

# PL Promise Life Insurance **UNDERWRITING GUIDELINES**



**PACIFIC LIFE**

Pacific Life Insurance Company



## *Clear and Consistent Underwriting Methodology*

PL PROMISE TERM Level Premium Term Life Insurance (Policy Form #P16LYT or ICC16 P16LYT and S16LYT10, S16LYT15, S16LYT20, S16LYT25, or S16LYT30, based on level premium period chosen and state of policy issue). PL PROMISE GUL No-Lapse Guarantee Universal Life Insurance (Policy Form #P18PRUL and S18PRUL or ICC18 P18PRUL and ICC18 S18PRUL, based on state of policy issue).

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# TABLE OF CONTENTS

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## **1. UNDERWRITING OVERVIEW**

Introduction .....	3
Pacific Accelerated Life+ (PAL+) .....	4
Preferred Criteria with Build Charts .....	5
Tobacco and Marijuana Guidelines .....	9
Underwriting Requirements .....	9

## **2. IMPAIRMENT GUIDE**

Uninsurable Conditions .....	11
Medical Risks .....	13

## **3. NON-MEDICAL .....**

## **4. FINANCIAL UNDERWRITING GUIDELINES**

Personal .....	21
Business .....	23
Reinsurance Limits .....	24

## **5. PREFERRED PROVIDERS AND PAYMENT GUIDELINES.....**

## Introduction

Life insurance protection is important to your clients, as is your ability to help ensure your client's application and underwriting process goes smoothly. This guide provides insights into Pacific Life's clear, consistent underwriting methodology.

### Clear, Consistent Communication

Pacific Life is committed to making it easier for our customers to do business with us. With a progressive approach to underwriting and in-depth understanding of the advancements in clinical medicine, our underwriting team continues to look for opportunities for a more holistic approach to risk selection. We focus on providing world-class customer service and a seamless end-to-end experience to give you:

- More personalized evaluations
- More competitive offers
- More consistent decisions
- Quicker turnaround
- Fewer requirements

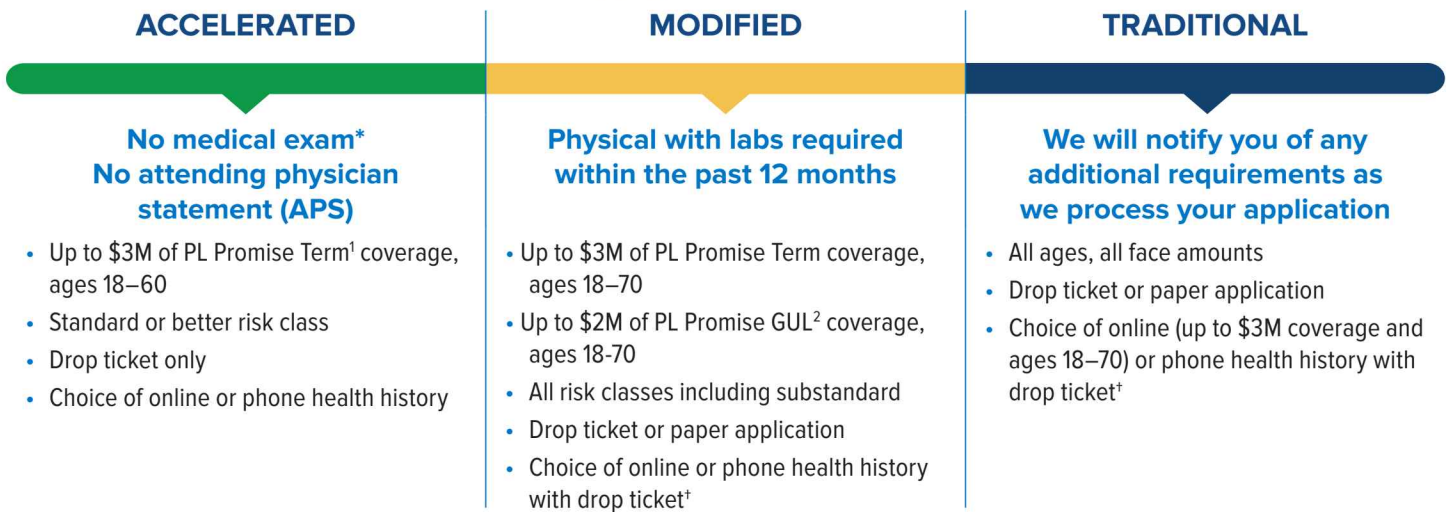
### Pacific Accelerated Life+ (PAL+)

#### One Seamless Process. Three Possible Pathways.

PAL+, Pacific Life’s streamlined underwriting process with three possible pathways—accelerated, modified, and traditional—that allows your clients’ applications to be routed through the least invasive underwriting method possible.

For example, if your clients are first considered for accelerated and they do not qualify, they’re automatically considered for modified in which an attending physician statement (APS) is ordered, with evidence of a physical exam and lab work within the past 12 months. If your clients don’t qualify for the modified underwriting pathway, they’re automatically moved to traditional underwriting.

### One Seamless Process, Three Possible Pathways: You Apply, We Do the Rest



\* The issuance of the policy may depend upon answers to the health questions contained in the application.

† Paper applications require phone health history.

1 PL Promise Term (policy form #P16LYT or ICC16 P16LYT, based on state of policy issue).

2 PL Promise GUL No-Lapse Guarantee Universal Life Insurance (policy form #P18PRUL and S18PRUL or ICC18 P18PRUL and ICC18 S18PRUL, based on state of policy issue).

## Preferred Underwriting Criteria

### Underwriting Class Criteria: Ages 18–64

All applicants must meet specific criteria to qualify for these underwriting classes. Meeting these criteria is not a guarantee that an applicant will qualify for a specific class.

**The only Nicotine Use classes available are Preferred and Standard.**

Condition		Preferred Best	Preferred	Select	Standard
<b>Nicotine</b> No use of nicotine or nicotine substitutes		In last 5 years	In last 3 years or may be Nicotine Use class	In last 2 years	In last 12 months or may be Nicotine Use class
<b>Cigar Use</b>		Occasional cigar use is considered non-nicotine if 12 or fewer per year and current nicotine test is negative			
<b>Alcohol/Substance Abuse</b> No history of or treatment for alcohol or substance abuse		Ever	In last 10 years	In last 7 years	In last 5 years
<b>Aviation</b>		All rate classes are available, but may require a flat extra premium or an aviation exclusion rider			
<b>Blood Pressure</b> Treated or untreated, currently controlled and average readings do not exceed:	Age 0–50	135/85	140/90	140/90	150/90
	Age 51–64	140/85	145/90	150/90	155/90
<b>Cancer History</b> Includes all cancers except basal cell carcinoma		Not available if any cancer history		May be available based on specific cancer history	
<b>Total Cholesterol</b> Treated or untreated		Underwriting review is required if cholesterol is lower than 150 or greater than 300			
Cholesterol/High-density lipoproteins (HDL) Ratio cannot exceed:	Female	4.0	5.0	6.0	7.0
	Male	4.5	5.5	6.5	7.5
<b>Driving History</b> No DWI, DUI, reckless driving, license revocation or suspensions		In last 5 years		In last 3 years	In last 2 years
<b>Family History</b>		No family deaths from Heart Disease, Hypertension, Cancer, or Diabetes under age 50 in parent or siblings; no two deaths under age 60 from same list.			
<b>Hazardous Occupation or Avocation</b>		All classes available; however, may require flat extra premium. Preferred is the best class available with a flat extra premium.			
<b>Personal History</b>		No diseases, disorders, or activities that would result in substandard mortality			

# 1

## UNDERWRITING OVERVIEW *continued*

### Male & Female Age 18–64 Build Chart (Full Underwriting)

Height (ft)	Height (in)	Minimum WEIGHT	WEIGHT		
			Preferred Best	Preferred	Select/Standard
4'10"	58"	86	143	158	167
4'11"	59"	89	148	163	173
5'0"	60"	92	153	168	179
5'1"	61"	95	158	174	185
5'2"	62"	98	164	180	191
5'3"	63"	101	169	186	197
5'4"	64"	105	174	192	204
5'5"	65"	108	180	198	210
5'6"	66"	111	186	204	216
5'7"	67"	115	191	211	223
5'8"	68"	118	197	216	230
5'9"	69"	122	203	223	236
5'10"	70"	125	209	229	243
5'11"	71"	129	215	236	250
6'0"	72"	132	221	242	258
6'1"	73"	136	227	250	265
6'2"	74"	140	233	256	272
6'3"	75"	144	240	264	279
6'4"	76"	148	246	271	287
6'5"	77"	151	253	278	295
6'6"	78"	155	259	285	302
6'7"	79"	159	266	292	310
6'8"	80"	164	273	300	318
6'9"	81"	168	280	307	326
6'10"	82"	172	286	315	334
6'11"	83"	176	294	323	343

#### Body Mass Index (BMI)

Maximum

30

33

35

## Underwriting Class Criteria: Ages 65+

All applicants must meet specific criteria to qualify for these underwriting classes. Meeting these criteria is not a guarantee that an applicant will qualify for a specific class.

**The only Nicotine Use classes available are Preferred and Standard.**

We will also review functionality (including exercise capacity and mobility), weight change and nutritional status, cognition, social connectivity and degree of independent living.

Condition		Preferred Best	Preferred	Select	Standard
<b>Nicotine</b> No use of nicotine or nicotine substitutes		In last 5 years	In last 3 years or may be Nicotine Use class	In last 2 years	In last 12 months or may be Nicotine Use class
<b>Cigar Use</b>		Occasional cigar use is considered non-nicotine if 12 or fewer per year and current nicotine test is negative			
<b>Alcohol/Substance Abuse</b> No history of or treatment for alcohol or substance abuse		Ever	In last 10 years	In last 7 years	In last 5 years
<b>Aviation</b>		All classes available; ages 65–70 flat extra premium available, ages 71+ require Aviation Exclusion Rider			
<b>Blood Pressure</b> Treated or untreated, currently controlled and average readings do not exceed:		145/90	150/90	155/90	160/90
<b>Cancer History</b> Includes all cancers except basal cell carcinoma		Not available if any cancer history		May be available based on specific cancer history	
<b>Total Cholesterol</b> Treated or untreated		Underwriting review is required if cholesterol is lower than 150 or greater than 300			
Cholesterol/High-density lipoproteins (HDL) Ratio cannot exceed:	Female	4.0	5.0	6.0	7.0
	Male	4.5	5.5	6.5	7.5
<b>Driving History</b> No DWI, DUI, reckless driving, license revocation or suspensions		In last 5 years		In last 3 years	In last 2 years
<b>Family History</b>		No family deaths from Heart Disease, Hypertension, Cancer, or Diabetes under age 50 in parent or siblings; no two deaths under age 60 from same list.			No family history limitation
<b>Hazardous Occupation or Avocation</b>		All classes available; however, may require flat extra premium. Preferred is the best class available with a flat extra premium.			
<b>Personal History</b>		No diseases, disorders, or activities that would result in substandard mortality			

# 1

## UNDERWRITING OVERVIEW *continued*

### Male & Female Age 65+ Build Chart (Full Underwriting)

Height (ft)	Height (in)	Minimum WEIGHT	WEIGHT		
			Preferred Best	Preferred	Select/Standard
4'10"	58"	86	158	167	177
4'11"	59"	89	163	173	183
5'0"	60"	92	168	179	189
5'1"	61"	95	174	185	195
5'2"	62"	98	180	191	202
5'3"	63"	101	186	197	208
5'4"	64"	105	192	204	215
5'5"	65"	108	198	210	222
5'6"	66"	111	204	216	229
5'7"	67"	115	211	223	236
5'8"	68"	118	216	230	243
5'9"	69"	122	223	236	250
5'10"	70"	125	229	243	257
5'11"	71"	129	236	250	265
6'0"	72"	132	242	258	272
6'1"	73"	136	250	265	280
6'2"	74"	140	256	272	287
6'3"	75"	144	264	279	295
6'4"	76"	148	271	287	304
6'5"	77"	151	278	295	312
6'6"	78"	155	285	302	320
6'7"	79"	159	292	310	328
6'8"	80"	164	300	318	336
6'9"	81"	168	307	326	345
6'10"	82"	172	315	334	354
6'11"	83"	176	323	343	362

#### Body Mass Index (BMI)

Maximum	33	35	37
Minimum	18	18	18



## Tobacco and Marijuana Guidelines

### Tobacco

- Non Nicotine rates available for occasional cigars provided no cigarettes in the last 5 years

### Marijuana

- Preferred rate class available for occasional use
- Non Nicotine rates available for all risk classes
- Medicinal use evaluated by the underlying medical condition

## Underwriting Requirements

Underwriting Requirements	Issue Age	Death Benefit Amount/Notes
Motor Vehicle Report	16+	\$100,000 and up
Electronic Inspection Report	18+	\$1,000,001 and up
Pharmacy History Report	All ages	\$0 and up
Third-Party Financial Statements or Equivalent	All ages	Upon request

# 1

## UNDERWRITING OVERVIEW *continued*

### Underwriting Requirements (Age defined by nearest birthday)

AGES	0–17	18–40	41–50	51–60	61–70	71+
<b>\$0 to \$99,999</b>	Non-Med	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood Urine APS <sup>1</sup> (age 66+)	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$100,000 to \$250,000</b>	Non-Med	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$250,001 to \$500,000</b>	Non-Med	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$500,001 to \$1,000,000</b>	Paramed Blood APS	Paramed Blood Urine	Paramed Blood Urine	Paramed Blood/NT-ProBNP Urine	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$1,000,001 to \$2,000,000</b>	Paramed Blood APS	Paramed Blood Urine	Paramed Blood/NT-ProBNP Urine	Paramed Blood/NT-ProBNP Urine	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$2,000,001 to \$3,000,000</b>	Paramed Blood APS DBS	Paramed Blood Urine	Paramed Blood/NT-ProBNP Urine	Paramed Blood/NT-ProBNP Urine	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$3,000,001 to \$5,000,000</b>	Paramed Blood APS DBS	Paramed Blood Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$5,000,001 to \$10,000,000</b>	Paramed Blood APS DBS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup>	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>
<b>\$10,000,001 and Up</b>	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS	Paramed Blood/NT-ProBNP Urine APS <sup>1</sup> MedPlus/MOBIL <sup>2</sup>

The paramed exam and labs are valid for up to 12 months for insured's age 70 or less who are approved standard or better. For insured's who are over the age of 70 or are approved substandard, the paramed and labs are valid for 6 months.

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

Part I or II, whichever is later.

2 For ages 71 and over, a Med Plus (Cognitive Assessment) and a Mobil (functional assessment) from approved vendors will be required during the paramed.

## Uninsurable Conditions/Conditions by Timeline

Your importance in the underwriting process cannot be overstated. Helping identify acceptable risks and qualified applicants will enhance the speed and quality of your clients' underwriting experience. A fully completed, accurate application helps keep the underwriting process as short as possible.

### Here's What to Look for

- Proposed insureds should not be taking medications for conditions that are uninsurable.
- The proposed insured cannot have an uninsurable condition.
- Certain conditions will not be considered if they are within an unacceptable period of time.

## Uninsurable Conditions/Conditions by Timeline

### Uninsurable Conditions/Conditions by Timeline

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

Issue	Timeline
Abdominal aortic aneurysm corrected surgically	Within past 6 months
Alcoholism treatment (detoxification and/or inpatient alcohol program)	Within past 2 years or history of treatment and currently using or used within last year
Alzheimer's Disease/dementia	At any time
Bankruptcy (personal), Chapter 7 and 11	Not discharged or discharged < 1 year ago
Cancer treated with chemotherapy or radiation therapy	Within 12 months
Cirrhosis of the liver	At any time
DUI/DWI (more than one)	Varies by age, but most are uninsurable within 1–2 years
Gastric/intestinal bypass	Within 6 months
Heart attack	Within 6 months
Heart bypass surgery (CABG)	Within 3 months
Illegal drug use (other than marijuana)	Within 3 years
Kidney failure/disease, on dialysis	Currently
Lung disorder, on oxygen	Currently
Mental disorder requiring hospitalization	Within 1 year
Organ transplant pending or received	At any time for all but kidney and corneal
Probation/parole	Currently serving or ended < 1 year ago
Pregnant with complications (i.e., toxemia, eclampsia, pre-eclampsia)	Currently
Suicide attempt, one-time only	Within 1–2 year
Stroke (CVA)	Within 6 months
Valve replacement	Within 6 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, please refer to the Medical Risks section for further information.

## Medical Risks

To help provide a more transparent customer experience, it is suggested that you alert your clients to additional information that may be needed if a listed impairment applies to them.

### Key Points to Keep in Mind

- The severity of medical conditions varies among individuals, and individuals may have multiple impairments.
- Underwriters also will review the functionality of applicants age 65 or older. This includes their cognition, mobility and exercise capacity, weight change and nutritional status, social connectivity, and degree of independent living.
- If medical testing has been advised but not yet completed, the case may be declined, with possible reconsideration after the test results are available. Underwriters' offers depend on the merits of each case and we reserve the right to include additional requirements for cause.

### You Apply. We Do the Rest.

Medical Risks		
Health Situation/ Medical History	Attending Physician Statement (APS) Requirement (not required if probable decline)	Possible Underwriting Outcomes
<b>Alcohol Abuse History and/or Treatment</b>	Attending Physician Statement (APS) from treatment facility required for any treatment within 6 years	Preferred may be available if recovered with no relapse for more than 10 years. Consideration otherwise varies based on severity. Likely declined for alcoholic hepatitis, alcohol treatment within last 2 years, OR Past history treatment with current alcohol use.
<b>Alzheimer's Disease</b>	Not required	Decline
<b>Aneurysm, Aortic</b>	All cases	Ratings vary depending on extent of disease and recovery. Likely declined for surgery pending or surgery completed within last 6 months.
<b>Anxiety, Mood, Stress, and Adjustment Disorders</b>	Required: <ul style="list-style-type: none"> <li>• Bipolar disorder (manic depression)</li> <li>• Attempted suicide</li> <li>• Currently seeing a psychiatrist or psychologist</li> </ul>	Preferred may be available depending on diagnosis, severity and recovery. Otherwise varies by severity and control. Likely declined for hospitalization in last year or suicide attempt within 2 years.

Medical Risks		
Health Situation/ Medical History	Attending Physician Statement (APS) Requirement (not required if probable decline)	Possible Underwriting Outcomes
<b>Asthma</b>	Required: <ul style="list-style-type: none"> <li>• Hospitalized within 1 year</li> <li>• Oral steroid used continually for more than 1 month in last year</li> </ul>	Preferred may be available in best case scenarios including stable mild disease, no hospitalizations, and no other lung conditions. Severe disease declined including such factors as poor control, oxygen use, and frequent hospitalizations.
<b>Barrett's</b>	All cases	Varies by diagnosis and severity
<b>Blood Disorder</b>	Required for: <ul style="list-style-type: none"> <li>• Anemia</li> <li>• All platelet disorders (e.g., thrombocytopenia, ITP, thrombocytosis)</li> <li>• Bone marrow biopsy Polycythemia Hemochromatosis</li> </ul>	Varies by diagnosis and severity
<b>Cancer</b>	Required for all cancers except basal cell carcinoma	<ul style="list-style-type: none"> <li>• Individual consideration Preferred classes may be available for certain low-stage cancers.</li> <li>• Standard is generally the best class for non-skin cancers. Varies by cancer type, staging, and other factors. Decline for treatment with chemotherapy or radiation within 1 year.</li> </ul>
<b>Chronic Lung Disease</b>	Required for: <ul style="list-style-type: none"> <li>• Chronic bronchitis</li> <li>• COPD (chronic obstructive pulmonary disease)</li> <li>• Emphysema</li> <li>• Sarcoidosis</li> </ul>	Varies by cause and severity of underlying impairment. Likely declined if using oxygen routinely in the past 3–6 months.
<b>Cirrhosis</b>	Not required	Decline

Medical Risks		
Health Situation/ Medical History	Attending Physician Statement (APS) Requirement (not required if probable decline)	Possible Underwriting Outcomes
<b>Clotting Disorders</b>	Required for all bleeding/clotting disorders	<ul style="list-style-type: none"> <li>Varies by condition and control. Standard may be available.</li> <li>Decline for venous thromboembolism or thrombosis within the last 6 months.</li> </ul>
<b>Colitis/Ileitis</b> (Crohn's Disease, Regional Enteritis, Ulcerative Colitis, Ulcerative Proctitis)	Required for: <ul style="list-style-type: none"> <li>Crohn's disease (regional enteritis)</li> <li>Ulcerative colitis</li> </ul>	<ul style="list-style-type: none"> <li>Varies by condition and control.</li> <li>Mild severity and limited colon involvement possible Standard.</li> <li>Decline for severe attack within 1 year or surgery in last 6 months.</li> </ul>
<b>Dementia</b> (includes Alzheimer's Disease)	Not required	Decline
<b>Diabetes</b>	Required for all cases	<ul style="list-style-type: none"> <li>Varies by severity and control.</li> <li>Standard may be available for type 2 if over age 50 with optimal control and no complications.</li> <li>Gestational diabetes in current pregnancy decline.</li> </ul>
<b>Drug Abuse History and Treatment</b>	Required for all cases (other than marijuana)	<ul style="list-style-type: none"> <li>Individual consideration Preferred may be available if recovered for more than 10 years.</li> <li>Decline for illegal drug use (other than marijuana) within 3 years.</li> </ul>
<b>Epilepsy/Seizures</b>	Required if took medication for epilepsy/seizures within 5 years	<ul style="list-style-type: none"> <li>Individual consideration, mild to moderate ratings typically apply.</li> <li>Higher ratings up to decline apply for surgical revision(s), ongoing significant complications.</li> </ul>

# 2

## IMPAIRMENT GUIDE *continued*

Medical Risks		
Health Situation/ Medical History	Attending Physician Statement (APS) Requirement (not required if probable decline)	Possible Underwriting Outcomes
<b>Gastric Bypass Surgery</b>	Required for surgery or procedure completed within 1–3 years.	<ul style="list-style-type: none"> <li>• Individual consideration, mild to moderate ratings typically apply.</li> <li>• Higher ratings up to decline apply for surgical revision(s), ongoing significant complications</li> <li>• Decline if gastric bypass surgery within 6 months</li> </ul>
<b>Heart Disease Angina, Angioplasty, Bypass</b> (Coronary Artery Disease, Coronary Bypass CABG)	Required for all cases	<ul style="list-style-type: none"> <li>• Individual consideration.</li> <li>• Decline if:               <ul style="list-style-type: none"> <li>– Uninvestigated unstable angina</li> <li>– Angioplasty surgery less than 1 month ago</li> <li>– CABG less than 3 months ago</li> <li>– Heart attack (MI) within 6 months</li> </ul> </li> </ul>
<b>Arrhythmia/ Palpitations</b> (including Atrial Fibrillation, Ventricular Tachycardia, etc.)	Required for all cases	Preferred may be available if well controlled or recovered. Otherwise depends on severity and presence of other conditions.
<b>Heart Attack/ Myocardial Infarction (MI)</b>	Required for all cases	Depends on severity and presence of other conditions. Decline for event within last 6 months.
<b>Murmur, Mitral Valve Prolapse (MVP), Valve Surgery</b>	Required for all cases except MVP with no valve problem	<ul style="list-style-type: none"> <li>• Preferred may be available for mild MVP if no other heart conditions.</li> <li>• Decline for heart valve surgery within 6 months.</li> </ul>
<b>Hepatitis B and C</b>	Required	Depends on severity, treatment, and current virus status. If fully recovered Standard may be available.
<b>Hypertension/High Blood Pressure</b>	Varies by individual case	<ul style="list-style-type: none"> <li>• Rate classes vary by blood pressure levels (see Preferred Risk Class Guidelines under Underwriting Overview section).</li> <li>• Decline for uncontrolled blood pressure, or associated with serious cardiovascular disease.</li> </ul>
<b>HIV</b> (Human Immunodeficiency Virus)	Required for all cases	Varies based on age, treatment received, compliance with treatment, other existing medical impairments.



Medical Risks		
Health Situation/ Medical History	Attending Physician Statement (APS) Requirement (not required if probable decline)	Possible Underwriting Outcomes
<b>Kidney Disease/Disorder</b>	Varies by condition	Preferred may be available for kidney stones, infections and simple cysts. Decline likely for kidney failure, on dialysis, polycystic disease, or kidney transplant pending or received
<b>Lupus (SLE)</b>	Required for all cases	<ul style="list-style-type: none"> <li>• Depends on severity.</li> <li>• Decline likely for systemic lupus with multiple organs involved.</li> </ul>
<b>Multiple Sclerosis (MS)</b>	Required for all cases	Standard may be available for very stable, long-term disease. Declined for rapidly progressive disease.
<b>Muscular Dystrophy</b>	Required for all cases	Varies by condition and severity.
<b>Organ Transplant, only kidney and corneal</b>	Required for all cases	All other organ transplant recipients are uninsurable, as are those on a transplant list. Some best-case kidney transplant recipients may be eligible for high substandard rates. Corneal transplants Standard may be available.
<b>Pancreatitis</b>	Required for: Active pancreatitis within the past 5 years	<ul style="list-style-type: none"> <li>• Varies by underlying cause, severity, recurrence pattern and recovery.</li> <li>• Standard may be available. Declined for active pancreatitis within 6 months or associated with alcohol/substance abuse.</li> </ul>
<b>Paralysis</b>	Required for all cases	Rated according to cause and severity. Declined for quadriplegia.
<b>Bell's Palsy</b>	Varies by individual case	Preferred may be available for fully recovered.
<b>Parkinson's Disease</b>	Required for all cases	Varies by age and severity. Decline likely if rapidly progressive disease or dementia is present.
<b>Peripheral Vascular Disease</b>	Required for all cases except varicose veins	Varies by severity and associated vascular conditions.
<b>Pituitary Disorder</b>	Required for all cases	Varies by condition and severity.
<b>Pregnancy</b>	Not required for normal pregnancies	Varies by condition and severity. Declined for any complication of pregnancy (e.g., gestational diabetes, toxemia, eclampsia, pre-eclampsia).

Medical Risks		
Health Situation/ Medical History	Attending Physician Statement (APS) Requirement (not required if probable decline)	Possible Underwriting Outcomes
<b>Prostate Disorder, other than cancer</b>	Required for: <ul style="list-style-type: none"> <li>• PIN (prostate intraepithelial neoplasia)</li> <li>• Prostate biopsy within 2 years</li> <li>• PSA elevations</li> </ul>	<ul style="list-style-type: none"> <li>• Standard is best available for PIN. Preferred may be available for others.</li> <li>• May decline if evaluation/diagnosis still in process.</li> </ul>
<b>Rheumatoid Arthritis (RA)</b>	All cases	<ul style="list-style-type: none"> <li>• Standard may be available.</li> <li>• Declined for severe disabling disease or extensive organ involvement.</li> </ul>
<b>Sleep Apnea</b>	<ul style="list-style-type: none"> <li>• Required from diagnosing physician and/or treatment center if within 1 year</li> <li>• Varies for all others</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred may be available in best case scenarios.</li> <li>• Decline for: <ul style="list-style-type: none"> <li>– Uncontrolled, severe cases</li> <li>– Multiple motor vehicle accidents</li> <li>– Suspended driver’s license due to sleep apnea</li> </ul> </li> </ul>
<b>Stroke CVA (Cerebral Vascular Accident) CVD (Cerebral Vascular Disease) TIA (Transient Ischemic Attack or mini-stroke)</b>	All cases	<ul style="list-style-type: none"> <li>• Varies by severity, age of onset, and time since occurrence. Must be &gt; 6 months to consider.</li> <li>• Decline for multiple.</li> </ul>
<b>Suicide Attempt</b>	All cases	Rate for underlying cause, severity and response to treatment. Likely declined for attempt within last 2 years.
<b>Thyroid Disorder, other than cancer</b>	Required for hyperthyroid disorders including Addison’s Disease	<ul style="list-style-type: none"> <li>• Many thyroid disorders can be Standard.</li> <li>• Decline for uncontrolled Addison’s.</li> </ul>
<b>Tuberculosis (TB)</b>	Required if: <ul style="list-style-type: none"> <li>• Treatment completed within 1 year</li> <li>• TB not confined to lungs</li> </ul>	<ul style="list-style-type: none"> <li>• Standard available for fully recovered cases.</li> <li>• Decline for current treatment.</li> </ul>
<b>Ulcer/Gastritis</b>	Required for bleeding ulcer within 1 year	<ul style="list-style-type: none"> <li>• Rate for cause, severity.</li> <li>• Decline if associated with alcohol abuse.</li> </ul>

Non-Medical Risks

Risk and Requirements	Possible Underwriting Decision
<p><b>Aviation</b> Aviation Supplement</p>	<p><b>Flat Extras apply for:</b></p> <ul style="list-style-type: none"> <li>• Student Pilots</li> <li>• Private pilots with less than 26 hours flying time year</li> <li>• Private pilots with 26–150 hours without IFR and/or fly for business</li> <li>• All piloting over 150 hours/year</li> </ul> <p><b>Aviation Exclusion Rider (AER) required:</b> <i>This list provides examples only and is not all inclusive.</i></p> <ul style="list-style-type: none"> <li>• Proposed Insured is age 0–19 or 71 and up</li> <li>• Policy rating is Table 4 or higher</li> <li>• Adverse driving history, hazardous sport and/or avocation, aviation violation in the last 5 years or flying to destinations outside the mainland US</li> <li>• If there is no current aviation activity and the most recent aviation activity is:             <ul style="list-style-type: none"> <li>– within 2 years or less</li> <li>– more than 2 years but future intention to fly is indicated</li> </ul> </li> </ul>
<p><b>Bankruptcy</b> Financial Supplement and Inspection Report</p>	<p>Decline:</p> <ul style="list-style-type: none"> <li>• Any bankruptcy that has not yet been discharged for &gt; 1 year or payment plan confirmed</li> </ul>
<p><b>Criminal Activity</b></p>	<p>Decline:</p> <ul style="list-style-type: none"> <li>• Major felony and/or Multiple Felonies</li> <li>• Currently in jail or on probation/parole or less than or equal to 1 year since discharge Awaiting trial/pending charges</li> </ul>
<p><b>Driving History</b> MVR</p>	<p>See Preferred Underwriting section for preferred criteria</p> <p>Decline:</p> <ul style="list-style-type: none"> <li>• Single DUI in past 12 months More than 1 DUI in last 5 years</li> <li>• Significant/numerous traffic violations</li> </ul>
<p><b>Hazardous Occupation or Avocation</b> Climbing Supplement, Motor Sports Supplement, or Underwater Diving and Sky Sports Supplement</p>	<p>Coverage available, but flat extra premium may be required</p> <ul style="list-style-type: none"> <li>• Scuba: Preferred Best may be available if recreational diving is less than 130 feet</li> </ul>
<p><b>Resident Alien</b> Resident Alien Supplement</p>	<p>Decline:</p> <ul style="list-style-type: none"> <li>• Temporary Visa Holder</li> </ul>
<p><b>Travel, Foreign</b> Foreign Travel/Resident Supplement</p>	<p>Special state guidelines may apply</p> <ul style="list-style-type: none"> <li>• Application, requirements and delivery must be completed in the US</li> <li>• No rating for past travel</li> </ul>

# 4

## FINANCIAL UNDERWRITING GUIDELINES

Financial underwriting is a key part of the underwriting process. Underwriting can go faster and more smoothly if you submit the case with a fully completed application, explanatory cover letter and documentation supporting the amount of insurance applied for. A cover letter should include:

- Reason for the life insurance
- How the amount applied for was determined
- Total amount of life insurance on the insured's life with all companies
- Pending life insurance application
- Life insurance to be replaced
- Reason for unusual or complex ownership and beneficiary designations

Please include with your cover letter the illustrations or quote used to help make the sale and financial statements that help demonstrate the need for insurance.

Our underwriters follow the guidelines below. The facts of each case will determine how much coverage we offer. You may use these guidelines to help your clients and to determine the information we need in order to evaluate the case.

Note: Applications over \$10 million require 3rd party verification of financial information. Please reference the age and amount requirement chart on page 10 for more details.

## Personal

Purpose	Documentation	Coverage Amounts														
<b>Income Replacement</b>	<ul style="list-style-type: none"> <li>Gross annual total compensation</li> <li>How the insurance need was determined</li> <li>You may be required to submit any or all of the following:                             <ul style="list-style-type: none"> <li>Reason(s) for the amount of coverage requested</li> <li>Financial Supplement</li> <li>Financial Needs Analysis</li> <li>W-2 or Tax Returns</li> </ul> </li> </ul>	<table border="1"> <thead> <tr> <th>Age</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>20–30</td> <td>40</td> </tr> <tr> <td>31–55</td> <td>70 – Age = Factor</td> </tr> <tr> <td>56–60</td> <td>15</td> </tr> <tr> <td>61–65</td> <td>10</td> </tr> <tr> <td>66–75</td> <td>5</td> </tr> <tr> <td>76+</td> <td>individual consideration</td> </tr> </tbody> </table>	Age	Factor	20–30	40	31–55	70 – Age = Factor	56–60	15	61–65	10	66–75	5	76+	individual consideration
Age	Factor															
20–30	40															
31–55	70 – Age = Factor															
56–60	15															
61–65	10															
66–75	5															
76+	individual consideration															
<b>Spouse/Domestic Partner with No Earned Income</b>		<p>Age 70 and below:</p> <ul style="list-style-type: none"> <li>Up to 100% of the income-earning spouse/ domestic partner’s coverage to a maximum of \$3 million</li> <li>Individual consideration if over \$3 million</li> </ul> <p>Age 71 and above:</p> <ul style="list-style-type: none"> <li>Coverage will be considered on an individual basis</li> </ul>														
<b>Spouse/Domestic Partner with Lesser Earned Income</b>	<ul style="list-style-type: none"> <li>Gross annual income for each spouse/ domestic partner</li> <li>The total amount of personal coverage in force and pending on both spouses/domestic partners</li> <li>You may be required to submit a financial needs analysis</li> </ul>	<p>Age 70 and below:</p> <ul style="list-style-type: none"> <li>The greater of the amount justified by the income replacement guidelines or 100 percent of the higher income earning spouse/domestic partner’s coverage, to a maximum of \$3 million</li> <li>Individual consideration if over \$3 million</li> </ul> <p>Age 71 and above:</p> <ul style="list-style-type: none"> <li>Coverage will be considered on an individual basis</li> </ul>														
<b>Juvenile</b> (Minimum age: 15 days; maximum age: 20 years; must be dependent if over 18)	<ul style="list-style-type: none"> <li>All siblings should be covered in equal amounts</li> <li>Amount of insurance in force on the parents (or legal guardians) and siblings</li> <li>Justification for the amount applied for if it exceeds coverage on either parent, legal guardian or siblings</li> <li>If owner is the juvenile’s legal guardian, provide a copy of the guardianship papers</li> <li>If owner is someone other than a parent or legal guardian (e.g., grandparent), the parent or legal guardian with whom the juvenile resides must sign the application—Part I and any Part II non-medical application</li> </ul>	<p>The parent should have a minimum of two times (and preferably four times) the life insurance as that proposed on the child.</p> <ul style="list-style-type: none"> <li>Consideration is given to the purpose of coverage and the family’s net worth.</li> </ul>														

# 4

## FINANCIAL UNDERWRITING GUIDELINES *continued*

### Personal

Purpose	Documentation	Coverage Amounts
<b>Estate Conservation</b>	<ul style="list-style-type: none"> <li>Total personal assets and liabilities, as well as additional financial documentation as required by underwriting</li> </ul>	<ul style="list-style-type: none"> <li>For estates, the maximum death benefit amount is calculated by compounding the client's current net worth using a reasonable growth rate (usually 5–7%), over a number of years equal to 55% of the (younger) client's life expectancy, not to exceed 20 years.</li> </ul>
<b>Charitable Giving</b>	<ul style="list-style-type: none"> <li>The life insurance amount is based on the insured's established record of giving and the risk of loss to the charity upon the insured's death.               <ul style="list-style-type: none"> <li>– Personal insurance needs should already be met.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Use the amount of annual giving, 25x the pattern of historical annual giving, up to 50% of personal coverage.</li> </ul>
<b>Special Needs</b>	<ul style="list-style-type: none"> <li>An individual with special needs generally refers to someone with a mental, emotional or physical disability—or a high risk of developing one—that impacts (or will impact) their ability to care for themselves physically and financially.</li> <li>The proposed insured is someone who provides personal care services and/or financial support for the person with special needs; someone whose death will result in a financial hardship for the person with special needs.</li> <li>The policy owner will typically be either the insured or a trust for the benefit of the person with special needs.</li> </ul>	<ul style="list-style-type: none"> <li>The amount of death benefit required to fund special needs may vary substantially depending upon a number of factors, including the nature and severity of the condition affecting the person with special needs, current and projected future costs of care specific to the condition, as well as the financial abilities and planning goals of the care provider(s). In some cases, the projected death benefit needed to cover special needs will be within what would be allowed for the proposed insured under existing income replacement and estate conservation guidelines.</li> </ul>

## Business

Purpose	Documentation	Coverage Amounts
<b>Debt Repayment</b>	<ul style="list-style-type: none"> <li>• Amount of debt and remaining term of loan</li> <li>• You may be required to submit additional documentation, which could include a copy of the loan agreement and/or mortgage document or bank commitment letter</li> <li>• Lines of Credit: bank or lending institution statement that documents the borrowing activity over the immediately preceding 2-year period</li> <li>• Business financial statements</li> </ul>	<ul style="list-style-type: none"> <li>• Generally, insurance used to cover business debt should not exceed 60–80% of the loan amount. Debt repayment coverage can be considered in addition to Key Person coverage.</li> <li>• Lines of Credit may be insured if they have been used during the 2 years immediately preceding the application date</li> <li>• Policy term cannot exceed remaining term of the loan by more than 10 years</li> </ul>
<b>Key Person</b>	<ul style="list-style-type: none"> <li>• Owner and beneficiary must be the business</li> <li>• Complete the Business portion of the Financial section of the application—Part I</li> <li>• Provide current compensation amounts</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 5–20x annual wages (depending on involvement in the business operations and circumstances); higher amounts up to 20x will be considered on an individual basis. Age, level of managerial or technical experience, unique and special skills, and prior track record of success are considerations in determining the factor used.</li> <li>• Up to 100% of non-wage benefits may be included.</li> </ul>
<b>Buy-Sell</b> Business Continuation Business Succession	<ul style="list-style-type: none"> <li>• Owner and beneficiary must be the person or entity that will (or has the option to) buy the insured's interest in the business.</li> <li>• Complete the Business portion of the Financial section of the Application Part 1.</li> <li>• Complete the Financial Supplement.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish the value of the business using the net income of the business over the past two to three years. Multiply it by a factor between five and 10 (the viability of the business is used to determine the factor used). Then multiply by the percentage of the business owned by the individual.</li> </ul>

Note: Pacific Life does not participate in cannabis/marijuana industry, either for business owners or employees.

# 4

## FINANCIAL UNDERWRITING GUIDELINES *continued*

### Reinsurance Limits

Promise Term**		
Age	Capacity	Jumbo Limit
18–70	\$46,000,000 (through Table H)	\$65,000,000
71–75	\$7,000,000 (through Table H)	\$65,000,000
76–80	\$7,000,000 (through Table D)	\$65,000,000

Promise GUL**		
Age	Capacity	Jumbo Limit
0–19	\$26,000,000 (through Table D)	\$65,000,000
20–70	\$26,000,000 (through Table H)	\$65,000,000
71–80	\$9,000,000 (through Table B)	\$65,000,000

\*\*Maximum combined retention between all Promise Products is \$6,000,000 up to age 70 and \$3,000,000 for 71–80

#### Please note:

Retention and Autobind are reduced by 50% for cases involving aviation unless an Aviation Exclusion Rider (AER) is used. Jumbo is defined as the total of all life insurance policies (inforce and applied for with all companies).



## Paramedical Exams

American Paramedical Systems, Inc. (APPS) (800) 727-2101

ExamOne® (800) 768-2056

## Attending Physician Statement (APS)

ExamOne® (800) 768-2056

Express Imaging Services (EIS) (888) 846-8804

JetStream APS (888) 233-8015

Parameds.com (PDC) (718) 575-2000

ReleasePoint (800) 999-9589

## Laboratory Services

Clinical Reference Lab (CRL)

ExamOne (LabOne)

### Important Payment Guidelines

- Pacific Life will make direct payments only to the medical requirement providers that are contracted with Pacific Life (refer to accompanying Preferred Provider list).
- Producers or firms choosing to use medical requirement fulfillment vendors not included on the list of Preferred Providers will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of fees associated with an APS from a non-preferred provider, Pacific Life will reimburse the expense up to \$100. Refer to FAQs for additional details.

# 5

## PREFERRED PROVIDERS AND PAYMENT GUIDELINES

### 1. How do I order an Inspection or Motor Vehicle Report (MVR)?

These requirements are ordered by Pacific Life upon receipt of the application. There is no action necessary by the firm or producer.

### 2. Will Pacific Life pay for medical requirement fulfillment services arranged by a firm or producer?

Yes, if the following two conditions are met:

- The requirements are ordered to meet Pacific Life underwriting guidelines, and
- The requirements have been received in connection with the underwriting of a formal Pacific Life life insurance application.

*Note: Pacific Life will make direct payments only to the medical requirement fulfillment providers that are contracted with Pacific Life and included on the list of Preferred Providers. Review answer to Question 4 for additional details.*

### 3. Will Pacific Life reimburse a producer or firm for APS fees?

As noted in Question 2, Pacific Life will pay for underwriting requirements that are required by us and have been received in connection with the underwriting of a formal Pacific Life life insurance application with the following exceptions:

- Producers or firms that choose to use a medical requirement fulfillment provider that is not one of Pacific Life's Preferred Providers will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of APS fees associated with medical requirements arranged by a producer or firm from a non-preferred provider and proof of payment, Pacific Life will reimburse the producer or firm for such expenses up to a maximum of \$100.00.

### 4. Will Pacific Life accept a paramedical exam from a non-preferred provider?

Paramedical services performed by non-preferred providers are subject to approval from a Pacific Life underwriter. If approved, reimbursement of fees will be subject to rates and standards deemed acceptable to Pacific Life. In addition, the exam cannot be performed by the Primary Care Physician (PCP).

### 5. How should a reimbursement request be submitted?

Submit your requests for reimbursements and include a copy of the invoice and proof of payment. Submit a completed W-9 form, if it is your first reimbursement request. You may submit your reimbursement requests via email to: [APSReimbursements@PacificLife.com](mailto:APSReimbursements@PacificLife.com).

Reimbursement request must be submitted no later than six months after requirement receipt or formal application submission.

Most reimbursements requests are processed within 30 days from the time Pacific Life receives the request, formal application, and medical requirements. If you have additional questions, please contact [APSReimbursements@PacificLife.com](mailto:APSReimbursements@PacificLife.com).

# THE POWER OF PACIFIC

For more than 150 years, Pacific Life has helped millions of individuals and families with their financial needs through a wide range of life insurance products and annuities, and offers a variety of investment products and services to individuals, businesses, and pension plans. Whether your goal is to protect loved ones or grow your assets for retirement, Pacific Life offers innovative products and services that provide value and financial security for current and future generations. Pacific Life was named one of the 2023 World's Most Ethical Companies® by the Ethisphere Institute. For additional company information, including current financial strength ratings, visit [www.PacificLife.com](http://www.PacificLife.com).

*Pacific Life is a product provider. It is not a fiduciary and therefore does not give advice or make recommendations regarding insurance or investment products.*



**PACIFIC LIFE**

Pacific Life Insurance Company  
Newport Beach, CA  
(800) 800-7681 • [www.PacificLife.com](http://www.PacificLife.com)

Pacific Life Insurance Company is licensed to issue insurance products in all states except New York.  
Product/material availability and features may vary by state.

Insurance products and their guarantees, including optional benefits and any crediting rates, are backed by the financial strength and claims-paying ability of the issuing insurance company. Look to the strength of the life insurance company with regard to such guarantees as these guarantees are not backed by the broker-dealer, insurance agency, or their affiliates from which products are purchased. Neither these entities nor their representatives make any representation or assurance regarding the claims-paying ability of the life insurance company.

Pacific Life Insurance Company's Home Office is located in Newport Beach, CA.

Investment and Insurance Products: Not a Deposit	Not Insured by any Federal Government Agency	
Not FDIC Insured	No Bank Guarantee	May Lose Value