

Foresters Advantage Plus, Strong Foundation & SMART UL

Underwriting Guide

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

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

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INTRODUCTION

You are an important part of the underwriting process and as participant in the sale, processing, underwriting and issue of our life insurance certificates we want you to be familiar with our underwriting philosophy and practices. Attention to these guidelines will help to speed up certificate issue and to explain underwriting decisions when the policy is placed.

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

PRODUCT INFORMATION

Individual life insurance coverage is provided by Foresters™, a trademark of The Independent Order of Foresters, a fraternal benefit society, 789 Don Mills Road, Toronto, Ontario Canada, M3C 1T9.

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

FIELD UNDERWRITING

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

As an appointed producer you may not solicit applications in any manner prohibited by or inconsistent with the provisions of Foresters rules, regulations, or policies. If you have any questions regarding any type of solicitation transaction please contact your agency or refer to Foresters "ezbiz" Solicitation Rules in the Contracting Section.

The following practices are not acceptable:

1. Applications altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state of the applicant, or the licensed resident producer's signature altered. Or any changes to information deemed to be material to the issuance of the certificate, unless initialed by all parties to the contract (Agent, Applicant and Proposed Insured).
2. Stamped signature rather than handwritten ink signatures.
3. Typed applications are acceptable with a handwritten signature.

Good Field Underwriting is critical to the success of Individual Life Insurance Operations, and consists of more than just careful questioning of the proposed insured.

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

1. Furnish complete information on past medical history to include date of first diagnosis, type of treatment, dates and physician information.
2. If medical history is involved, identify the disease or condition for which treatment was obtained.
3. Complete all underwriting questionnaires as appropriate.

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

1. The writing producer is never authorized to disregard an applicant's answers, or to impose his or her judgment as to what is or is not important to record. The writing producer is never authorized to accept or alter an application for the proposed insured.
2. Only the Underwriting Team can make the final decision; therefore, never suggest or promise that coverage will be issued without change.

RESIDENCE/CITIZENSHIP

The applicant's primary residence must be in a state where the product is approved for sale, state of solicitation or residence. Check the product availability maps on our agent website <https://portal.foresters.biz/> for availability details.

Below are Foresters general guidelines, which are subject to underwriting discretion.

Foreign Nationals / Non Permanent Residents:

- Must have insurable loss in the US, such as a house, property, or investments
- Must reside in the US a minimum of 6 months annually. Applicants must have a valid SSN, work visa or other immigration visa that validates status in the United States.
- Must be citizens from a country that is insurable
- If residing in the US for less than one year a paramedical exam with blood and urine will be required over and above the usual Age & Amount Requirements.
- Maximum amount of insurance is \$500 000 and maximum age is 65.
- Must be employed or spouse or dependent of employed individual in the United States.
- Must have valid photo identification (driver's license, passport).

FOREIGN TRAVEL

Applicants contemplating foreign travel or residence may be subject to unsatisfactory living conditions, increased risk of infectious disease and accident hazards.

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

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

MILITARY

Foresters welcomes applications from active duty military personnel (as long as the solicitation, application completion or sale did not occur on a military installation) and each case will be underwritten based on individual consideration. State regulations require the use of point of sale disclosure documents when selling to active duty military personnel. Insurance will not be offered to individuals who have been deployed or have received notice of deployment.

It is also important to note that Foresters is currently not registered to sell on military installations.

Individuals on "Active Duty" or full-time duty in the active military service of the United States, including members of the National Guard and Reserves, while serving under published orders for period for 31 days or more are not eligible for riders that have a War Exclusion Clause, including ADR, DIR, and Waiver of Premium Benefit. Please complete a Military Questionnaire.

OCCUPATION

The occupation of a proposed insured is a major factor in their eligibility and many of those occupations may eliminate an applicant from qualifying for the basic product and possibly DIR (accident only). Applicants with occupations that are exceptionally hazardous will be declined or rated, for example:

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

For Disability Income Protection Rider (accident only) please refer to 22 of this Guide for excluded occupations.

AVOCATIONS

Examples of recreational activities that may eliminate an applicant from Simplified Issue include:

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

BENEFICIARY DESIGNATION

The beneficiaries must meet the insurable interest requirements under state insurance law. In addition, to comply with legislation relating to fraternal societies, "...benefits (must) be paid to the member or to the estate or dependents of the member (life insured) either directly or indirectly". Please refer to Foresters "ezbiz" Beneficiary 101.

TEMPORARY INSURANCE AGREEMENT (TIA)

The TIA is a temporary insurance agreement that allows the applicant to have coverage during the underwriting process. It is available to the applicant up to and including age 70 and for face amounts applied for up to a maximum of \$1,000,000 dollars, which is based upon a combination of face amount and riders. The applicant must truthfully answer "No" to the 3 questions asked in the TIA agreement and provide their first month premium for the TIA to take effect. The maximum payout is the lesser of the face amount applied for or \$500,000

PREFERRED SUBMISSIONS INSTRUCTIONS

- Preferred rates are only available on fully underwritten plans (see Product Guide for face amount minimums).
- Current testing and underwriting can only determine preferred status. Applicants cannot be expected to know if they qualify. All submissions will automatically be considered for preferred underwriting and issue based on the best insurance class available according to the preferred criteria (page 7).
- **AVOID DELAYS AND DISSATISFACTION:** Even if the applicant appears to qualify for preferred rates, they may not. Foresters underwriting strongly advises that the producer collect the standard non-smoker or smoker premium with the application or prepare the client for the possibility of a non-preferred decision.

SIMPLIFIED ISSUE

Simplified underwriting requires answers to all medical questions on the application. A Pharmacy and an MIB check will be run on every proposed insured. In the event of a discrepancy in information from these sources, the Foresters service center will call the proposed insured for a telephone interview. If the proposed insured does not qualify for Simplified Issue rates, the application will be declined. A new application may be submitted for a fully underwritten product. See Age & Amount Requirement Chart on page 14. Simplified issue limits are based on the proposed insured's current age and total non-medically underwritten insurance in force with Foresters and are as follows:

STRONG FOUNDATION SIMPLIFIED ISSUE LIMITS

Age	15 year	20 year	
18 - 50	\$250,000	\$250,000	
51 - 55	\$200,000	\$200,000	
56 - max	\$150,000	\$150,000	

SMART UL SIMPLIFIED ISSUE LIMITS

Age	Face Amount
0 to 15	\$150,000
16 to 55	\$250,000
56 to 70	\$150,000

ADVANTAGE PLUS SIMPLIFIED ISSUE LIMITS

Age	Face Amount
0 to 15	\$150,000
16 to 55	\$250,000
56 to 70	\$150,000

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

For issue ages 18-55: \$250,000 minus the total face amount of the base certificate, plus any other non-medical coverage currently in force with Foresters.

For issue ages 56-70: \$150,000 minus the total face amount of the base certificate plus any other non-medical coverage currently in force with Foresters.

Non-Smoker Definition:

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

SMART UL & Advantage Plus: Applicants who have not used any product containing nicotine within the 12 months.

INSURANCE CLASSES – STRONG FOUNDATION FULLY UNDERWRITTEN

Standard Smoker	Applicants who smoke cigarettes within the past 12 months.
Standard Non-Smoker	Applicants who have not smoked cigarettes within the past 12 months. Allows use of cigar, pipe, chewing tobacco, nicotine patches and other substitutes.
Preferred Smoker	Applicants who meet all the Preferred criteria listed below and smoke cigarettes.
Preferred Non-Smoker	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 2 years and who meet all the Preferred criteria listed below.
Preferred Plus Non-Smoker	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 3 years and who meet all the Preferred Plus criteria listed below.

PREFERRED CRITERIA – STRONG FOUNDATION FULLY UNDERWRITTEN

	Preferred Plus	Preferred Smoker	Preferred
Tobacco Use*	No nicotine use for 3 yrs	Cigarette Smokers	No nicotine use for 2 yrs
Cholesterol Level	<230 (No previous history of treatment or medication)	<230 (No previous history of treatment or medication)	<250 (No previous history of treatment or medication)
Cholesterol/HDL Ratio	<5.5 (No previous history of treatment or medication)	<5.5 (No previous history of treatment or medication)	<6.0 (No previous history of treatment or medication)
Blood Pressure	<130/85 (No previous history of elevated BP, treatment or medication)	<130/85 (No previous history of elevated BP, treatment or medication)	<140/90 (No previous history of elevated BP, treatment or medication)
Height Weight	See Build Charts	See Build Charts	See Build Charts
Family History: NO Death of a parent	<AGE 60 from CAD, CVD, Cancer	<AGE 60 from CAD, CVD, Cancer	<AGE 60 from CAD, CVD, Cancer
Medical History	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment	No history of Cancer or significant health impairment
Alcohol & Drug Abuse	No history	No history	No history
MVR: DUI/DWI/Reckless Driving Moving Violations	0 for 3 yrs. <4 within 5 yrs.	0 for 3 yrs. <4 within 5 yrs.	0 for 2 yrs. <4 within 3 yrs
Avocation	No hazardous sport	No hazardous sport	No hazardous sport within 2 years
Aviation (Commercial pilots excepted)		No	No

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

INSURANCE CLASSES –ADVANTAGE PLUS MEDICAL

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

PREFERRED CRITERIA –ADVANTAGE PLUS MEDICAL

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

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

BUILD

OVERWEIGHT

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

UNDERWEIGHT

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

WEIGHT REDUCTION

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

ADULT BUILD CHARTS (16+) - STRONG FOUNDATION, SMART UL & ADVANTAGE PLUS (NON-MEDICAL) *MEDICALLY UNDERWRITTEN

*Strong Foundation FUW Preferred Plus/ Preferred Smoker Male & Female		*Strong Foundation FUW Preferred Male & Female		*Strong Foundation FUW Standard Male & Female		Strong Foundation, SMART UL & Advantage Plus Non-Medical Male & Female		Strong Foundation Critical Illness Rider Male & Female	
Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)
4'10	126	4'10	135	4'8	166	4'8	185	4'8	151
4'11	130	4'11	137	4'9	173	4'9	193	4'9	157
5'0	144	5'0	152	4'10	178	4'10	198	4'10	161
5'1	149	5'1	158	4'11	185	4'11	207	4'11	168
5'2	152	5'2	162	5'0	191	5'0	212	5'0	173
5'3	157	5'3	166	5'1	198	5'1	221	5'1	180
5'4	161	5'4	172	5'2	203	5'2	225	5'2	184
5'5	166	5'5	178	5'3	211	5'3	234	5'3	191
5'6	170	5'6	182	5'4	219	5'4	243	5'4	199
5'7	176	5'7	190	5'5	225	5'5	250	5'5	204
5'8	180	5'8	195	5'6	232	5'6	259	5'6	211
5'9	184	5'9	200	5'7	239	5'7	265	5'7	216
5'10	190	5'10	205	5'8	248	5'8	274	5'8	223
5'11	196	5'11	210	5'9	252	5'9	281	5'9	230
6'0	202	6'0	220	5'10	261	5'10	292	5'10	236
6'1	206	6'1	225	5'11	267	5'11	298	5'11	243
6'2	211	6'2	230	6'0	276	6'0	307	6'0	250
6'3	216	6'3	240	6'1	283	6'1	314	6'1	256
6'4	221	6'4	244	6'2	292	6'2	325	6'2	265
6'5	227	6'5	251	6'3	300	6'3	336	6'3	274
6'6	244	6'6	260	6'4	307	6'4	342	6'4	278
6'7	249	6'7	265	6'5	318	6'5	353	6'5	287
6'8	254	6'8	270	6'6	322	6'6	360	6'6	294
6'9	259	6'9	273						

**This build chart is for single impairment of build only.
Where multiple impairments occur the applicant may not qualify for the classification.
For cases involving Diabetes please refer to the Diabetes Build Chart.**

ADULT BUILD CHARTS (16+) - ADVANTAGE PLUS MEDICAL

Preferred Plus/Tobacco Plus Build Chart Male & Female		Preferred/Build Chart Male & Female		Standard Plus Build Chart Male & Female		Standard Build Chart Male & Female	
Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)	Height (Ft)	Maximum Weight (Pds)
4'10	126	4'10	135	4'8	143	4'8	166
4'11	130	4'11	137	4'9	150	4'9	173
5'0	144	5'0	152	4'10	155	4'10	178
5'1	149	5'1	158	4'11	160	4'11	185
5'2	152	5'2	162	5'0	167	5'0	191
5'3	157	5'3	166	5'1	175	5'1	198
5'4	161	5'4	172	5'2	180	5'2	203
5'5	166	5'5	178	5'3	185	5'3	211
5'6	170	5'6	182	5'4	190	5'4	219
5'7	176	5'7	190	5'5	195	5'5	225
5'8	180	5'8	195	5'6	200	5'6	232
5'9	184	5'9	200	5'7	205	5'7	239
5'10	190	5'10	205	5'8	210	5'8	248
5'11	196	5'11	210	5'9	215	5'9	252
6'0	202	6'0	220	5'10	222	5'10	261
6'1	206	6'1	225	5'11	227	5'11	267
6'2	211	6'2	230	6'0	234	6'0	276
6'3	216	6'3	240	6'1	242	6'1	283
6'4	221	6'4	244	6'2	247	6'2	292
6'5	227	6'5	251	6'3	252	6'3	300
6'6	244	6'6	260	6'4	258	6'4	307
6'7	249	6'7	265	6'5	264	6'5	318
6'8	254	6'8	270	6'6	270	6'6	322
6'9	259	6'9	273	6'7	276		

**This build chart is for single impairment of build only.
Where multiple impairments occur the applicant may not qualify for the classification.
For cases involving Diabetes please refer to the Diabetes Build Chart.**

JUVENILE BUILD CHART

Juvenile Build Chart Male & Female						
Height	Ages 0-9			Ages 10-15		
	Weight			Weight		
	Min.	Avg.	Max.	Min.	Avg.	Max.
18"	5	8	19			
19"	5	8	19			
20"	5	8	19			
21"	6	9	22			
22"	7	11	24			
23"	8	12	26			
24"	9	13	28			
25"	10	14	30			
26"	11	16	32			
27"	12	17	34			
28"	13	18	36			
29"	14	19	38			
30"	16	21	41			
31"	17	22	43			
32"	18	23	45			
33"	19	24	47			
34"	21	26	49			
35"	22	28	51			
36"	23	29	53			
37"	24	30	56			
38"	26	32	59			
39"	28	34	62			
40"	29	36	64			
41"	30	38	67			
42"	32	40	70			
43"	34	42	73			
44"	35	44	75			
45"	37	47	79			
46"	39	50	83			
47"	41	52	87			
4'0"	42	53	89	42	58	123
4'1"	44	56	93	43	62	127
4'2"	46	58	97	47	66	131
4'3"	49	61	101	49	69	136
4'4"	51	64	105	50	72	141
4'5"	54	67	109	57	76	142
4'6"	56	70	113	63	79	143
4'7"	59	73	118	66	82	147
4'8"	61	76	122	68	85	151
4'9"	64	80	127	71	88	154
4'10"	66	83	131	73	92	157
4'11"	69	87	136	73	96	161
5'0"	71	90	140	74	100	165
5'1"				77	105	169
5'2"				80	109	173
5'3"				86	113	179
5'4"				91	117	184
5'5"				94	122	189
5'6"				97	126	194
5'7"				101	131	199
5'8"				104	135	204
5'9"				107	140	210
5'10"				110	144	216
5'11"				114	149	221
6'0"				117	154	226
6'1"				121	159	231
6'2"				124	164	236
6'3"				128	169	241
6'4"				131	174	246

DIABETES BUILD CHART

Applicants who are diabetic and build exceeds this chart are not eligible for simplified issue. If build is within the build chart, refer to page #18 and #19 of the guide in order to determine if the applicant is eligible for simplified issue.

Height (feet)	Maximum weight (pounds)
4'8	167
4'9	174
4'10	179
4'11	186
5'0	191
5'1	199
5'2	204
5'3	212
5'4	220
5'5	226
5'6	234
5'7	239
5'8	248
5'9	254
5'10	262
5'11	268
6'0	277
6'1	283
6'2	293
6'3	302
6'4	308
6'5	318
6'6	325

AGE & AMOUNT REQUIREMENTS

(Strong Foundation & Advantage Plus Medical)

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

The risk appraisal is based on information obtained from the following sources:

- Application
- Attending Physician's Statements (APS), (if required)
- Blood Profile
- Department of Motor Vehicle (MVR), (if required)
- ECG or Stress Test
- Inspection Reports
- Medical Examination
- Medical Information Bureau (MIB)
- Paramedical Examination
- Pharmaceutical Records
- Special Questionnaires
- Urinalysis (included with Blood Profile unless otherwise stated)
- Vitals

AGE & AMOUNT REQUIREMENTS CHARTS

(Strong Foundation & Advantage Plus Medical)

It is important to note the following:

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

AGE & AMOUNT REQUIREMENTS CHARTS

STRONG FOUNDATION

Age	20,000 to 49,999	50,000 to 99,999	100,000 to 150,000	150,001 to 200,000	200,001 to 250,000	250,001 to 499,999	500,000 to 999,999	1,000,000 to 1,999,999	2,000,000 to 2,999,999	3,000,000+
18 to 40	NM	NM	V/B	V/B	V/B	V/B	P/B	P/B/I*	M/B/E/I*	M/B/E/I*
41 to 45	NM	NM	V/B	V/B	V/B	P/B	P/B	P/B/I*	M/B/E/I*	M/B/E/I*
46 to 50	NM	NM	V/B	V/B	V/B	P/B	P/B	P/B/I*	M/B/E/I*	M/B/E/I*
51 to 55	NM	NM	P/B	P/B	P/B	P/B	P/B	P/B/E/I*	M/B/E/I*	M/B/T/I*
56 to 60	NM	NM	P/B	P/B	P/B	P/B	P/B	P/B/E/I*	M/B/E/I*	M/B/T/I*
61 to 70	NM	NM	P/B	P/B	P/B	P/B	P/B	M/B/E/I*	M/B/E/I*	M/B/T/I*
71 +	N/A	N/A	P/B	P/B	P/B	P/B	P/B	M/B/E/I*	M/B/E/I*	M/B/T/I*

*Inspection Reports will be ordered by Foresters.

ADVANTAGE PLUS

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

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

*Inspection Reports will be ordered by Foresters.

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

Underwriting Age & Amount Tables for Paid-up Additions Rider		
Age at Rider Effective Date	Flexible PUA Factor	Single PUA Factor
18-35	15	6
36-50	10	3
51-70	5	2

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

LEGEND FOR CODES:

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

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

*NM (Non Medical Simplified Issue): Applicant either qualifies, or not, based on the answers to the application and medical questions.

*All other age and amount requirements indicate full underwriting.

*Inspection Reports will be ordered by Foresters.

APPROVED VENDORS

NAME	CONTACT INFORMATION
APPS	www.appslive.com , or call 1-800-727-2101 for the contact number for your state.
EMSI	www.eol5.emsinet.com for contact information for the servicing office in your area or call 1-800-872-3674.
Portamedic/Hooper Holmes:	www.portamedic.com for contact information for the servicing office in your client's area or call 1-866-335-5575.
ExamOne	www.examone.com or call 1-800-768-2058 for contact information for the servicing office in your area.

MODIFIED COVERAGE

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

FILE INCOMPLETE OR POSTPONED

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

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

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

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

IMPAIRMENTS

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

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

- Chronic kidney disease with high blood pressure
- Depressive and/or anxiety problems in combination with alcohol abuse
- Diabetes in combination with Coronary Artery Disease (CAD), Cardiovascular Disease (CVD), or kidney disease.

RECONSIDERATION OF UNDERWRITING ACTION

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

UNDERWRITING IMPAIRMENT GUIDE

Although clients may qualify for Simplified Issue products, if ratable up to 200% mortality (+100, or 4 tables), the impairments listed below as "decline" should not be submitted for Simplified Issue.

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

SUBMITTING INFORMATION:

If all the available information is submitted with the application, it is more likely that a decision can be made with a single review. Use the applicable questionnaire for "yes" answers when possible. Questionnaires are available from our agent website <https://portal.foresters.biz/>. (Impairments with available questionnaires are noted with a "Q" in the following Guide.) For details of "yes" answers when a questionnaire is not available, the following general questions will help obtain details:

- What was the month/year of onset or first diagnosis?
- What is the present condition?
- What was the treatment? Are you still under treatment?
- What is your follow-up procedure?
- Is there any additional information that would be helpful? (such as results of any tests)

List of Questionnaires for Simplified Issue:

- Alcohol Usage
- Arthritis
- Benign Prostate
- Cyst, Lump or Tumor
- Diabetes
- Digestive System Disorders
- Drug and Substance Usage
- Epilepsy and Seizure Disorder
- Heart Murmur
- High Blood Pressure/Hypertension
- Kidney and Urinary Disorders
- Lupus
- Mental Health
- Respiratory Disorders
- Sleep Apnea/Sleep Disorder

Other Questionnaires:

- Activities of Daily Living
- Aerial Sports
- Arrhythmia/Atrial Fibrillation/Irregular Heartbeat
- Attention Deficit Disorder
- Aviation
- Back and Neck
- Chest Pain
- Foreign Travel
- Hazardous Sports
- Military
- Mountain and Rock Climbing
- Prostate Cancer
- Scuba and Skin Diving
- Tobacco

NON-MEDICAL IMPAIRMENTS

Impairment	Guideline	Decision
Criminal Activity	If on probation or parole, (accept 1 year after probation)	Decline for Simplified and Fully-Underwritten
	If jail time has been served, consider 5 years after parole	Decline for Simplified and Fully-Underwritten
Driving Record	Single DUI within 12 months/2 DUI, last within 5 years	Decline for Simplified
	More than 2 DUI	Call Risk Assessment Line

MEDICAL IMPAIRMENTS

Impairment	Criteria	Life (SI)	Critical Illness
AIDS / HIV +ve		Decline	Decline
Alcoholism	Within 5 years	Decline	Decline
Alcohol Usage Q	After 5 years, without relapse, no current use	Accept	Accept
Alzheimer's / Dementia		Decline	Decline
Amputation	Caused by injury	Accept	Accept
	Caused by disease	Decline	Decline
Anemia	Iron deficiency	Accept	Accept
Aneurysm		Decline	Decline
Angina	See Heart Disease	Decline	Decline
Angioplasty	See Heart Disease	Decline	Decline
Aortic Insufficiency		Decline	Decline
Aortic Stenosis		Decline	Decline
Arrhythmia		Decline	Decline
Artery Blockage		Decline	Decline
Arthritis Arthritis Q	Osteoarthritis	Accept	Accept
	Rheumatoid – Mild with no limitations	Accept	Accept
	Rheumatoid – Moderate or severe (Rx include Humira, Embrel, Prednisone)	Decline	Decline

Impairment	Criteria	Life (SI)	Critical Illness
Asthma Respiratory Disorders Q	Mild	Accept	Accept
	Moderate	Accept – if build is 50 pds lighter than the build chart	Accept – if build is 15 pds lighter than the build chart
	Severe-Hospitalization	Decline	Decline
Blood Pressure High Blood Pressure Q	Controlled	Accept – if build is 50 pds lighter than the build chart	Accept – if build is 15 pds lighter than the build chart
Bronchitis	Acute	Accept	Accept
	Chronic	Decline	Decline
Buerger's Disease	Non-smoker, no symptoms for >2 years	Accept	Accept
By-Pass Surgery	See Heart Disease	Decline	Decline
Cancer Cyst, Lump, Tumor Q	Basal Cell Carcinoma (Skin)	Accept	Accept
	Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment	Accept	Decline
	All other cancers including Hodgkin's Lymphoma	Decline	Decline
Cerebral Palsy		Decline	Decline
Chronic Obstructive Lung Disease	Emphysema or Chronic Bronchitis	Decline	Decline
Cirrhosis of Liver		Decline	Decline
Colitis-Ulcerative		Decline	Decline
Congestive Heart Failure		Decline	Decline
Crohn's Disease Digestive Systems Disorders Q	>5 years in remission	Accept	Accept
CVA /Stroke /TIA		Decline	Decline
Cystic Fibrosis		Decline	Decline
Depression/Anxiety Mental Health Q	Mild > age 25, onset more than 1 year or longer, no hospitalization or time off work	Accept	Accept
	Severe, major depression, bi-polar disease, schizophrenia (Rx include Lithium, Seroquel, Abilify, Respidol)	Decline	Decline
Diabetes Treated with oral medication or diet. Good control. Non-smoker or <1 pack/day. Diabetes Q	Current age 31-40, duration since diagnosis < 5 yrs	*Refer to Diabetes Build Chart	Decline
	Current age 41-50, duration since diagnosis <15 yrs	*Refer to Diabetes Build Chart	
	Current age 51-60, duration since diagnosis <25 yrs	*Refer to Diabetes Build Chart	
	Current age 61+, any duration since diagnosis	*Refer to Diabetes Build Chart	

Impairment	Criteria	Life (SI)	Critical Illness
Diabetes Treated with Insulin. Poor control, or complications such as heart disease, kidney disease, peripheral vascular disease or neuropathy.	Any age or duration.	Decline	Decline
Diabetes Q			
Diverticulitis/Diverticulosis		Accept	Accept
Digestive System Disorders Q			
Down's Syndrome		Decline	Decline
Drug Use (other than marijuana)		Decline	Decline
Drug use – marijuana	Occasional social use (smoker rates apply)	Accept	Accept
Drug and Substance Usage Q			
Epilepsy / Seizure	Controlled on meds, no seizures for 2 years, no complications	Accept	Accept
Epilepsy and Seizure Q			
Fibromyalgia	No depression, working full-time	Accept	Accept
Gallbladder Disorders		Accept	Accept
Gastric Bypass	After 1 year, weight stabilized	Accept	Accept
Digestive Systems Disorders Q			
Gastritis		Accept	Accept
Gout		Accept	Accept
Heart Blockage		Decline	Decline
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline	Decline
Heart Murmur	"innocent", no symptoms, no treatment	Accept	Accept
Heart Murmur Q			
Other Heart Murmur		Decline	Decline
Heart Surgery		Decline	Decline
Hemophilia		Decline	Decline
Hepatitis	A , recovered	Accept	Accept
	B or C	Decline	Decline
Hodgkin's Disease		Decline	Decline
Hypertension	Controlled	Accept – if build is 50 pds lighter than the build chart	Accept – if build is 15 pds lighter than the build chart
High Blood Pressure Q			
Hysterectomy	Non cancer	Accept	Accept
Kidney Disease	Stones, acute infection	Accept	Accept
Kidney & Urinary Disorders Q	Other chronic kidney disease	Decline	Decline
Leukemia		Decline	Decline
Liver disease		Decline	Decline

Impairment	Criteria	Life (SI)	Critical Illness
Lupus Erythematosus Lupus Q	Discoid	Accept	Accept
	Systemic	Decline	Decline
Marfan's Syndrome		Decline	Decline
Mitral Insufficiency		Decline	Decline
Mitral Stenosis		Decline	Decline
Multiple Sclerosis		Decline	Decline
Muscular Dystrophy		Decline	Decline
Narcolepsy Sleep Apnea/Sleep Disorders Q	Occasional Episodes	Accept	Accept
Pacemaker		Decline	Decline
Pancreatitis Digestive System Disorders Q	Single attack , acute >1 year ago, non alcohol related, no complications	Accept	Accept
	Alcohol related, chronic	Decline	Decline
Paralysis	Paraplegia and Quadriplegia	Decline	Decline
Parkinson's Disease		Decline	Decline
Peripheral Vascular Disease (PVD)		Decline	Decline
Prostate Disorder Benign Prostate Q	Infection, inflammation	Accept	Accept
Sarcoidosis	Localized, non-pulmonary	Accept	Accept
	Pulmonary	Decline	Decline
Sleep Apnea Sleep Apnea/Sleep Disorders Q	Treated and controlled	Accept	Accept
Spina Bifida		Decline	Decline
Splenectomy	Due to trauma	Accept	Accept
Stroke/ CVA/ TIA		Decline	Decline
Suicide Attempt		Decline	Decline
Thyroid Disorders	Treated, no symptoms	Accept	Accept
Transient Ischemic Attack (TIA)		Decline	Decline
Tuberculosis	Treatment completed, inactive	Accept	Accept
Ulcer/GERD Digestive System Disorders Q		Accept	Accept
Weight	See Build Charts	See Build Charts	See Build Charts

MEDICATIONS

This list is not meant to be exhaustive but lists more commonly seen medications.

Medications	Used For	Life - (Non-medical)
Abilify	Anti-psychotic	Decline
Antabuse	Alcoholism	Decline
Aripiprazole	Anti-psychotic	Decline
Campral	Substance Abuse	Decline
Chlorpromazine	Anti-psychotic	Decline
Clozapine	Anti-psychotic	Decline
Clozaril	Anti-psychotic	Decline
Coumadin	Blood thinner	Decline
Digoxin	Heart Failure, Arrhythmias	Decline
Dopamine	Shock/Heart Attack	Decline
Eskalith	Bi-polar Disorder	Decline
Furosemide	Heart/Liver/Kidney Disorder	Decline
Geodon	Anti-psychotic	Decline
Haldol	Anti-psychotic	Decline
Haloperidol	Anti-psychotic	Decline
Halperidone	Anti-psychotic	Decline
Invega	Anti-psychotic	Decline
Isosorbide	Angina	Decline
Lanoxin	Heart Failure, Arrhythmias	Decline
Lasix	Heart/Liver/Kidney Disorder	Decline
Lithane	Bi-polar Disorder	Decline
Lithium	Bi-polar Disorder	Decline
Lithobid	Bi-polar Disorder	Decline
Morphine	Moderate/Severe Pain	Decline
Nitro-Dur	Angina/Chest pain	Decline
Nitroquick	Angina/Chest pain	Decline
Nitrostat	Angina/Chest pain	Decline
Olanzapine	Anti-psychotic	Decline
Paliperidone	Anti-psychotic	Decline
Perphenazine	Anti-psychotic	Decline
Plavix	Blood thinner	Decline
Quetiapine	Anti-psychotic	Decline
Ranexa	Angina	Decline
Ribaviran	Hepatitis C	Decline
Risperdal	Anti-psychotic	Decline
Risperidone	Anti-psychotic	Decline
Seroquel	Anti-psychotic	Decline
Symbyax	Anti-psychotic	Decline
Thorazine	Anti-psychotic	Decline
Trilafon	Anti-psychotic	Decline
Ziprasodone	Anti-psychotic	Decline
Zyprexa	Anti-psychotic	Decline

DISABILITY INCOME RIDER (ACCIDENT ONLY)

The general underwriting guideline is to accept the rider other than in the presence of a risk, not covered under the contract rules, that clearly predisposes the applicant to an accident and ensuing disability. Applicants rated up to +150 will be eligible. Health history will otherwise not be a consideration for underwriting the rider, other than in certain conditions such as severe musculoskeletal disorders that predispose an individual to accidents and disability. The DIR will rarely be available to clients who are engaged in a hazardous occupation (listed below), who have a recent driving record with serious moving violations, or a history of repeated periods of disability. The DIR will not be available to the following clients:

- retired
- unemployed
- students
- homemakers
- self-employed who work more than 50% of time from home
- who work less than 30 hours per week
- who work less than 26 weeks per year
- who have a recent driving record with serious moving violations
- who have a history of repeated periods of disability
- engage in a hazardous occupation (listed below)

The following list represents hazardous occupations, more likely to lead to accidents causing disability and consequently, the DIR coverage will be declined. The list is not exhaustive however, Foresters underwriting will review each application.

Industry	Occupation
Athletes (Professional)	Hockey Player
	Jockey/Horse Breaker
	Football Player
Construction	Blaster/Explosive Handler
	Roofer
	Sandblaster
	Steeplejack
	Structural Steel Workers
Chemical	Tunnel Workers
	Caustic Material Handlers
	Still and Tank Cleaners
Entertainment	Circus or Carnival Acrobat/Aerialists
	Wild Animal Handlers
	Stunt Person
Firefighters	All
Fishing	Deep Sea Fishing
	Divers
Law Enforcement	Jailer/Prison Guard
	Narcotics/Vice/Undercover Police
Lumber	Raft or River Crew
	Chainsaw Operator, Chopper, Sheer Operator, Rigger
Metal	Furnace Room Worker
	Workers With or Near Hot Metal or Slag
Oil and Gas	Field Workers
Underground mining	Hard Rock, Underground Miners
Public Utilities	Lineman , Power Line Installer/Repairer
	Tree Trimmers
Railroad	Track Workers
Search and rescue	All Workers
Shipping	Longshoreman/Dock Workers

CERTIFICATE CHANGE INFORMATION

OVERVIEW

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

UNDERWRITING POLICY CHANGES

All medical history is reviewed including claims information on file. Current underwriting guidelines are followed and insurability requirements must be met.

As with New Business applications, the underwriting review process may include requests for information through Attending Physicians Statement, Exam, Blood Profile, Inspection Report, Motor Vehicle Report (MVR), or the Medical Information Bureau (MIB).

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

90-DAY CHANGES

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

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

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

- The original certificate issue package to be returned.
- A signed letter from the owner, advising of the requested changes.
- If the request is for an increase in coverage (e.g. face amount increase or addition of a rider), a check from the owner for the difference in premium.

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

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

POST 90 DAY CHANGES

Changes made to certificates beyond the 90 day change period can include:

- Decrease in certificate face amount
- Decrease in rider coverage amount
- Addition or removal of riders; Critical Illness Rider (CIR) cannot be added after issue
- Change to non-tobacco premium basis
- Reduction or removal of rating

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

- A completed Application for Change, Conversion and Reinstatement that has been signed by the member. This form can be found on the website designed specifically for you, which you can link directly to from your home company's website.

EXAMPLES

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

Application Details		Riders	
Age:	56	Guaranteed Insurability Rider (GIR):	\$50,000
Face Amount:	\$300,000	20-Year Term Rider:	\$25,000
Plan:	Paid-up at 100	Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$1,200
		Flexible Payment PUAR Factor:	5

Total amount of insurance underwritten for:

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

$\$300,000 + \$25,000 + \$25,000 + (\$1,200 \times 5) =$

$\$300,000 + \$25,000 + \$25,000 + \$6,000 =$

$\$381,000$

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

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

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

Total amount of insurance underwritten for:

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

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

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

$\$600,000$

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

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

Application Details		Riders	
Age:	70	*10-Year Term Rider:	\$150,001
*Face Amount:	\$100,000	Flexible Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$3,000
Plan:	Paid-up at 100	Single Payment Paid-up Additions Rider (PUAR) Maximum Annual Payment Amount:	\$10,000
		Flexible Payment PUAR Factor:	5
		Single Payment PUAR Factor:	2

*The combination of the 10-Year Term Rider and base face amount brings the total face amount to Medical underwriting face amount requirements

Total amount of insurance underwritten for:

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

$\$100,000 + \$150,001 + (\$3,000 \times 5) + (\$10,000 \times 2) =$

$\$100,000 + \$150,001 + \$15,000 + \$20,000 +$

$\$600,000$

$= \$285,001$

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