

# GCU



## Invested in Peace of mind

---

### LIFE UNDERWRITING AGENT'S GUIDE



# TABLE OF CONTENTS

<b>NEW BUSINESS PRODUCTION AND LIFE UNDERWRITING DEPARTMENT .....</b>	<b>2</b>
DEPARTMENT CONTACT INFORMATION .....	2
<b>INTRODUCTION.....</b>	<b>3-4</b>
WELCOME.....	3
FIELD UNDERWRITING RESPONSIBILITIES .....	3-4
<b>APPLICATIONS AND FORMS .....</b>	<b>5-11</b>
APPLICATION CHECKLIST .....	5
FORMS .....	5
EFFECTIVE DATE GUIDELINES.....	6
CONFIDENTIAL INFORMATION.....	6
MIB NOTICE .....	6
ATTENDING PHYSICIAN’S STATEMENT (APS).....	6
<b>LIFE INSURANCE UNDERWRITING CLASS AND GUIDELINES .....</b>	<b>6-11</b>
OVERVIEW .....	6
AGE AND AMOUNT REQUIREMENTS .....	7
UNINSURABLE CONDITIONS .....	8
UNDERWRITING CLASS CRITERIA: AGES 18-85.....	9
PREFERRED RATING GUIDELINES AGES 18-70.....	10
ADULT BUILD CHART: AGES 18 TO 85.....	11

# GCU

## NEW BUSINESS PRODUCTION AND LIFE UNDERWRITING

The New Business and Underwriting Department handles all new business and conversion application processing, contract issuing, and contract mailing, which includes:

- Annuity Applications
- Life Insurance Applications
- Incomplete Application Follow Up
- Transfer of Funds **to GCU**
- 1035 Exchanges **to GCU**

Underwriting of Life Insurance Applications:

- Underwriting Questions
- Trial Applications
- Rated Cases
- Other Related Questions

All Application Kits, Forms, Procedure Guides, Current Rates, and Claims Forms are found at: [www.gcuusa.com/agent\\_forms.html](http://www.gcuusa.com/agent_forms.html) and on the Agent Portal

### **Contact Information:**

Email: [NewBusiness@gcuusa.com](mailto:NewBusiness@gcuusa.com)

Main Toll Free Phone: 800-722-4428 (Ask for Underwriting OR New Business)

#### **Amy Douglas, Underwriter**

[adouglas@gcuusa.com](mailto:adouglas@gcuusa.com)

Phone: 724-495-3400 Extension 3922

#### **Marilyn Dyrwal, Supervisor of New Business and Underwriting**

[mdyrwal@gcuusa.com](mailto:mdyrwal@gcuusa.com)

Phone: 724-495-3400 Extension 3801

### **Department Toll Free Phone Numbers and Email Addresses:**

Agent Services

855-306-0608

[AgentServices@gcuusa.com](mailto:AgentServices@gcuusa.com)

New Business Underwriting & Life Underwriting

800-722-4428

[NewBusiness@gcuusa.com](mailto:NewBusiness@gcuusa.com)

Member Services

855-306-0607

[MemberServices@gcuusa.com](mailto:MemberServices@gcuusa.com)

## ***Welcome!***

Thank you for choosing to sell GCU's life insurance products. We have tried to design this guide to make your job easier. It provides you with the information you will need to quote, enroll an applicant and submit an application to the Home Office.

The Field Underwriting Guide is provided to help you understand our new business process and underwriting rules. It will also help you determine the most likely underwriting decision based on many common conditions. By using this Guide at the time of application completion, you will be able to discuss options with potential insureds that will likely be acceptable from an underwriting standpoint. Detailed descriptions of medical conditions have been omitted for brevity and ease of use.

Final underwriting action may differ from those indicated in this Guide as the GCU's Underwriting Team has access to additional information that is supplementary to the information provided on the application. Please advise your clients that only the Home Office Underwriting Department can determine the final disposition of their application.

Minimum requirements to begin the underwriting process are:

- A completed application and a check for the first periodic payment. The check **can** be omitted for Trial Application status;
- Completed forms that authorize blood testing; and
- Completed HIPPA Form when applicable

This Guide is under continuous review by the New Business and Underwriting Department and will be periodically updated. We welcome your comments and insights.

## **Field Underwriting Responsibilities:**

Good field underwriting by our agents is essential in serving the needs of the applicant and assuring the terms of the policy are carried out in an appropriate and timely manner. It is important that the agent acting as field underwriter makes every effort to review the completeness of the application and to accurately document the answers provided by the applicant(s).

- Coverage cannot be guaranteed at the time the application is completed. If an applicant asks when coverage becomes effective, the agent should explain that issuance is dependent upon written approval by the Home Office Underwriters.
- When the agent completes an application, each question on the application needs to be specifically asked of the applicant(s) and the answers recorded as given.
- It is never permissible for the writing agent to ask a general question with reference to health history and then on receiving a negative reply, answer "No" to all of the health questions on the application.
- Answers to the application health questions should not be obtained from a third party.

- Where an application is required to be signed by the agent, the appointed writing agent must sign the application in ink. In signing an application an agent not only shows representation as the writing agent, but also affirms that he has followed the field underwriting responsibilities set out by GCU.
- It is not acceptable to answer questions with “dashes” or “ditto” marks.
- If a mistake is made on the application, a line should be drawn through the error and have the applicant initial the correction.
- All affirmative or “Yes” answers to the application health questions must be explained in detail on the application, along with the name and address of the treating or consulting physician(s). Answers on the application are considered to have been given by the applicant. The Underwriters accept the given answers as being full and complete and that answers have not been partially recorded or edited by the writing agent.
- Any special dating request for the policy should be included with the application with an explanation. Under no circumstances will a certificate be backdated to save age.
- When a child (ren) to be considered for coverage does not live with the applicant, the health history must be verified with the custodial parent as well as from the parent applying for coverage. Please provide an accurate telephone number for the custodial parent.
- Once the writing agent completes the application, the agent cannot disclose any confidential information except to the Home Office Underwriting Department.
- The writing agent should advise applicants that prior health history can result in a counter offer to their application and that the policy may be issued with rated premiums.

**All materials and instructions specified in the guidelines are proprietary and strictly CONFIDENTIAL and should not be copied or disclosed.**

## **Application:**

When completing the application, we vastly prefer “too much information” as opposed to “too little”. With that thought in mind, here are some things you can do to help expedite your applications through the underwriting process.

## **Application Checklist:**

The application is the foundation of the Certificate, which is a legal document. The applicant must answer each question completely, as we rely on the information provided for each person who is to be insured under this policy. Everything written on the application must be legibly written or printed in black ink. Use of dashes or N/A are not acceptable. If the answer to the question is no, or none, please indicate so with the appropriate question.

The applicant and owner, when applicable, must personally sign the application. Life applications are not to be mailed to the applicant for completion.

- Are questions answered completely?
- Are complete details provided for all YES questions?
- Provide complete name, address and phone number for each doctor listed on the application, including the date of last visit, reason for visit and the results.
- Provide most recent blood pressure and cholesterol readings, if known.
- Provide all possible telephone numbers where applicants can be reached if personal history interview is needed.
- Any changes or alterations made on the application must be initialed and dated by the applicant.
- All signatures and dates are to be obtained from both the applicant and agent, including those required on the HIPAA authorization. This includes applicants, child-only applicants 15 1/2 and over, spouse, and guardian - if minor children coverage.

## **Forms:**

Make sure the correct state version of the application is for the state of residence. The application should be in the mail within 24 hours of the date of the application. Applications dated over 30 days will not be accepted by the New Business Department.

- Is the method of payment information completed and all forms needed, attached?
- A signed copy of the life insurance illustration quote and the first month’s premium must be included. In the case of a single premium whole life policy, a copy of the Illustration’s MEC statement must be signed and returned with the illustration.

**Effective Date Guidelines:**

The effective date of the policy can be any day of the month except 29, 30, or 31. Usually, the effective date is the date after underwriting approval, unless otherwise specified.

**Confidential Information:**

The Underwriter is not allowed to disclose confidential information. When an underwriting decision is reached based on confidential information and the proposed insured desires disclosure of the information, a written request should be sent to the Underwriting Department. A written explanation will be mailed to the proposed insured. If underwriting decision is based upon abnormal test results obtained during the underwriting process, a letter and copy of the testing will be mailed to the Physician listed on the application.

**MIB Notice:**

The MIB is a non-profit membership organization of life and health insurance companies which operates an information exchange on behalf of its members. Each applicant must be advised that MIB may be utilized. You, the agent, must read to each applicant the MIB pre-notice on the application.

**Attending Physician's Statement (APS):**

An Attending Physician's Statement is a confidential request and reply from the proposed insured's physician in regard to the treatment provided to the proposed insured. The APS is requested by GCU.

**LIFE INSURANCE UNDERWRITING CLASS AND GUIDELINES**

Applicants must meet specific criteria to qualify for our Preferred and Standard Underwriting Classes. However, applicants may meet those criteria and still not qualify for a specific class if they have multiple impairments or other factors not covered in these guidelines. A proposed insured not qualifying for these two classes may receive a substandard offer.

If applicants are age 65 and older, we may also review their functional state, including their exercise capacity and mobility, weight change and nutritional status, cognition and social connectivity and level of independent living.

Proposed insureds must provide complete and truthful information on their applications. Age and amount requirements will be ordered by GCU as soon as possible. Keep in mind that Underwriters may need additional requirements to make an underwriting decision.

Minimum requirements to begin underwriting are:

1. Completed Application;
2. Completed forms that authorize blood testing; and
3. HIPAA Form, when applicable.

## AGE AND AMOUNT REQUIREMENTS

For all ages, Underwriters will determine if the medical information received is sufficient to make an informed decision. They may require additional medical information on a case-by-case basis.

Amounts	0-17	18-39	40-44	45-49	50-59	60-69	70+
0-\$25,000	Rx	Rx	Rx	Rx	Rx	Rx APS*	Rx APS*
\$25,001-\$99,999	Rx MVR *	Rx MVR	Rx	Rx	Rx	Rx MVR APS*	Rx MVR APS*
\$100,000-\$199,000	RX APS	RX MVR Paramed Labs	RX Paramed Labs	RX Paramed Labs	RX Paramed Labs	RX MVR Paramed Labs	RX MVR Paramed Labs APS
\$200,000-\$299,000	RX APS	RX MVR Paramed Labs	RX Paramed Labs	RX Paramed Labs	RX Paramed Labs	RX MVR Paramed Labs APS	RX MVR Paramed Labs APS
\$300,000-\$500,000	N/A	RX MVR Paramed Labs	RX Paramed Labs IR	RX Paramed Labs IR	RX Paramed Labs IR	RX MVR Paramed Labs APS IR	RX MVR Paramed Labs APS IR
\$500,001-\$999,999	N/A	RX MVR Paramed Labs IR	RX Paramed Labs IR	RX Paramed Labs IR EKG	RX Paramed Labs IR EKG	RX MVR Paramed Labs APS IR EKG	RX MVR Paramed Labs APS IR EKG
\$1,000,000 and above	N/A	Contact GCU for Approval					

**Definitions:**

- APS: Attending Physician Statement/Records
- EKG: Electrocardiogram
- IR: Inspection Report
- Labs: Blood Profile and/or Home Office Specimen
- MVR: Driving Record
- RX: Prescription Drug History

\* Underwriting Discretion

\*\* For ages 65 and over, the APS must include evidence that the proposed insured has visited his/her personal care physician in the 18 months immediately before the date of the application.

A prescription drug check is run on all ages and amounts.



## Uninsurable Conditions

Applications for clients with any of the following impairments should not be written.

<i>Issue</i>	<i>Timeline</i>
<b>Abdominal aortic aneurysm corrected surgically</b>	Within 1 year
<b>Alcoholism treatment (detoxification and/or inpatient alcohol program)</b>	Within past 2 years or history of treatment and currently using or used within last year
<b>Alzheimer's disease/dementia</b>	At any time
<b>Cancer treated with chemotherapy or radiation therapy</b>	Within 1 year
<b>Cirrhosis of the liver</b>	At any time
<b>Illegal drug use (other than marijuana)</b>	Within 3 years
<b>DUI/DWI (more than one)</b>	Within 5 years
<b>Gastric /intestinal bypass</b>	Within 1 year
<b>Heart Attack</b>	Within 6 months
<b>Heart bypass surgery (CABG)</b>	Within 6 months
<b>HIV positive</b>	At any time
<b>Kidney failure/disease, on dialysis</b>	Currently
<b>Lung disorder, requiring oxygen</b>	Within 1 year
<b>Mental disorder requiring hospitalization</b>	Within 1 year
<b>Organ transplant, post-surgery</b>	Within 2 year
<b>Probation/parole</b>	Currently serving or ended < 3 year ago
<b>Suicide attempt</b>	Within 2 years
<b>Stroke (CVA)</b>	Within 1 year
<b>Valve replacement</b>	Within 1 year
<b>Joint Replacement</b>	Within 3 months

This list is not all inclusive, as other medical conditions and timelines could result in an additional underwriting charge or decline of coverage. If your client has a medical condition not listed here, you may contact the Underwriting Department with any questions.

## Underwriting Class Criteria for Adults

Age Range	Preferred Plus 18-70	Preferred 18-70	Standard 18-85
<b>Nicotine</b> No use of nicotine or nicotine in last.... (occasional cigar use is considered non-nicotine if 12 or less per year or current cotine test is negative.)	3 years	3 years	24 months
<b>Alcohol/Substance Abuse</b> No history of or treatment for alcohol or substance abuse...	Not eligible if history of alcohol or substance abuse	In last 10 years	In last 7 years
<b>Aviation</b>	Flat Extra premium (available in most cases) or exclusion rider		
<b>Diabetes or Cardiovascular History</b>	Not eligible if history of diabetes or cardiovascular disease	Not eligible if history of diabetes or cardiovascular disease	May be eligible based on specific history of diabetes or cardiovascular disease
<b>Blood Pressure</b>	No medications for hypertension and BP average not to exceed 135/85	Currently controlled and average BP reading in last 2 years does not exceed 140/90	Currently controlled and average BP reading in last 2 years does not exceed 155/95
<b>Cancer History</b>	Not eligible if history of cancer history	Not eligible if history of cancer history	May be eligible based on specific cancer history
<b>Cholesterol</b> Treated or untreated total cholesterol maximum reading....	No medications for cholesterol and Total cholesterol 220 mg/dl	240 mg/dl	300 mg/dl
<b>Cholesterol/HDL Ratio</b>	No medications for cholesterol and ratio lower than 5.0	Lower than 5.0	Lower than 6.5
<b>Driving History</b> No DWI, DUI, reckless driving, license revocation or suspension in past....	5 years	5 years	2 years
<b>Family History</b>	No cardiovascular, diabetes or cancer death of either parent or sibling prior to age 60	No cardiovascular, diabetes or cancer death of either parent or sibling prior to age 60	Not more than one cardiovascular death of parents prior to age 60
<b>Hazardous Occupation or Avocation</b>	Coverage available; however may require flat extra premium.		

**Preferred Rating Guidelines**  
**(Available for Whole Life Policies over \$100,000)**  
**Ages 18-70**

**Preferred Plus**

- No Tobacco Use past 36 months
- Cholesterol- Total  $\leq 220$  and Cholesterol/HDL Ratio  $\leq 5.0$ . No Medications.
- Blood Pressure- Average not to exceed 135/85. No Medications
- No personal history of heart disease, diabetes or cancer
- No family history of death of parent or sibling prior to age 60 due to heart disease, diabetes or cancer
- No history of alcohol or drug abuse or counseling
- No DWI / DUI or more than 2 moving violations past 5 years
- No private aviation
- No participation in hazardous avocation, occupation or sports
- No felony convictions in past 10 years
- All Blood and Urine results within Standard range
- Weight does not exceed allowance for height from table on next page
- US resident and no extended foreign travel

**Preferred**

- No Tobacco Use past 24 months
- Cholesterol-Total  $\leq 230$  and Cholesterol/HDL Ratio  $\leq 5.5$  OR Total  $\leq 240$  and Cholesterol/HDL Ratio  $\leq 5.0$
- Blood Pressure- Average not to exceed 140/90
- No personal history of heart disease, diabetes or cancer
- No family history of death of parent or sibling prior to age 60 due to heart disease, diabetes or cancer
- No history of alcohol or drug abuse or treatment/counseling past 10 years
- No DWI/DUI past 5 years and no more than 3 moving violations in past 3 years.
- No private aviation
- No participation in hazardous avocation, occupation or sports
- No felony convictions in past 10 years
- All blood and Urine results within Standard Range
- Weight does not exceed allowance for height from table on next page
- US resident and no extended foreign travel

## Adult Build Chart Ages 18-85

Height	Weight (lbs)					
	Minimum	Preferred Plus Maximum	Minimum	Preferred Maximum	Minimum	Standard Maximum
4'8"	83	125	83	134	93	156
4'9"	86	129	86	138	96.5	162
4'10"	89	134	89	144	100	167
4'11"	92	139	92	148	103.5	173
5'0"	95	143	95	153	107	179
5'1"	99	148	99	159	111	185
5'2"	101	153	101	164	115	191
5'3"	105	158	105	169	118.5	197
5'4"	108	163	108	174	122	204
5'5"	111	168	111	180	126	210
5'6"	115	173	115	186	130	217
5'7"	118	179	118	191	134	223
5'8"	122	184	122	197	138	230
5'9"	125	190	125	203	142	237
5'10"	129	195	129	209	146	243
5'11"	133	201	133	215	150	250
6'0"	137	206	137	221	154	257
6'1"	140	212	140	227	158.5	265
6'2"	144	218	144	233	163	272
6'3"	148	224	148	240	167.5	280
6'4"	152	230	152	246	172	287
6'5"	156	236	156	253	176.5	295
6'6"	160	242	160	260	181	302

### BODY MASS INDEX (BMI)

Preferred      30 BMI

Standard      35 BMI



# Invested in Your Career



# GCU

[GCUusa.com](http://GCUusa.com)

5400 Tuscarawas Rd. Beaver PA 15009  
P 1.800.722.4428  
F 1.724.495.3421  
[info@GCUusa.com](mailto:info@GCUusa.com)