

Foresters Underwriting Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, modern underwriting practices consistent with Foresters general 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 for the producer. It is 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.**

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.



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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. The guidelines in this manual are designed to assist you in understanding the action of our Underwriting Team. Attention to these guidelines will help speed up certificate issue and to solve placement problems.

The most important step in the underwriting process is accurate detailed answers to all questions on the application, especially the medical questions. It is important that the application show the entire 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.

Foresters adheres to state laws and regulations with regard to licensing and appointment of producers. In observance of these laws, the following practices are not acceptable:

- 1) Applications completed and signed by a producer who is not licensed or appointed in the state where the insurance was solicited and the state where the application was written or resident state for the applicant.
- 2) Applications completed by two producers unless both producers are licensed and appointed, as per 1 above.
- 3) Applications submitted with appointment paperwork in a state that prohibits this practice.
- 4) Applications completed by an employee of the producer and signed by the licensed/appointed producer, unless the employee is also licensed and appointed, as per 1 above.
- 5) 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.
- 6) Stamped signature rather than handwritten ink signatures.
- 7) Typed applications or applications completed in pencil.

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) Select good risks
- 2) Furnish complete information on past medical history to include dates, name of condition or diagnosis, type of treatment, and physician information.
- 3) If medical history is involved, identify the disease or condition for which treatment was obtained.
- 4) 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. Check the product availability maps on ezbiz for availability details.

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

Permanent Residents of the United States:

Must be legally in the USA as a permanent resident (i.e. have a valid green card)

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

If in the US for more than one year – regular UW requirements apply otherwise if in the US for less than one year a medical exam and BCP will be required

Foreign Nationals / Non Permanent Residents:

1. Must have insurable loss in the US, such as a house, property, or investments
2. Must reside in the US a minimum of 6 months annually. Must be legally in the USA (i.e. must have a valid SSN, or work visa or other immigration visa that validates status in the U.S.)
3. Must be citizens from a country that is insurable
4. If in the US for more than one year – regular UW requirements otherwise if in the US for less than one year a medical exam and BCP will be required
5. No Benefits (i.e.) WP, ADB, CI and DI

6. Maximum amount of insurance is \$500 000 and maximum age is 65.
7. Must be a professional or spouse or dependent thereof (if applicant is spouse or dependent, you should ensure that evidence of non-applying spouse is reviewed i.e. if husband is on work visa and only wife applies, ensure that we get husband's information)

FOREIGN TRAVEL/RESIDENCE

Any applicant who is contemplating foreign travel or plans to reside in a foreign country may be subject to unsatisfactory living conditions, increased risk of infectious disease and accident hazards. It may be difficult to obtain medical records from a foreign country in the event of a claim.

If an applicant is planning to reside in a foreign country indefinitely, we will not consider for coverage. Any travel in the course of business or pleasure will be considered up to and including 12 weeks. Underwriting foreign travel/residency is difficult as it is dependent 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 this questions on the application it is advised that you should call in to underwriting for a more accurate risk assessment as travel advisories are always changing.

MILITARY

Foresters welcomes applications from active duty military personnel 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.

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

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 simplified issue product and possibly disability income protection. Applicants with occupations that are exceptionally hazardous will be declined, for example:

- Any occupation that involves working at heights
- Any that involves handling explosives
- Any that involves handling hazardous materials

Please review the Occupation guidelines for further details.

For disability income protection rider sales please refer to the Occupation Classification Listing and the Occupation Exclusion Guide for occupational details.

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. Please have applicant complete Motor Sports Questionnaire
- Hang-gliding, skydiving. Please have applicant complete Aerial Sports Questionnaire
- Mountain/Rock Climbing. Please have applicant complete Climbing and Mountaineering Questionnaire

BENEFICIARY DESIGNATION

All 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 either directly or indirectly".

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 million dollars. The applicant must 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 SUBMISSION INSTRUCTIONS

- Preferred rates are only available on fully underwritten Term plans (see Product Guide for face amount minimums).
- Current testing and underwriting can only determine preferred criteria. 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 for the quality of the risk presented.

INSURANCE CLASSES - LIFEFIRST

Smoker/Tobacco	Applicants who have used any product containing nicotine or a nicotine substitute within the past 12 months.
Non-Smoker/Non-Tobacco	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 12 months.
Standard Non-Smoker/Non-Tobacco	Applicants who have not used any product containing nicotine or a nicotine substitute within the past 12 months, but who are not eligible or do not qualify for preferred
Standard Plus Non-Smoker/Non-Tobacco	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 12 months and who meet all the Standard Plus criteria listed below.
Preferred Non-Smoker/Non-Tobacco	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 3 years and who meet all the Preferred criteria listed below.
Preferred Plus Non-Smoker/Non-Tobacco	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 5 years and who meet all the Preferred Plus criteria listed below.
Standard Plus Smoker/Tobacco	Applicants who smoke up to but no more than 1 pack per day and who meet all the Preferred Plus criteria listed below
Substandard	Applicants who would require an extra premium or exclusion waiver(s) for certain health conditions that are otherwise not insurable

PREFERRED CRITERIA – LIFEFIRST

	Preferred Plus	Preferred	Standard Plus
Tobacco Use	No nicotine use for 5 yrs.	No nicotine use for 3 yrs.	No nicotine use for 1 yr.
Cholesterol Level	<220 (No previous history of treatment or medication)	<230 (If previous history or on 1 medication – must be stable for a minimum of one year and meet the preferred plus levels)	<260 (If previous history or on 1 medication – must be stable for a minimum of one year and meet the preferred levels)
Cholesterol/HDL Ratio	<4.5 (No previous history of treatment or medication)	<5.0 (If previous history or on 1 medication – must be stable for a minimum of one year and meet the preferred plus levels)	<6.5 (If previous history or on 1 medication – must be stable for a minimum of one year and meet the preferred levels)
Blood Pressure	<135/80 (No previous history of elevated BP, treatment or medication)	<140/90 (If previous history or on 1 medication – must be stable for a minimum of one year and meet the preferred plus levels)	<140/90 (If previous history or on 1 medication – must be stable for a minimum of one year and meet the preferred levels)
Height Weight	See Build Charts	See Build Charts	See Build Charts
Family History: Death of a parent	<65 CAD, CVD, Cancer (other than basal cell)	<65 CAD, CVD, Cancer (other than basal cell)	<60 CAD, CVD, Cancer (other than basal cell)
Medical History	No history of Cancer (except basal cell) or significant health impairment	No history of Cancer (except basal cell) or significant health impairment	No history of Cancer (except basal cell) or significant health impairment
Alcohol & Drug Abuse	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 3 yrs.	0 for 5 yrs. <3 within 3 yrs.
Avocation	No hazardous sport (except with exclusion)	No hazardous sport within 2 years (except with exclusion)	No hazardous sport (except with exclusion)
Aviation (Commercial pilots excepted)	No	No	No

INSURANCE CLASSES - PASSPORT

Smoker/Tobacco	Applicants who have used any product containing nicotine or a nicotine substitute within the past 12 months.
Non-Smoker/Non-Tobacco	Applicants who have not used a product containing nicotine or a nicotine substitute within the past 12 months.
Standard	Applicants who have not used any product containing nicotine or a nicotine substitute within the past 12 months, but who are not eligible or do not qualify for preferred
Substandard	Applicants who would require an extra premium or exclusion waiver(s) for certain health conditions that are otherwise not insurable
Preferred/Preferred Plus	Applicants who are generally healthy and lead a healthy lifestyle – according to the criteria below

PREFERRED CRITERIA - PASSPORT

	Preferred Plus	Preferred
Tobacco Use	No nicotine use for 3 yrs.	No nicotine use for 2 yrs.
Cholesterol Level	<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)	<6.0 (No previous history of treatment or medication)
Blood Pressure	<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
Family History: Death of a parent /sibling	<60 CAD, CVD, Cancer (other than basal cell)	<60 CAD, CVD,Cancer (other than basal cell)
Medical History	No significant health impairments	No significant health impairments
Alcohol & Drug Abuse	No history of substance and/or alcohol abuse	No history of substance and/or alcohol abuse for 3 years
MVR DUI/DWI/Reckless Driving Moving Violations	No DUI for 3 years <5 within 5 years	No DUI for 2 years <5 within 3 years
Avocation	No hazardous sport (except with exclusion)	No hazardous sport (except with exclusion)
Aviation (Commercial pilots excepted)	No	No

BUILD

BUILD CHARTS

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, psychological disorder or a malfunctioning thyroid or pituitary gland.

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, a chronic illness, nervous problems or alcoholism. Frequently, thin individuals have a low resistance to acute illnesses, especially respiratory infections.

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. You may enter the height and weight table by using the current weight.

If there has been weight loss and the weight has not been stable for a period of 12 months, half credit will be given. To enter the height and weight table, add half of the weight loss to the current weight level.

Example: Female 5'7" ... 231lbs. Lost 36 lbs within 2 months. Current weight is 195 lbs. Allow ½ credit by adding 18 lbs. To 195. Enter weight table at 5'7" ... 213lbs.

Lifefirst Non-Medical Build Chart Male & Female			
Height (Feet)	Maximum Weight (Pounds)	Height (Feet)	Maximum Weight (Pounds)
4'8	185	5'8	274
4'9	193	5'9	281
4'10	198	5'10	292
4'11	207	5'11	298
5'0	212	6'0	307
5'1	221	6'1	314
5'2	225	6'2	325
5'3	234	6'3	336
5'4	243	6'4	342
5'5	250	6'5	353
5'6	259	6'6	360
5'7	265		

This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for Non Medical. For Non-Medical products, Foresters will accept up to and including the corresponding weight for each height if build is the only impairment.

**Lifefirst and Passport
Standard Build Chart
Male & Female**

Height (Feet)	Maximum Weight (Pounds)	Height (Feet)	Maximum Weight (Pounds)
4'-8"	166	5'-8"	248
4'-9"	173	5'-9"	252
4'-10"	178	5'-10"	261
4'-11"	185	5'-11"	267
5'-0"	191	6'-0"	276
5'-1"	198	6'-1"	283
5'-2"	203	6'-2"	292
5'-3"	211	6'-3"	300
5'-4"	219	6'-4"	307
5'-5"	225	6'-5"	318
5'-6"	232	6'-6"	322
5'-7"	239		

This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for Standard Rates.

**Lifefirst and Passport
Preferred Build Chart
Male & Female**

Height (feet)	Maximum Weight (Pounds)	Height (feet)	Maximum Weight (Pounds)
4'10	135	5'10	205
4'11	137	5'11	210
5'0	152	6'0	220
5'1	158	6'1	225
5'2	162	6'2	230
5'3	166	6'3	240
5'4	172	6'4	244
5'5	178	6'5	251
5'6	182	6'6	260
5'7	190	6'7	265
5'8	195	6'8	270
5'9	200	6'9	273

**Lifefirst
Standard Plus Build Chart
Male & Female**

Height (Feet)	Maximum Weight (Pounds)	Height (Feet)	Maximum Weight (Pounds)
4'-8"	143	5'-8"	210
4'-9"	150	5'-9"	215
4'-10"	155	5'-10"	222
4'-11"	160	5'-11"	227
5'-0"	167	6'-0"	234
5'-1"	175	6'-1"	242
5'-2"	180	6'-2"	247
5'-3"	185	6'-3"	252
5'-4"	190	6'-4"	258
5'-5"	195	6'-5"	264
5'-6"	200	6'-6"	270
5'-7"	205	6'7"	276

This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for Standard Plus Rates.

**Lifefirst and Passport
Preferred Plus Build Chart
Male & Female**

Height (feet)	Maximum Weight (Pounds)	Height (feet)	Maximum Weight (Pounds)
4'10	126	5'10	190
4'11	130	5'11	196
5'0	144	6'0	202
5'1	149	6'1	206
5'2	152	6'2	211
5'3	157	6'3	216
5'4	161	6'4	221
5'5	166	6'5	227
5'6	170	6'6	244
5'7	176	6'7	249
5'8	180	6'8	254
5'9	184	6'9	259

Lifefirst Critical Illness Build Chart Male & Female			
Height (feet)	Maximum Weight (Pounds)	Height (feet)	Maximum Weight (Pounds)
4'8	151	5'8	223
4'9	157	5'9	230
4'10	161	5'10	236
4'11	168	5'11	243
5'0	173	6'0	250
5'1	180	6'1	256
5'2	184	6'2	265
5'3	191	6'3	274
5'4	199	6'4	278
5'5	204	6'5	287
5'6	211	6'6	294
5'7	216		

This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for Critical Illness Rider. For Simplified Issue CI Rider, Foresters will accept up to and including the corresponding weight for each height if build is the only impairment.

Lifefirst Disability Income (Accident Only) Build Chart Male & Female			
Height (feet)	Maximum Weight (Pounds)	Height (feet)	Maximum Weight (Pounds)
4'8	185	5'8	274
4'9	193	5'9	281
4'10	198	5'10	292
4'11	207	5'11	298
5'0	212	6'0	307
5'1	221	6'1	314
5'2	225	6'2	325
5'3	234	6'3	336
5'4	243	6'4	342
5'5	250	6'5	353
5'6	259	6'6	360
5'7	265		

This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for DI Accident Only Rider. For Simplified Issue DI Rider, Foresters will accept up to and including the corresponding weight for each height if build is the only impairment.

Lifefirst Disability Income (Accident & Sickness) Build Chart Male & Female			
Height (feet)	Maximum Weight (Pounds)	Height (feet)	Maximum Weight (Pounds)
4'8	151	5'8	223
4'9	157	5'9	230
4'10	161	5'10	236
4'11	168	5'11	243
5'0	173	6'0	250
5'1	180	6'1	256
5'2	184	6'2	265
5'3	191	6'3	274
5'4	199	6'4	278
5'5	204	6'5	287
5'6	211	6'6	294
5'7	216		

This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for DI (Accident & Sickness) Rider. For Simplified Issue DI Rider, Foresters will accept up to and including the corresponding weight for each height if build is the only impairment.

AGE & AMOUNT REQUIREMENTS

(Medically underwritten products)

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:

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

AGE & AMOUNT REQUIREMENT CHARTS

(Medically underwritten products)

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.
- Non-Medical requirements are valid for the time shown if the findings were as expected. If findings were unexpected, the underwriter may request that the requirement be completed.
- For additional insurance within 12 months age and amount requirements will be based on the total insurance amount applied for.

- Additional requirements may be requested by the underwriter to obtain details of declared histories in order to enable fair pricing.

Lifefirst Level Term Life Insurance Product

Age	Up 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 \$1,500,000	\$1,500,001 to \$1,999,999	\$2,000,000 to \$2,999,999	\$3,000,000 and up
18 to 40				V/B					
41 to 45									M/B/E/I
46 to 50	NM								
51 to 55				P/B					
56 to 60					P/B/E			M/B/E	
61 to 70									M/B/T/I
71+									

Passport Universal Life Insurance Products

Age	to \$49,999	\$50,000 to \$99,999	\$100,000 to \$199,999	\$200,000 to \$249,999	\$250,000 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
0 to 4									
5 to 15						APS		M	M/I
16 to 40									
41 to 45				V/B					M/B/E/I
46 to 50					P/B				
51 to 60								M/B/E	
61+	V	P							M/B/T/I

Legend

Code	Requirement	Validity
NM	Non-Medical	N/A
V	Vital Signs	1Yr.
P	Paramedical (Nurse)	1Yr.
M	Medical (Doctor)	1Yr.
E	Electrocardiogram (ECG)	1Yr.
T	Exercise (Treadmill ECG)	1Yr.
I	Inspection Report	1 Yr.
B	Blood Profile	6Mos.
APS	Attending Physicians Statement (ordered by Foresters)	

APPROVED VENDORS

Name	Want to follow up on the progress, or about results being sent to Foresters:
APPS	Visit the APPS website to obtain APPS local number for your state http://appsive.com/ , or Call directly for the contact number for your state
EMSI	Visit the EMSI website to obtain contact information for the servicing office in your client's area https://eol5.emsinet.com
Portamedic/Hooper Holmes:	Visit the Portamedic/Hooper Holmes website to obtain contact information for the servicing office in your client's area http://www.portamedic.com/

MODIFIED COVERAGE

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

FILE INCOMPLETE OR POSTPONED

Incompletion occurs when the requested information is not received within 45 days after the application date. However, once received, the file can be considered for reopening and a certificate issued if the applicant is insurable.

Postponements generally occur on risks who are currently highly questionable, but whose history indicates a definite possibility that a satisfactory judgment can be made at a later date.

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

- Cancer: at least one year
- Coronary Artery Disease (includes angina, heart attack, bypass surgery and angioplasty): six months

- Uninvestigated symptoms, symptoms currently under investigation

IMPAIRMENTS

Very few applications are declined on the basis of a single impairment, but some medical impairments cannot be considered for coverage (refer to the Impairment Guide).

Certain combinations of impairments are also very difficult to insure. The following list is not intended to be exhaustive:

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

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 can be offered in some situations at the time of initial underwriting: you will be advised when this is possible.

IMPAIRMENT GUIDE

The following impairment guide pertains to applicants with single impairments only. Applicants with multiple impairments, even though the single impairments may be listed as acceptable, could be unacceptable due to co-morbidity or co-mortality effects.

Impairment	Criteria	Critical Illness	Disability (Accident only)	Life (Simplified Issue)
AIDS		Reject	Reject	Reject
Alcoholism	Within 5 years	Reject	Reject	Reject
	After 5 years	Consider	Consider	Consider
Alzheimer's		Reject	Reject	Reject
Amputation	Caused by injury	Consider	Consider (if well adapted)	Consider
	Caused by disease	Rate for cause	Rate for cause	Consider
Anemia	Iron deficiency	Consider	Consider	Consider
Aneurysm	Present	Reject	Reject	Reject
	Surgically corrected, no residuals > 5 years	Reject	Consider	Consider
Angina	See Heart Disease			
Angioplasty	See Heart Disease			
Ankylosis		Consider (not chronic)	Consider	Consider (not chronic)
Aortic Insufficiency		Reject	Reject	Reject
Aortic Stenosis		Reject	Reject	Reject
Arthritis	Osteoarthritis	Consider	Consider	Consider
	Rheumatoid – Mild	Consider	Consider	Consider
	Rheumatoid – Moderate	Consider	Reject	Consider
	Rheumatoid – Severe	Reject	Reject	Reject
Asthma (non-smoker)	Mild	Consider	Consider	Consider
	Moderate	Consider	Consider	Consider
	Severe-Hospitalization	Consider	Consider	Reject
Blood Pressure	See Hypertension			
Bronchitis	Acute	Consider	Consider	Consider
	Chronic	Consider	Consider	Reject
Buerger's Disease		Reject	Reject	Reject
By-Pass Surgery	See Heart Disease			
Cancer	Basal Cell Carcinoma (Skin)	Consider	Consider	Consider
	Other than skin cancer	Consider	Consider	Reject
	Malignant Melanoma,	Reject	Consider	Reject
Cerebral Palsy		Consider	Reject	Reject
Chronic Obstructive Lung Disease		Consider	Consider	Consider
Cirrhosis of Liver		Reject	Reject	Reject
Colitis-Ulcerative		Consider	Consider	Consider
Congestive Heart Failure		Reject	Reject	Reject
Criminal History	No incarceration. One year after completion of probation	Consider	Consider	Consider
	With incarceration. Seven years after completion of probation.	Consider	Consider	Consider
Crohn's Disease		Consider	Consider	Consider
CVA Stroke One		Reject	Consider	Consider
Cystic Fibrosis		Reject	Reject	Reject
Depression/Anxiety	Mild to Moderate > age 25-	Consider	Consider	Consider
	Severe	Consider	Reject	Reject
	Schizophrenia	Consider	Reject	Reject
Diabetes	Oral Meds or diet control age 41 or older, Optimum Control, Non-smoker	Reject	Consider	Consider
	Insulin Dependent, age 51 or older	Reject	Consider	Consider

Impairment	Criteria	Critical Illness	Disability (Accident only)	Life (Simplified Issue)
Diverticulitis/Diverticulosis		Consider	Consider	Consider
Down's Syndrome		Reject	Reject	Reject
Drug Use, other than marijuana	Current or Within 3 years	Reject	Reject	Reject
	After 3 years	Consider	Consider	Consider
Duodenitis		Consider	Consider	Consider
Fibromyalgia		Consider	Consider	Consider
Gallbladder Disorders		- Consider	Consider	Consider
Gastric Bypass	After 6 months, weight stabilized	Consider	Consider	Consider
Gastritis		Consider	Consider	Consider
Gout		Consider	Consider	Consider
Heart Disease	Includes Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Reject	Reject	Reject
Heart Murmur/Arrhythmia	Innocent, No symptoms	Consider	Consider	Consider
	Others	Reject	Reject	Reject
Hemophilia		Reject	Reject	Reject
Hepatitis	A	Consider	Consider	Consider
	B or C	Reject	Reject	Reject
Hodgkin's Disease		Reject	Reject	Reject
Hypertension	Controlled	Consider	Consider	Consider
Hysterectomy	Non cancer	Consider	Consider	Consider
Kidney Disease	Failure	Reject	Reject	Reject
	Stones	Consider	Consider	Consider
	Polycystic Kidney Disease	Reject	Reject	Reject
	Nephrectomy	Consider	Consider	Rate for cause
	Nephritis – Acute History	Consider	Consider	Consider
	Dialysis	Reject	Reject	Reject
	Infection	Consider	Consider	Consider
	Transplant	Reject	Reject	Reject
Leukemia		Reject	Reject	Reject
Lupus Erythematosus	Discoid	Consider	Consider	Consider
	Systemic	Reject	Reject	Reject
Marfan's Syndrome	No cardiac complications	Consider	Reject	Consider
Meniere's Disease		Consider	Consider	Consider
Mitral Insufficiency		Reject	Reject	Reject
Mitral Stenosis		Reject	Reject	Reject
Multiple Sclerosis		Consider	Reject	Reject
Muscular Dystrophy		Reject	Reject	Reject
Narcolepsy	Occasional Episodes	Consider	Reject	Consider
Pacemaker		Reject	Reject	Reject
Pancreatitis	Single Attack – >1 year ago, non alcohol related	Consider	Consider	Consider
Paralysis	Paraplegia and Quadraplegia	Consider	Reject	Reject
Parkinson's Disease		Reject	Reject	Reject
Peripheral Vascular Disease	Mild - After full recovery	Reject	Consider	Consider
Prostate Disorder	Infection	Consider	Consider	Consider
Rheumatic Fever	One Attack - recovered	Consider	Consider	Consider
Sarcoidosis	Localized, non-pulmonary	Consider	Consider	Reject
	Pulmonary	Consider	Consider	Reject
Sleep Apnea	Treated	Consider	Consider	Consider
Spina Bifida		Reject	Reject	Reject
Splenectomy	Due to trauma	Consider	Consider	Consider
Stroke	See Cerebrovascular Accident (CVA)			
Suicide Attempt		Reject	Reject	Reject
Thyroid Disorders	Treat	Consider	Consider	Consider
Transient Ischemic Attack (TIA)	See Cerebrovascular Accident (CVA)			
Tuberculosis	Treatment Completed	Consider	Consider	Consider
Ulcer/GERD		Consider	Consider	Consider
Weight	See Weight Charts			

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 and Reinstatements

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.

Reinstatement – If reinstatement of coverage can be approved with modifications of coverage, this offer is made and must be considered by the primary insured in writing before coverage is reinstated.

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 member, 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 member 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 member. The New Business delivery processes should then be followed.

Post 90 Day Changes

Changes made to certificates over 90-days from the issue date. Changes could include (depending on the life insurance product):

- Decrease in certificate face amount
- Decrease in rider coverage amount
- Addition or removal of riders
- Change to non-tobacco premium basis
- Reduction or removal of rating

To request changes over 90-days of certificate issue, 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 companies website.