
Ankylosing Spondylitis		Decline
Anxiety		Decline
Aortic Stenosis	Significant heart murmur	Decline
Appendectomy	Full Recovery	Accept
Arteriosclerosis		Decline
Arthritis (use Arthritis Questionnaire)	Osteoarthritis	IC to Decline
	Rheumatoid or Psoriatic	Decline
Asthma* (use Respiratory Disorders Questionnaire)	Mild, occasional brief episodes. No tobacco, frequent/chronic symptoms, or steroid use	Accept to decline
	Tobacco use or with ER or hospital visits	Decline
Atrial Fibrillation		Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Key:

Accept – DIR offered as applied

IC – Individual consideration

Decline – DIR deleted from policy

Medical Conditions highlighted in yellow require questionnaires

Disability Income Rider Impairment Guide

Medical Condition	Criteria	Typical Underwriting Action
Attention Deficit Disorder* (use Nervous Disorders Questionnaire)	Diagnosed as an adult, requiring medication 0-2 years	Decline
	>2 years	IC
Aviation* (use Aviation Questionnaire)		IC
Back Disorders* (use Back Disorders Questionnaire)	History of strains/sprains or prior surgery with full recovery	IC to Decline
	Current treatment, no surgery	Decline
	Curvatures	IC to Decline
Barrett's Esophagus		Decline
Bell's Palsy		Usually Accept
Bipolar Disorder		Decline
Blindness	Diabetic or both eyes impaired	Decline
	One eye impaired - congenital or trauma	IC
Blood Pressure* (use High Blood Pressure Questionnaire)	Controlled with Medication	Usually Accept
Bone/cartilage disorders	Need full details on application depending on circumstances and occupation	IC
Bronchitis	Acute treated and recovered (not COPD)	Accept
	Chronic or ongoing; chronic obstructive lung disease or COPD	Decline
Build	See Build Chart on Page 6	IC
Bursitis	Acute episode, fully recovered	Accept
	Chronic or recurrent	Decline
Bypass surgery (heart)		Decline
Cancer - internal	>10 years, no recurrence	IC
Cancer - Skin	Basal Cell Carcinoma	Accept to IC
	Melanoma < 5 years	Decline
	Squamous Cell Carcinoma	IC to Decline
Cardiac Disease	Any form of cardiac or heart disease	Decline
Cardiomyopathy		Decline
Carpal Tunnel Syndrome		IC to Decline
Cataracts		Accept to Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Impairment Guide

Medical Condition	Criteria	Typical Underwriting Action
Concussion	Mild, full recovery, no residuals	Accept
	Recurrent or residuals	Decline
Cerebral Palsy		Decline
Chronic Fatigue Syndrome		Decline
Chronic Obstructive Lung Disease		Decline
Congestive Heart Failure		Decline
Coronary Artery Disease	Any form of CAD	Decline
Crohn's Disease		Decline
Cystic Fibrosis		Decline
Cystitis	History of Interstitial or recurrent	Accept to Decline
Depression		Decline
Detached Retina		IC
Diabetes	All forms	Decline
Diverticulitis/Diverticulosis		Decline
Down's Syndrome		Decline
Driving Record supply license number and issuing state	DUI within previous 3 years, 2 or more accidents within previous 3 years, or 3 moving violations within 3 years or currently suspended	Decline
	Others	IC
Drug Abuse		Decline
Duodenitis		Accept
Eating Disorders		Decline
Emphysema		Decline
Endometriosis		IC
Epilepsy* (no occupational hazard) (use Epilepsy/Seizure Questionnaire)	Petit Mal - no seizures within 2 years	Accept
	Grand Mal - no seizures within 5 years	Accept
Esophagus Disorders	Barrett's Esophagus	Decline
	Other	IC
Eye Disorder	Need type, eye involved, and details	IC
Eye Surgery (Corrective)	Lasik or RK over one year	Accept
Fatty Liver		Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Impairment Guide

Medical Condition	Criteria	Typical Underwriting Action
Fibrillation		Decline
Fibrocystic Breast Disease	Definite Diagnosis	IC
	Biopsy recommended, not done	Decline
Fibroid Uterus		IC
Fibromyalgia		Decline
Fractures	Simple or full recovery	Accept
	Residuals or complications	IC to decline
Gallbladder Disorders	No surgery recommended	Usually Accept
Gastric Bypass/Stapling	> 5 years, no complications, acceptable build	IC
	< 5 years	Decline
Gastritis/GERD	Mild infrequent	Usually Accept
Glaucoma		IC
Gout		IC to decline
Hearing Loss		IC
Heart Disease or Disorder	Includes angina pectoris, heart attack, coronary artery disease, congestive heart failure, and heart valve impairment	Decline
Heart Murmur	Heard as a child, Innocent, no symptoms (See also Mitral Valve Prolapse)	IC
Hemophilia		Decline
Hemorrhoids		Accept
Hernia (Hiatus)	Surgery pending	Decline
	No symptoms / Surgically corrected	Accept
Hernia, Inguinal (groin)	No Surgery	IC
	Surgically corrected > 1 year	Accept
Hip Disorder		IC to Decline
Hodgkin's Disease		Decline
Hypertension* (use High Blood Pressure Questionnaire)	Controlled with Medication	Usually Accept
Hysterectomy	No cancer	Accept
Irritable Bowel Syndrome	Mild	Usually Accept
	Moderate-to-severe attacks	Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Impairment Guide

Medical Condition	Criteria	Typical Underwriting Action
Kidney Disorders	Donor > 6 months	Usually Accept
	Infection - fully recovered	Accept
	Transplant recipient	Decline
	Stone	IC
Knee Disorders		IC
Labyrinthitis		Decline
Leukemia		Decline
Liver Function Tests Elevated	Minimally elevated. No evidence of liver disease or alcoholism	Accept
	Others	Decline
Liver Impairments	Abscess, cirrhosis, enlarged, hepatitis	Decline
Lupus	Discoid < 2 years	Decline
	Systemic (SLE)	Decline
Lyme Disease		Usually Decline
Melanoma	< 5 years	Decline
Meniere's Disease		Decline
Migraine		IC
Mitral Insufficiency or Stenosis		Decline
Mitral Valve Prolapse	No medication/No symptoms	Accept
	Symptoms or chronic medication	Decline
Mononucleosis	Consider after recovery	Accept to IC
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Myocardial Infarction/Heart Attack		Decline
Narcolepsy		Decline
Osteoporosis	Over age 50, present, not symptomatic	Usually Accept
	Others	Decline
Ovarian Cyst	Surgically removed, benign, full recovery	Accept
	Others	Decline
Pacemaker		Decline
Pain Management	Over the counter drugs and prescription NSAIDS	IC to decline
	Narcotic pain medication	Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Impairment Guide

Medical Condition	Criteria	Typical Underwriting Action
Pancreatitis		Decline
Panic Disorder		Decline
Paralysis		Decline
Pelvic Inflammatory Disease		IC
Pericarditis	Current treatment of within one year	Decline
	Fully recovered over one year	Accept
Peripheral Vascular Disease		Decline
Pleurisy	Single episode, full recovery	Accept
	Recurrent episode	IC to decline
Pneumonia	Single episode, full recovery	Accept
	Recurrent episodes	Decline
Pneumothorax	0-1 year	Decline
	Over 1 year	Accept
Polio		Decline
Polycystic Kidney Disease		Decline
Pregnancy (need estimated delivery date) (No prior complicated pregnancies)	1st or 2nd trimester, No complications	IC
	3rd trimester	Decline
Prostatitis	Single Episode, Full Recovery	Accept
	Recurrent	IC
Psoriasis	Mild	Usually Accept
	Others or with Arthritis	Decline
Post Traumatic Stress Disorder (PTSD)		Decline
Pulmonary Stenosis or Regurgitation		Decline
Pyloric Stenosis	Present, not corrected	Decline
	Surgically corrected over one year	Accept to IC
Rheumatic Fever		Decline
Sarcoidosis		Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Impairment Guide

Medical Condition	Criteria	Typical Underwriting Action
Shoulder Disorders	Rotator Cuff, tendonitis, bursitis, etc.	IC to Decline
Sinusitis		Accept to IC
Sleep Apnea		IC
Spinal Disorders* (use Back Disorders Questionnaire)		IC to Decline
Stroke/TIA		Decline
Suicide Attempt		Decline
Tendonitis		IC
Thyroid Disorder	Hyperthyroidism, Hypothyroidism, treated successfully for more than 6 months	Accept to IC
	Surgery Contemplated or Cancer	Decline
TMJ		IC
TIA/Stroke		Decline
Tremor		IC to Decline
Tuberculosis		Decline
Ulcer		IC to Decline
Ulcerative Colitis	Urinary tract infection, Urethritis, Urethral Stricture	Decline
Urinary Disorder		Accept to IC
Valve Replacement		Decline
Weight	See Build Chart on Page 6	

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Occupation Guide

Occupation List for Disability Income Rider

“Yes” means eligible for the Disability Income Rider. “No” means not eligible. **Railroad employees and military members are not eligible.** Please contact underwriting for unpublished occupations.

Accountant	YES
Actor/Actress	NO
Actuary	YES
Administrative Assistant	YES
Advertising	YES
Aerobics instructor (owner/operator)	YES
Aide (health care)	NO
Air Hammer Operator	NO
Air Traffic Controller	NO
Aircraft Mechanic	YES
Airport Security (TSA passenger screeners)	YES
Ambulance Driver	YES
Amusement Attendant	NO
Anesthetist	YES
Antenna Erector	NO
Appliance Repair	YES
Appraiser	YES
Arcade Employee	NO
Architect	YES
Armored Car Driver	YES
Artists	NO
Asbestos Worker	NO
Asphalt Worker	NO
Athlete/Coach (professional)	NO
Attorney (private practice or corporate)	YES
Auctioneer	YES
Auditor	YES
Auto body Painter/Repair	NO
Auto Sales (independent/used car dealerships)	NO
Auto Sales (new car dealerships)	YES
Back Hoe/Bulldozer Operator	YES
Baggage Handler	NO
Bail Bondsman	NO
Bailiff	NO
Baker	YES
Bank Employee	YES
Bar Manager	NO
Barber	YES
Bartender	NO
Beautician	YES

Blacksmith	YES
Blaster	NO
Bookkeeper	YES
Border Patrolman	NO
Bouncer/Doorman	NO
Bricklayer	YES
Bridge Foreman or Laborer	NO
Busboy	NO
Bus Driver (public, private, or individually owned)	NO
Business Agent	NO
Business Owner (individual consideration)	YES
Cabinet Maker	YES
Butcher	YES
Cable TV (installer/repairman)	YES
Cafe Worker	NO
Cable TV (office only)	YES
Car Sales (new car dealership)	YES
Car Sales (independent, used dealership)	NO
Cargo Loader/Unloader	NO
Carpenter	YES
Cashier (first shift only)	YES
Carpet Installer/Cleaner/Stretching	NO
Casino Worker	NO
Catering Owner/Operator	YES
Cement Truck Driver	YES
Certified Medical Assistant	YES
Certified Nursing Assistant	NO
Chauffeur	NO
Check Cashing Establishment	NO
Chef	YES
Childcare (not in residence)	YES
Chiropractor	NO
Claims Adjuster	YES
Cleaning Services (owner operator only, not cleaning)	YES
Clergy	YES
Clerical	YES
Coal Miner	NO
Club Pros (golf/tennis/swimming/fitness)	NO
Commodities Brokers	NO
Composers	NO
Computer Programmer/Operator/Technician	YES
Concrete & Cement Handler/Finisher	NO
Conductor (subway/light rail)	NO
Construction Contractor	YES
Consultant (self employed minimum 1 year with prior same industry experience)	YES

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Occupation Guide

Consultant working out of the home	NO
Convenience Store Employee	NO
Convenience Store Manager	YES
Cook (fine dining only)	YES
Coroner	YES
Corrections Officer	NO
Countertop (fabricator and installer)(Corian and Laminates)	YES
Cosmetics (store employee only)	YES
Counselor (office only)	YES
Countertop (fabricator and installer)(cement, granite, and marble)	NO
Court Reporter	YES
Crane Operator	YES
Custodian (school only)	YES
Dance Instructor (owner/operator)	YES
Delivery Driver (UPS/FedEx, etc.)	NO
Dancer	NO
Daycare (director/administrator/manager) not in residence	YES
Delivery Driver (beverage)	NO
Dentist	YES
Detective	NO
Dietician	YES
Director (entertainment industry)	NO
Dog Groomer (not self-employed or working from home)	YES
District Attorney	NO
Dock Worker	NO
Doctor	YES
Dog Catcher/Humane Shelter Worker	NO
Domestic Service Worker	NO
Door-to-Door or Party Salespeople	NO
Doorman	NO
Dresser, rendering plant worker	NO
Driller	NO
Dry cleaner	YES
Drywall Installer	YES
Dump Truck Driver	YES
Elected Official	NO
Electrician	YES
Embalmer	YES
EMT/Paramed	YES
Exterminator and Pest Control	YES
Executive Director for non-profit organizations	YES
Engineer	YES
Entertainers	NO

Estimator	YES
Farm/Ranch Hand	NO
Farmer	YES
Fast Food Employee	NO
Floor Tile Installer	NO
Fiberglass Worker	NO
Firefighter	NO
Flooring Installations	NO
Fisherman	NO
Flagman	NO
Flight Attendant	NO
Floor Trader (stock/bonds)	NO
Florist	YES
Foreman	YES
Forest Firefighter	NO
Forest Ranger	NO
Forklift Driver	YES
Foundry Worker	NO
Glazier	YES
Freight Handler	NO
Furnace Tender	NO
Game Warden	NO
Garbage Collector (including driver)	NO
Gas Station Employee (full service/full time)	YES
Geologist	YES
Glass Installer (not over 2 stories)	YES
Golf Course Maintenance	YES
Government Officials (elected or appointed)	NO
Government Employee (60% of income, maximum of \$1,500)	YES
Grocery (manager/cashier)	YES
Heavy Equipment Operators	YES
Groundskeeper	YES
Guard (evenings or armed)	NO
Guard (unarmed daytime security)	YES
Guide	NO
Hazardous Material Hauler or Handler	NO
Health Club (owner/operator)	YES
Health Club, Spa & Reducing Salon Employee	NO
Home Health Care Provider	NO
Home Schooling Teacher	NO
Horse Trainer/Breaker/Riding Instructor	NO
Hospital Administrator	YES
Hotel Desk Clerk (daytime only)	YES
Hotel Manager/Administrator	YES
Hotel Manager - living on premises	NO

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Occupation Guide

Housekeeping (owner/operator)	YES
Housekeeping Staff (janitor)	NO
Hunting & Fishing Guides	NO
HVAC	YES
Hygienist (dental)	YES
Insulation Worker	NO
Insurance Sales	YES
Interior Decorator (working from home)	NO
Ironworker	NO
IRS Employee (no field duties)	YES
Jockey, Trainer, Stableman	NO
Journalist (freelance or foreign correspondent)	NO
Journalist (local)	YES
Judge	NO
Junk Dealer	NO
Kitchen Helper	NO
Lab Tech	YES
Laborers (unskilled)	NO
Landscape/Lawn Service - full time year round - no labor or installation	YES
Landscaper (laborer/installer)	NO
Laundry Worker	NO
Lecturer	NO
Limousine Driver	NO
Linemen (overhead)	NO
Locksmith	YES
Logging Hauler	NO
Long Haul Trucker	NO
Machinist	YES
Longshoremen	NO
Lumber Yard Employee (office only)	YES
Mail Service Delivery Driver (UPS, FED EX, DHL, USPS)	NO
Maintenance Men (apartment complexes, etc)	YES
Manicurist	NO
Manual Diggers	NO
Manufacturing - see specific occupation	
Marine Diver	NO
Mason	YES
Massage Parlor Employee	NO
Meatpacking Employee	NO
Mechanic	YES
Medical Assistant (hospital or clinic)	YES
Mental Health Care Employee	NO
Migrant or Seasonal Worker	NO
Military	NO

Model	NO
Mortician	YES
Moving Company (drivers and packers)	NO
Musician	NO
Mutual Fund Sales	YES
Nanny	NO
Nurse - RN, LPN only	YES
Nurse - Private Duty	NO
Nursing Home Employee other than RNs or LPNs	NO
Nutritionist	YES
Occupational Therapist	YES
Offshore Worker	NO
Owner/Operator of business (not working from home)	YES
Optometrist/Optician	YES
Orchard Worker	NO
Orderlies	NO
Overhead Lineman	NO
Painter (not over 2 stories)	YES
Paralegals	YES
Pest Control and Exterminator	YES
Parking Attendant	NO
Pawn Broker	NO
Personal Trainer	NO
Pet Supply Store Employee	YES
Phlebotomist	YES
Photographer (in studio/portrait)	YES
Physical therapist	YES
Physician Assistants	YES
Physicians	YES
Pilot	NO
Pipe fitter	YES
Plasterer	YES
Plumber	YES
Pole Setter	NO
Police Officer	NO
Porter	NO
Postal Employee	YES
Prison Employee	NO
Prison Guard	NO
Private Duty Nurse	NO
Private Investigator	NO
Private School Employee	YES
Psychiatrist/Psychologist	YES

Underwriting reserves the right to make the final determination based on all factors of the risk.

Disability Income Rider Occupation Guide

Public School Employee (60% of income, maximum of \$1,500)	YES
Railroad Employee (including subway and light rail)	NO
Real Estate	YES
Self Employed (refer to introduction to DIR under benefit amount heading, page 15)	
Repair	YES
Restaurant manager	YES
Retail (in store)	YES
Roofer	NO
Roustabout	NO
Route driver (local) (snack/bread/produce)	YES
Sales (no door-to-door or party sales)	YES
Secretary	YES
Security Guard (evenings or armed)	NO
Security System Installer or Responder	NO
Sheet Metal Employee	YES
Siding Installer	YES
Singer	NO
Sky Marshal	NO
Slaughter House (workers around live animals)	NO
Social Worker (office only) (60% of income, maximum of \$1,500)	YES
Social Worker/Welfare Worker/Case Worker any field duties	NO
Sprinkler Installer	YES
Stableman	NO
Stocker	YES
Street Cleaner	NO
Structural Metal/Iron worker of any kind	NO
Student	NO
Stump Remover	NO
Taxi/Cab Driver	NO
Teacher (60% of income, maximum of \$1,500)	YES
Tile Setter (other than floor)	YES
Toll Collector	NO
Tow Truck Driver	NO
Travel Agent	YES
Tree Surgeon/Sprayer/Trimmer	NO
Umpire/Referee	NO
Warehouseman	YES
Underground Mine Workers	NO
Unskilled Worker	NO
UPS Driver/Deliveryman	NO

Usher	NO
Valet	NO
Vending Machine Route Men	NO
Vet (small animal/office only)	YES
Waiter/Waitress	YES
Wallpaperer	YES
Warden - fire, fish, game or prison	NO
Welder	YES
Welfare Worker (office only) (60% of income, maximum of \$1,500)	YES
Welfare Worker (field duties)	NO
Window Washer (cleaners over 2 stories)	NO
X-ray tech	YES
Zoo - office only	YES
Zoo Employee (other than office)	NO

Underwriting reserves the right to make the final determination based on all factors of the risk.

Single Impairment Guide

Medical Condition Underwriting reserves the right to make the final determination based on all factors of the risk.	Typical Underwriting Action - Fully Underwritten Products *	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
AIDS	Decline	Decline	Decline
Alcohol Abuse:			
Recovered within 2 years	Decline	Decline	Decline
Recovered within 2-5 years	Table 4 and up	APS	Decline
Recovered after 5 years	Usually standard	Usually Acceptable	Usually Acceptable
With relapse	Decline	Decline	Decline
ALS (Lou Gehrig's Disease)	Decline	Decline	Decline
Alzheimer's Disease	Decline	Decline	Decline
Amputations:			
Accidental - fully recovered, working full time	Usually standard	Usually Acceptable	Usually Acceptable
Associated with diabetes/vascular disease	Decline	Decline	Decline
Kidney or bladder dysfunction	Decline	Decline	Decline
Wheelchair bound	Decline	Decline	Decline
Aneurysm:			
Abdominal or Thoracic - no surgery	Table 6 and up	Decline	Decline
Abdominal or Thoracic - with surgery after 6 months	Table 4 and up	APS	Decline
Angina Pectoris (chest pain)	Table 4 and up	APS	Decline
Anxiety	Standard to Table 4	Standard	Acceptable
Atrial Fibrillation:	Table 2 and up	Usually Acceptable	Decline
with RF ablation, no reoccurrence after 3 months	Individual Consideration	Individual Consideration	Individual Consideration
Arthritis:			
Rheumatoid/Psoriatic mild, working full time	Usually standard	Usually Acceptable	Usually Acceptable
Disabled due to arthritis	Decline	Decline	Decline
Methotrexate or steroid medications	Table 4 and up	APS	Decline
Asthma:			
Well controlled, seasonal with allergies	Standard	Standard	Acceptable
Steroid use or smoking	Table 4 to decline	APS	Decline
ER visit/hospitalization within last year	Decline	Decline	Decline
Blood Clots:			
Pulmonary Embolism/Thrombophlebitis	Standard to Table 4	APS	Decline

*Fully underwritten products include: Americo AdvantageWL, LifeCrest Index, LifeCrest, and Quality 25. Underwriting reserves the right to make the final determination based on all factors of the risk.

Single Impairment Guide

Medical Condition Underwriting reserves the right to make the final determination based on all factors of the risk.	Typical Underwriting Action - Fully Underwritten Products*	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Cancer: Due to the complexity of evaluating cancer risks and the level of detail necessary for accurate assessment, please contact the Underwriting Department. Your underwriter will assess the cancer as accurately as possible with the information available. The final rate will be determined after full evaluation of complete medical records. It is recommended that you have the following information available when contacting your underwriter: <ul style="list-style-type: none"> Type or name of cancer Location Staging and/or grade Date of diagnosis Type of treatment administered Time since cessation of treatment Reccurrence? If yes, date of last event 			Home Mortgage Series is not available to clients with a history of cancer.
Cerebral Palsy:			
Over age 9 - mild, self-sufficient	Table 4 and up	Decline	Usually Acceptable
Otherwise	Decline	Decline	Decline
Chronic Obstructive Pulmonary Disease (COPD):			
Mild to moderate	Table 4 and up	APS	Decline
Moderate to severe	Decline	Decline	Decline
With smoking	Table 6 and up	Decline	Decline
Cirrhosis of the Liver	Decline	Decline	Decline
Colitis			
IBS	Standard	Standard	Acceptable
Ulcerative Colitis	Table 4 and up	APS	Decline
Crohn's Disease	Table 4 and up	APS	Decline
Concussion, after 6 months	Usually standard	Usually Acceptable	Acceptable
Congestive Heart Failure	Decline	Decline	Decline
Coronary Artery Disease:			
Angioplasty (stent) or bypass	Table 4 and up	APS	Decline
Heart Attack	Table 4 and up	APS	Decline
Recurrent episodes, onset before age 40	Decline	Decline	Decline
Cystic Fibrosis	Decline	Decline	Decline
Dementia	Decline	Decline	Decline
Depression:			
Major with no hospitalizations within 3 years, no more than 2 medications	Table 2 and up	APS	Usually Acceptable
Otherwise or with alcohol abuse and/or narcotic pain medications	Decline	Decline	Decline
Diabetes:			
Type I or with insulin - onset under age 60	Table 4 and up	APS	Decline

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Single Impairment Guide

Medical Condition	Typical Underwriting Action - Fully Underwritten Products*	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Underwriting reserves the right to make the final determination based on all factors of the risk.			
Onset age 20-30	Table 8 and up	Individual Consideration	Decline
Onset under age 20	Decline	Decline	Decline
Type 2, oral medications or diet controlled	Table 2 and up	Usually Acceptable	Usually Acceptable
Type 2, Onset under age 20	Decline	Individual Consideration	Decline
Driving Record:	Adverse driving records will be underwritten on an individual application basis, subject to a motor vehicle report.		
DUI/DWI - multiple or last occurred under age 25	Decline	Decline	Decline
Drug Abuse:			
Marijuana, occasional use/not daily	Table 2 and up	Standard	Usually acceptable
Cocaine, Amphetamines, Street Drugs (within 5 years)	Decline	Decline	Decline
Cocaine, Amphetamines, Street Drugs (over 5 years)	Individual Consideration	APS	Decline
Prescription Narcotics	Table 4 and up	APS	Decline
Emphysema (see COPD)			
Epilepsy (obtain questionnaire):			
Grand Mal attack within 6 months	Decline	Individual Consideration	Decline
Grand Mal attack over 6 months	Standard and up	Standard	Usually Acceptable
Petit Mal attack within 6 months	Decline	Individual Consideration	Decline
Petit Mal attack over 6 months	Standard and up	Standard	Usually Acceptable
Fibromyalgia (not disabled, no narcotic pain medications)	Usually standard	Standard	Usually Acceptable
Heart Attack (see Coronary Artery Disease)			
Heart Bypass (see Coronary Artery Disease)			
Heart Murmur:			
Aortic Insufficiency	Table 6 and up	Decline	Decline
Aortic Stenosis	Table 4 and up	Decline	Decline
Mitral Regurgitation	Table 2 and up	APS	Decline
Mitral Valve Prolapse - no medications	Standard	Standard	Usually Acceptable
Mitral Valve Prolapse - with medications	Standard to Table 4	Standard	Decline
Mitral Valve Replacement - mitral and aortic	Individual Consideration	Decline	Decline
Heart Valve Repair:			
Mitral, after 6 months	Table 2 and up	APS	Decline
Aortic, after 1 year	Table 2 and up	Decline	Decline
Heart Transplant	Decline	Decline	Decline
Hemophilia	Individual Consideration	Decline	Decline
Hepatitis:			
Alcoholic	Decline	Decline	Decline
Hepatitis A with full recovery	Standard	Standard	Acceptable
Hepatitis B	Table 2 and up	APS	Decline
Hepatitis C	Table 4 and up	Individual Consideration	Decline

*Fully underwritten products include: Americo AdvantageWL, LifeCrest Index, LifeCrest, and Quality 25. Underwriting reserves the right to make the final determination based on all factors of the risk.

Single Impairment Guide

Medical Condition	Typical Underwriting Action - Fully Underwritten Products*	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Underwriting reserves the right to make the final determination based on all factors of the risk.			
High Blood Pressure (hypertension):			
Controlled	Standard	Standard	Acceptable
Hodgkin's Disease within 3 years	Decline	Decline	Decline
Hodgkin's Disease over 3 years	Individual Consideration	APS	Decline
Hysterectomy:			
No cancer	Standard	Standard	Acceptable
Cancerous Cause (see cancer)			
Kidney Dialysis	Decline	Decline	Decline
Kidney Removal (see Nephrectomy)			
Kidney Transplant Recipient	Decline	Decline	Decline
Kidney Transplant Donor	Usually Standard	Usually Acceptable	Usually Acceptable
Leukemia (see cancer)			
Liver Transplant	Decline	Decline	Decline
Lou Gehrig's disease (see ALS)			
Lung Transplant	Decline	Decline	Decline
Lupus:			
Discoid	Usually standard	Standard	Usually acceptable
Systemic	Table 4 and up	APS	Decline
Melanoma (see cancer)			
Mental Retardation:			
Mild and self sufficient	Individual Consideration	Decline	Decline
Otherwise	Decline	Decline	Decline
Multiple Myeloma	Decline	Decline	Decline
Multiple Sclerosis:			
Mild, employed full time, no medications	Standard	Standard	Decline
Otherwise	Table 4 and up	Decline	Decline
Myasthenia Gravis, diagnosed over 1 year	Table 4 and up	Decline	Decline
Muscular Dystrophy:			
Mild, not progressive	Table 6 and up	Decline	Decline
Otherwise	Decline	Decline	Decline
Narcotic Pain Medication	Table 4 & up	APS	Decline
with antidepressant medication or disabled	Decline	Decline	Decline
Nephrectomy (kidney removal) (if due to cancer, see cancer section)	Individual consideration	Individual consideration	Decline
Osteoporosis	Usually standard	Usually Acceptable	Usually Acceptable
Pacemaker	Table 2 and up	Standard	Decline

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Single Impairment Guide

Medical Condition Underwriting reserves the right to make the final determination based on all factors of the risk.	Typical Underwriting Action - Fully Underwritten Products *	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Pancreatitis:			
Acute, full recovery over 1 year	Table 2 and up	Usually Acceptable	Decline
Chronic	Decline	Decline	Decline
Paraplegic:			
Normal bowel and/or kidney functions	Table 6 and up	Decline	Decline
Bowel and/or kidney functions impaired	Decline	Decline	Decline
Parkinson's Disease	Table 4 and up	APS	Decline
Peripheral Vascular Disease	Table 4 and up	APS	Decline
Polycystic kidney disease	Decline	Individual Consideration	Decline
Polycystic kidney disease family history	Table 6 and up	Decline	Decline
Psychosis	Decline	Decline	Decline
Quadriplegic	Decline	Decline	Decline
Rheumatoid Arthritis (see arthritis)			
Sarcoidosis:			
Current treatment or with residual lung impairment	Decline	Individual Consideration	Decline
Recovered over 1 year, no residuals	Table 4 and up	Usually Acceptable	Decline
Schizophrenia	Decline	Decline	Decline
Skin Cancer (except melanoma)	Individual Consideration	Individual Consideration	Individual Consideration
Sleep Apnea current successful treatment w/CPAP or BIPAP	Usually standard	Standard	Usually Acceptable
Stroke:			
No residuals - over 1 year	Table 4 & up	APS	Decline
Multiple Strokes	Decline	Decline	Decline
TIA (Mini Stroke)	Table 4 & up	APS	Decline
Suicide attempt over 1 year	Individual Consideration	APS	Decline
Thyroid impairments	Usually standard	Usually Acceptable	Usually Acceptable
Tuberculosis:			
Current Disease/Treatment	Decline	Decline	Decline
Positive Skin Test with treatment completed	Usually Standard	Usually Acceptable	Usually Acceptable
Ulcer	Usually standard	Standard	Acceptable
Ulcerative Colitis (see Colitis)			

*Fully underwritten products include: Americo AdvantageWL, LifeCrest Index, LifeCrest, and Quality 25. Underwriting reserves the right to make the final determination based on all factors of the risk.

Combination Impairment Guide

Impairment	In Combination With	Typical Underwriting Action - Fully Underwritten Products	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Alcohol Abuse	Depression	Individual consideration	APS	Decline
	Driving Criticism	Individual consideration to Decline	Individual consideration to Decline	Decline
	History of rehab with current drinking	Decline	Decline	Decline
	Combined with drug use or history of drug use	Decline	Decline	Decline
	Rateable Avocations	Decline	Decline	Decline
Alzheimer's Disease	Dementia in all forms, organic brain syndrome	Decline	Decline	Decline
Arrest or Felony Conviction	Still on probation	Postpone until probation period ends. Individual consideration after probation, depending on criminal activity.	Postpone until probation period ends. Individual consideration after probation, depending on criminal activity.	Decline
Asthma	Chronic Obstructive Pulmonary Disease (COPD)	Individual consideration	APS	Decline
	Emphysema	Decline	Decline	Decline
	Smoking	Individual consideration	Individual consideration	Individual consideration
	Status Asthmaticus	Table 4 and above, depending on severity and number of attacks	APS	Decline
Autoimmune Diseases (Damage caused by the body's immune system)	With internal organ impairment	Decline	Decline	Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Combination Impairment Guide

Impairment	In Combination With	Typical Underwriting Action - Fully Underwritten Products	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Cancer	Abnormal body scans or tumor markers	Decline	Decline	Decline
	Multiple Cancer sites	Decline	Decline	Decline
	Metastasis	Decline	Decline	Decline
	Reoccurrence	Decline	Decline	Decline
Coronary Artery Disease (Angina, Angioplasty, Bypass, Heart Attack, or Stent)	Diabetes	Risk indicates a higher mortality classification to Decline.	Decline	Decline
	Under age 40 at time of onset	Decline	Decline	Decline
	Cerebrovascular Disease	Decline	Decline	Decline
	Congestive heart failure	Decline	Decline	Decline
	Depression	Individual consideration, depending on duration and extent of depression.	Decline	Decline
	Peripheral vascular disease	Decline	Decline	Decline
	Smoking	Risk indicates high mortality risk or Decline based on extent of smoking and whether COPD or emphysema has been diagnosed.	Decline	Decline
	Stroke	Decline	Decline	Decline
Diabetes	Coronary artery disease (Angina, Angioplasty, Bypass, Heart Attack, or Stent)	Risk indicates high mortality risk or Decline.	Decline	Decline
	Amputations	Decline	Decline	Decline
	Complications such as stroke, eye problems (retinopathy), Kidney problems (nephropathy)	Decline	Decline	Decline
	Smoking	Risk indicates a higher mortality risk assessment.	Risk indicates a higher mortality risk assessment.	Individual consideration

Underwriting reserves the right to make the final determination based on all factors of the risk.

Combination Impairment Guide

Impairment	In Combination With	Typical Underwriting Action - Fully Underwritten Products	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Diabetes	Alcohol abuse or alcoholism	Decline	Decline	Decline
	Cerebrovascular disease	Decline	Decline	Decline
	Peripheral vascular disease	Decline	Decline	Decline
	Obesity	Decline if weight is Table 4 or above.	Decline if weight is Table 2 or above	Decline if weight is Table 4 or above.
Emphysema or Chronic Obstructive Pulmonary Disease	Treated with oxygen	Decline	Decline	Decline
High blood pressure	High Blood pressure ratable Table 4 and above with diabetes	Decline	Decline	Decline
	Abnormal EKG, Stress EKG, or echocardiogram	Risk indicates a higher mortality risk assessment or Decline.	Risk indicates higher mortality risk assessment or Decline	Decline
	Associated with chronic renal disease	Decline	Decline	Decline
Hepatitis	Hepatitis C - chronic or treated with interferon	Decline	Decline	Decline
	Alcohol abuse or alcoholism	Decline	Decline	Decline
	Elevated liver enzymes	Individual consideration to Decline.	Decline	Decline
Kidney Disease	Kidney transplant recipient, no other medical history	Within one year - postpone. Thereafter, individual consideration depending on age and whether the donor was a cadaver or living donor. Contact an underwriter.	Within one year - postpone. Thereafter, individual consideration depending on age and whether the donor was a cadaver or living donor. Contact an underwriter.	Decline
	Chronic renal failure or insufficiency.	Decline	Decline	Decline
Non-Hodgkin's Lymphoma	Within 5 years	Decline	Decline	Decline
Paralysis	With bowel and bladder dysfunction	Decline	Decline	Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Combination Impairment Guide

Impairment	In Combination With	Typical Underwriting Action - Fully Underwritten Products	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Peripheral Vascular Disease	Coronary artery disease	Decline	Decline	Decline
	Diabetes	Decline	Decline	Decline
	Obesity	Decline if overweight debits exceeds Table 4	Decline	Decline
	Smoking	Higher mortality risk classification or Decline, depending on extent of PVD and smoking history to include whether there is COPD or emphysema.	Decline	Decline
	Stroke	Decline	Decline	Decline
Organ Transplant	Heart	Decline	Decline	Decline
	Kidney (renal)	Within one year - postpone. Thereafter, individual consideration depending on age and whether the donor was a cadaver or living donor. Contact an underwriter.	Decline	Decline
	Liver	Decline	Decline	Decline
Seizures (also see epilepsy)	Adverse driving record	Decline	Decline	Decline
	Non compliant with medication	Decline	Decline	Decline
	With shunt	Individual consideration or Decline	Decline	Decline
Stroke	Build in excess Table 4	Decline	Decline	Decline
	Coronary artery disease	Decline	Decline	Decline
	Diabetes	Decline	Decline	Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Combination Impairment Guide

Impairment	In Combination With	Typical Underwriting Action - Fully Underwritten Products	Typical Underwriting Action - Lifetime Legacy	Typical Underwriting Action - Home Mortgage Series
Stroke	High blood pressure	Blood pressure Table 2 or lower will be considered. Blood pressure in excess of Table 2 Decline.	Decline	Decline
	Multiple strokes or TIA's with stroke	Decline	Decline	Decline
	Smoking	Higher risk classification or Decline.	Decline	Decline

Underwriting reserves the right to make the final determination based on all factors of the risk.

Prescription Drug Guide

The following represents a partial list of prescription medications available that are considered uninsurable. For drugs not listed, please consult with your underwriter.

Drug
Abarelix
Abraxane
Alemtuzumab
Anastrozole
Aricept
Arimidex
Baraclude
Basiliximab
Bumetanide
Bumex
Campath
Carboplatin
CellCept
Cetuximab
Chlorpromazine
Cladribine
Clofarabine
Clolar
Combivir
Cytarabine
Cytogam
Cytomegalovirus Immune Globulin Intravenous Human
Daclizumab
Dasatinib
Delavirdine Mesylate
Delestrogen
Demdex
Didanosine Delayed-Release Capsules - Enteric-Coated Beadlets
Didanosine Pediatric Powder for Oral Solution
Diucardin
Donepezil Hydrochloride
Efavirenz
Eligard
Emtricitabine

Drug
Emtricitabine and Tenofovir Disoproxil Fumarate
Emtriva
Enfuvirtide
Entecavir
Entravirine Tablets
Epivir
Eplerenone
Erbix
Estradiol valerate
Exelon
Exelon Patch
Fludara
Fludarabine
Fomivirsen
Fosamprenavir Calcium
Foscarnet Sodium Injection
Foscavir
Fuzeon
Galantamine HBr
Geodon
Hivid
Hydroflumethiazide
Inspra
Intelence
Interferon alfa-2a, Recombinant
Invega
Invirase
Isentress
Kaletra Capsules
Kaletra Tablets
Lamivudine
Lamivudine, Zidovudine

Drug
Leukine
Leuprolide Acetate
Leustatin
Lexiva
Lopinavir, Ritonavir Capsules
Loxapine
Loxitan
Lupron
Mannitol Injection
Maraviroc
Megace
Megestrol Acetate
Mellaril
Memantine HCL
Methoxy Polyethylene glycol-epoetin beta
Milrinone
Mycophenolate Mofetil
Mycophenolic Acid
Myfortic
Namenda
Natrecor
Neoral
Nesiritide
Neutrexin
Nevirapine
Norvir
Paraplatin
Primacor IV
Raltegravir Tablets
Razadyne (formerly Reminyl)
Razadyne ER
Remodulin
Rescriptor
Retrovir

Drug
Revatio
Ritonavir Capsules, Oral Solution
Rivastigmine Tartrate
Rivastigmine Transdermal System
Saquinavir Mesylate
Sargramostim
Selzentry
Sildenafil Citrate
Simulect
Sprycel
Stavudine
Sunitinib Malate
Sustiva
Sutent
Syprine
Tabloid
Tenofovir Disoproxil Fumarate
Thioguanine
Torsemid
Treprostinil Sodium
Trientine
Trimetrexate Glucuronate Inj
Truvada
Videx
Viramune
Viread
Vitavene
Zalcitabine
Zenapax
Zerit
Zidovudine

Underwriting reserves the right to make the final determination based on all factors of the risk.

Telephone Sales Guidelines

Americo Financial Life and Annuity Insurance Company allows life insurance applications with face amounts up to and including \$250,000 to be taken over the telephone. The following guidelines must be followed for telephone sales:

- You must be licensed and appointed in the state in which the Owner resides and signs the application.
- You must ask all of the questions **exactly** as they appear on the application.
- On the application, answer “NO” to the questions that read *“At the time this application was taken, were all of the proposed insured(s) present and did you witness their signatures?”* and *“Was a government-issued picture I.D. requested, reviewed, and confirmed for the Proposed Insured(s), Owner, and Payor?”*
- Write ‘Telephone Sale’ in the Agent Remarks section of the application.
- Completed applications, as well as any additional required forms and/or illustrations, should be sent to the Owner by mail, secure email, or fax with instructions to sign where necessary, and return all documents to the agent, **not** Americo. **Please do not email any content or documents that contain personal information, unless you have a secure transmission and the email is encrypted.**
- After you receive the application and additional required forms from the applicant, please review to ensure all signature lines are complete. No changes can be made to the application after the Owner’s (as well as Insured’s and/or Payor’s if these parties are different than the owner) signatures are completed.
- Personal History Interviews (PHIs) will be performed randomly on applications under \$125,000, as well as on all applications at or above \$125,000.
- For Americo AdvantageWL, LifeCrest Index, LifeCrest, and Quality 25, Americo will order a urinalysis via a paramed for ages 18 - 40 and face amounts \$100,000 through \$250,000.
- If additional requirements arise during the underwriting process (i.e. health questionnaires, incomplete replacement forms, disclosures) requiring the client’s signature, these can also be completed via mail, secure email, or fax.
- All regular underwriting and new business guidelines apply.

Should you have any questions, please feel free to contact Americo Sales Support at 800.231.0801.



Americo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

About Americo

For over 100 years, Americo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.¹ We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking and sound investment decisions have helped us build a strong financial foundation for our business. Today, Americo Financial Life and Annuity Insurance Company is the lead company in one of the largest independent, privately held insurance groups in the United States², with over 718,000 policies, over \$35 billion of life insurance in force, and \$6.1 billion in assets for year-end 2011.³

¹Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

²Admitted Assets, Top Life Writers-2011, "A.M. Best Co., as of July 2011.

³Information is as of year end 2011 on a consolidated basis for Americo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Americo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

Important Information

Americo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY and VT.

Products are underwritten by Americo Financial Life and Annuity Insurance Company (Americo), Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states. Some riders are optional and available for an additional cost. Certain restrictions and variations apply. Consult policy and riders for all limitations and exclusions. For exact terms and conditions, please refer to the contract.

The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. If the insured, sane or insane, dies by suicide while the contract is in force and within two years (one year in Colorado, Missouri, and North Dakota) after the issue date, the proceeds payable will be limited to the sum of premiums paid, less any indebtedness. See Missouri contract for special provisions regarding suicide.

Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.