

Foresters 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.**

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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This document is intended for producer use only and should not be disclosed to the public. The information contained in this guide is general in nature and is subject to the appropriate certificate and rider wording.

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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, especially the medical questions. 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.

Foresters adhere 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) Furnish complete information on past medical history to include dates, name of condition or diagnosis, type of treatment, 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. Check the product availability maps on ezbiz 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 in the US for more than one year - regular UW requirements otherwise if in the US for less than one year a paramedical exam with blood and urine will be required.
- Optional benefits such as WP, ADB, CI and DI are not available. However, LRR is available.
- Maximum amount of insurance is \$500 000 and maximum age is 65.
- Must be employed or spouse or dependent (if applicant is spouse or dependent, you should insure that evidence of non-applying spouse is reviewed).
- Must have valid photo identification (driver's license, passport).

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

For disability income protection rider sales please refer to the Occupation Exclusion Guide for 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.

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, 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.

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. Current weight is 195 lbs. Allow ½ credit by adding 18 lbs, or 5'7" 213 lbs.

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".

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 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 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.
- **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

SIMPLIFIED ISSUE

STRONG FOUNDATION

Foresters Simplified Issue is available for 15, 20 and 30-year term plans. 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 centre will call the proposed insured for a telephone interview.

Simplified Issue Limits

Note: The maximum Simplified Issue Limit on one life for all products is \$250,000 within 12 months.*

Strong Foundation Simplified Issue Limits

Age	15 year	20 year	30 year
18 - 50	\$250,000	\$250,000	\$250,000
51 - 55	\$200,000	\$200,000	n/a
56- max	\$150,000	\$150,000	n/a

The application for Strong Foundation may be submitted on either a fully underwritten or a simplified issue basis.

ARMOR

No Life events required.

Simplified issue is available for applications that fall within the limits listed below.

Armor Simplified Issue Limits

Age	Face Amount
0 to 15	\$150,000
16 to 50	\$250,000
51 to 55	\$200,000
56 to 70	\$150,000
71+	Not Available

* SI offer for Strong Foundation to maximum of \$350,000 (depending upon age), will apply for a limited time on SF only.

INSURANCE CLASSES – STRONG FOUNDATION, FULLY UNDERWRITTEN

Standard Smoker	Applicants who smoke cigarettes within the past 12 months.
Standard Non-Smoker	Applicants who has 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 (except with exclusion)	No hazardous sport (except with exclusion)	No hazardous sport within 2 years (except with exclusion)
Aviation (Commercial pilots excepted)	No	No	No

INSURANCE CLASSES – ARMOR, FULLY UNDERWRITTEN

Standard Smoker	Applicants who smoke cigarettes within the past 12 months.
Standard Non-Smoker	Applicants who has 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 – ARMOR, 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 (Medication for high cholesterol permitted if current readings are within the required range for preferred plus.)	<250 (Medication for high cholesterol permitted if current readings are within the required range for preferred plus.)
Cholesterol/HDL Ratio	<5.5 (No previous history of treatment or medication)	<5.5 (Medication for high cholesterol permitted if current readings are within the required range for preferred plus.)	<6.0 (Medication for high cholesterol permitted if current readings are within the required range for preferred plus.)
Blood Pressure	<130/85 (No previous history of elevated BP, treatment or medication)	<130/85 (Medication for hypertension permitted if current readings are within the required range for preferred plus.)	<140/90 (Medication for high cholesterol permitted if current readings are within the required range for preferred plus.)
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 (except with exclusion)	No hazardous sport (except with exclusion)	No hazardous sport within 2 years (except with exclusion)
Aviation (Commercial pilots excepted)	No	No	No

BUILD CHARTS

Strong Foundation and Armor Simplified Issue Male & Female		Strong Foundation and Armor FUW* Standard Male & Female		Strong Foundation and Armor FUW Preferred Male & Female		Strong Foundation and Armor FUW Preferred Plus Male & Female		Strong Foundation CIR** Male & Female	
Height (Feet)	Maximum weight (Pounds)	Height (Feet)	Maximum weight (Pounds)	Height (Feet)	Maximum weight (Pounds)	Height (Feet)	Maximum weight (Pounds)	Height (Feet)	Maximum weight (Pounds)
4'8	185	4'8	166	4'10	135	4'10	126	4'8	151
4'9	193	4'9	173	4'11	137	4'11	130	4'9	157
4'10	198	4'10	178	5'0	152	5'0	144	4'10	161
4'11	207	4'11	185	5'1	158	5'1	149	4'11	168
5'0	212	5'0	191	5'2	162	5'2	152	5'0	173
5'1	221	5'1	198	5'3	166	5'3	157	5'1	180
5'2	225	5'2	203	5'4	172	5'4	161	5'2	184
5'3	234	5'3	211	5'5	178	5'5	166	5'3	191
5'4	243	5'4	219	5'6	182	5'6	170	5'4	199
5'5	250	5'5	225	5'7	190	5'7	176	5'5	204
5'6	259	5'6	232	5'8	195	5'8	180	5'6	211
5'7	265	5'7	239	5'9	200	5'9	184	5'7	216
5'8	274	5'8	248	5'10	205	5'10	190	5'8	223
5'9	281	5'9	252	5'11	210	5'11	196	5'9	230
5'10	292	5'10	261	6'0	220	6'0	202	5'10	236
5'11	298	5'11	267	6'1	225	6'1	206	5'11	243
6'0	307	6'0	276	6'2	230	6'2	211	6'0	250
6'1	314	6'1	283	6'3	240	6'3	216	6'1	256
6'2	325	6'2	292	6'4	244	6'4	221	6'2	265
6'3	336	6'3	300	6'5	251	6'5	227	6'3	274
6'4	342	6'4	307	6'6	260	6'6	244	6'4	278
6'5	353	6'5	318	6'7	265	6'7	249	6'5	287
6'6	360	6'6	322	6'8	270	6'8	254	6'6	294
				6'9	273	6'9	259		
This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for Non-Medical.		This build chart is for single impairment of build only. Where multiple impairments occur the applicant may not qualify for the classification.							

* FUW – fully underwritten
 ** CIR – critical illness rider

AGE & AMOUNT REQUIREMENTS

(Fully 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 REQUIREMENTS CHARTS

(Fully 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.
- For additional insurance (within 12 months) age and amount requirements will be based on the total insurance amount applied for in all companies.
- Additional requirements may be requested by the underwriter to obtain details of declared histories
- Minimum face amount for preferred underwriting is \$100,000.

STRONG FOUNDATION TERM LIFE INSURANCE - FULLY UNDERWRITTEN

Age	\$25,000 to \$50,000	\$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+
	0 to 4	NM								
5 to 15	NM						APS	M	M/I	
16 to 40	VIB			P/B						
41 to 45	VIB			P/B						M/B/E/I
46 to 50	VIB			P/B						M/B/E/I
51 to 55	V	P/B					P/B/E	M/B/E		M/B/T/I
56 to 60	V	P/B					P/B/E	M/B/E		M/B/T/I
61 to 70	V	P/B					P/B/E	M/B/E		M/B/T/I
70+	P	P/B					P/B/E	M/B/E		M/B/T/I

ARMOR UNIVERSAL LIFE INSURANCE - FULLY UNDERWRITTEN

Age	\$25,000 to \$50,000	\$50,001 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+	
	0 to 4	NMU								
5 to 15	NMU						APS	M	M/I	
16 to 40	VIB			P/B						
41 to 45	VIB			P/B						M/B/E/I
46 to 50	VIB			P/B						M/B/E/I
51 to 55		P/B					P/B/E	M/B/E		M/B/T/I
56 to 70		P/B					P/B/E	M/B/E		M/B/T/I
71+	Not Available	P/B					P/B/E	M/B/E		M/B/T/I

Legend

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

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

** NMU (Non Medical Underwritten) has the basic requirement of a completed application including the medical questions. Underwriting may or may not ask for additional requirements in this category (unlike NM)

All other age and amount requirements indicate full underwriting.

APPROVED VENDORS

Name	Follow up Procedure
APPS	http://appsive.com/ , or call directly for the contact number for your state.
EMSI	https://eol5.emsinet.com for contact information for the servicing office in your area.
Portamedic/ Hooper Holmes:	http://www.portamedic.com/ for contact information for the servicing office in your client's area.
ExamOne	http://www.myexamone.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 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 may be considered for reopening and a certificate issued 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.

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: you will be advised when this is possible.

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 “ezbiz” site. (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?
- What was the treatment? Are you still under treatment?
- What is your follow-up procedure?
- Is there any additional information that would be helpful?

NON-MEDICAL IMPAIRMENTS

Impairment	Guideline	
Criminal Activity	If on probation or parole, (accept 1 year after probation) If jail time has been served, consider 7 to 10 years after parole	Decline
Driving Record	Single DUI within 12 months 2 DUI, last within 5 years More than 2 DUI	Decline

List of Questionnaires Noted in the Guide

Alcohol Usage	Digestive Disorders (for Crohn’s Disease, Gastric Bypass, Pancreatitis, Ulcer/GERD)
Arthritis	Drug Usage
Asthma	Growths, Cysts, Lumps and Tumors (for Cancer)
Blood Pressure (for Hypertension)	Nervous Disorder (for Anxiety / Depression)
Diabetes	Diabetes questionnaire
Epilepsy	Epilepsy / Seizure questionnaire

MEDICAL IMPAIRMENTS

Impairment	Criteria	Critical Illness	Life (Simplified Issue)
AIDS / HIV +ve		decline	decline
Alcoholism	Within 5 years	decline	decline
	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
Arthritis	"Q" Osteoarthritis	accept	accept
	Rheumatoid – Mild with no limitations	accept	accept
	Rheumatoid – Moderate or severe (Rx include Humira, Embrel, Prednisone)	decline	decline
Asthma	"Q" Mild	accept	accept
	Moderate	accept	accept
	Severe-Hospitalization	decline	decline
Blood Pressure	"Q" Controlled	accept	accept
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	"Q" Basal Cell Carcinoma (Skin)	accept	accept
	Cancer with treatment completed over 10 years ago, with no recurrence	decline	accept
	Other cancer	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	"Q" >5 years in remission	accept	accept
CVA /Stroke /TIA		decline	decline
Cystic Fibrosis		decline	decline
Depression/Anxiety	"Q" Mild > age 25, onset less 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	"Q" Type II, age 41 duration < 10 years, age 51 duration 20 years, oral medication, good control non-smoker or < 1 pack per day	decline	accept
	Other diabetes, poor control, insulin dependent, with complications such as heart disease, kidney disease, peripheral vascular disease, neuropathy.	decline	decline

Impairment	Criteria	Critical Illness	Life (Simplified Issue)
Diverticulitis/Diverticulosis		accept	accept
Down's Syndrome		decline	decline
Drug Use (other than marijuana)		decline	decline
Drug use – marijuana "Q"	Occasional social use (smoker rates apply)	accept	accept
Epilepsy / Seizure "Q"	Controlled on meds, no seizures for 2 years, no complications		
Fibromyalgia	No depression, working full-time	accept	accept
Gallbladder Disorders		accept	accept
Gastric Bypass "Q"	After 1 year, weight stabilized	accept	accept
Gastritis		accept	accept
Gout		accept	accept
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	decline	decline
Heart Murmur/Arrythmia		decline	decline
Heart Murmur	"innocent", no symptoms, no treatment	accept	accept
Other Heart Murmur		decline	decline
Hemophilia		decline	decline
Hepatitis	A , recovered	accept	accept
	B or C	decline	decline
Hodgkin's Disease		decline	decline
Hypertension "Q"	Controlled	accept	accept
Hysterectomy	Non cancer	accept	accept
Kidney Disease	Stones, acute infection	accept	accept
	Other chronic kidney disease	decline	decline
Leukemia		decline	decline
Liver disease		decline	decline
Lupus Erythematosus	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	Occasional Episodes	accept	accept
Pacemaker		decline	decline
Pancreatitis "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	Infection, inflammation	accept	accept
Sarcoidosis	Localized, non-pulmonary	accept	accept
	Pulmonary	decline	decline
Sleep Apnea	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 "Q"		accept	accept
Weight	See Build Charts		

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.

The DIR will not 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 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
	tunnel workers
Chemical	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	stevedore

Build Charts

Strong Foundation Simplified Issue Male & Female		Strong Foundation Critical Illness Rider Male and Female	
Height (Feet)	Maximum Weight (Pounds)	Height (Feet)	Maximum Weight (Pounds)
4'8	185	4'-8"	151
4'9	193	4'- 9"	157
4'10	198	4'-10"	161
4'11	207	4'-11"	168
5'0	212	5'- 0"	173
5'1	221	5'-1"	180
5'2	225	5'- 2"	184
5'3	234	5'- 3"	191
5'4	243	5'- 4"	199
5'5	250	5'- 5"	204
5'6	259	5'- 6"	211
5'7	265	5'- 7"	216
5'8	274	5'- 8"	223
5'9	281	5'- 9"	230
5'10	292	5'-10"	236
5'11	298	5'-11"	243
6'0	307	6'- 0"	250
6'1	314	6'-1"	256
6'2	325	6'- 2"	265
6'3	336	6'- 3"	274
6'4	342	6'- 4"	278
6'5	353	6'- 5"	287
6'6	360	6'- 6"	294

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

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 & 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 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 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 company's website.