

LIFE INSURANCE

Underwriting Guide

Brought to you by:



TERM Life Insurance

UNIVERSAL Life Insurance

Life Alliance *with*
LIVING BENEFITS

Policies Underwritten by
Government Personnel Mutual Life Insurance Company (GPM Life)

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www.gpmlife.com

QUESTIONS?

Contact your GPM Life Underwriting Service Center
(800) 938-4765 ext. 6003

APPLICATION KIT & FORMS

Online - Agent Access: www.gpmagent.com
Need Assistance? (800) 938-4765 ext. 4000

SUBMIT APPLICATIONS

Online - Agent Access: www.gpmagent.com
Fax: (888) 701-3869

RISK ASSESSMENT LINE

(210) 357-2299 or
(800) 938-4765 ext. 2299

This Life Insurance Underwriting Guide is intended to be a reference while providing GPM Life's typical requirements for underwriting. GPM Life reserves the right to request information other than as stated in this Life Insurance Underwriting Guide. Underwriting will make its decision based on the entirety of the information provided to and received by GPM Life, which may result in a decision that is more or less favorable than the Underwriting Guide dictates.

GUIDELINES

New Business

1. Complete all required forms and gather the necessary signatures. It is helpful if all written communication is printed legibly.
2. Complete all sections of the application.
3. Complete all state required forms. See forms listing on Agent Access for details.
4. Complete the appropriate Questionnaire for medical impairments or other risks. Additional information regarding Questionnaires is included in this guide.
5. Illustrations should be submitted according to the product and state requirements.

Note: All sales need to be suitable to the needs of the client. Please refer to the GPM Life Market Conduct Guide for details.

Premium Modes

1. Electronic Funds Transfer (EFT)
Available Draft Dates: 1st through 28th
2. Direct Billing
 - Quarterly
 - Semi-Annual
 - Annual

Submitting Premium

1. Premium cannot be collected until after underwriting approval if any of the following conditions apply:
 - Annual premium exceeds \$10,000 annually,
 - Face amount is greater than \$500,000 for issue ages less than 60, or
 - Face amount is greater than \$250,000 for issue ages 60 and later.

The blank Conditional Receipt should not be removed from the application and should be sent to the Home Office with the application. No payment or signed bank authorization form/voided check should be obtained or submitted until after the application is approved and accepted.

2. Acceptable forms of payment for direct billing include the following:
 - Payor's Personal Check
 - Payor's Business Check
 - Pre-Authorized Withdrawal Form
 - Money Orders (cash receipt form is required)
 - Cashier Checks (cash receipt form is required)

Unacceptable forms of payment include the following:

- Agent/Agency checks (unless there is a personal relationship identified between the agent, and the insured and/or owner)
- Third Party Checks
- Cash
- Post-dated Checks (these will be cashed upon receipt)
- Charges to the agent's account.

All forms of payment are subject to review.

3. Payors of the initial and/or reoccurring premiums must have an acceptable relationship to the insured or policy owner.
4. If primary insured's name is not listed on the form of payment please print the insured's name on the form of payment. If the owner's/payor's name is not on the check, indicate whether they are an authorized signor on the account.
5. All checks are cashed upon receipt.

Underwriting Tips

Underwriting is the process of estimating the mortality and/or morbidity of an individual, by applying the law of large numbers and the specifics of that individual's health history and habits. This estimate is based upon information gathered on the individual from a variety of sources.

In many cases, the underwriting process can be completed with a single review of the application. The best way to expedite the underwriting process is to ask your client detailed questions regarding their past and present health status and include all of the answers on the application. The more detailed information the underwriter has initially, the quicker a decision can be made.

1. Use the Underwriting Guide for classification and availability for Preferred underwriting class.
2. Order correct requirements based on age/amount/class/medical history.
3. Use Questionnaires, if appropriate, to reduce APS requests.
4. If required, schedule paramedical exam/labs while at the appointment or as soon as possible.

Juvenile Guidelines for Applications

▲ NOTE: Before considering insurance coverage on children, please make sure there is adequate insurance on the proposed insured child's parents. Any references to parent means custodial parent.

1. **Exceptions to Juvenile Underwriting Guidelines:** Written approval is needed from an Assistant VP or VP of Underwriting prior to taking an application.
2. **Declined for Insurance:** A proposed insured child should not have any previous declines for an individual policy or coverage under a rider.
3. **Insurable Interest:** This is generally a blood relationship, legal adoption or financial interest in the continued life of the insured, between the proposed insured, policy owner and policy beneficiary.
4. **Stepparents – MAY NOT insure stepchildren without the WRITTEN CONSENT of a custodial parent. This applies to both the amount of coverage and the designated beneficiary.**
5. **Foster Parents – DO NOT have an insurable interest**

in the life of a foster child and should not apply for coverage.

6. **When there is an application on a child, but there is no coverage on the child’s parents:** Please provide an outline for the purpose of insurance and the reason why there is no coverage on parents. If parents have existing insurance, either individual or group, please provide name of insurer, how much coverage and length of time insurance has been in force for each parent.
7. **Siblings and Coverage:** Siblings should have similar amounts of coverage. Explain why one child might have a greater amount of coverage than any other sibling. Do not leave a conditional receipt in such cases.
8. **Greater Than 50%:** Insurance on a child should not be greater than 50% of the least amount of coverage in force on an individual parent.
9. **Visual Observation:** Soliciting agents should actually see the proposed insured child when taking an application and note any observable physical and/or mental impairment in the Agent’s Report.
10. **Family Relations:** Explain familial relationships when a child’s last name is not the same as the applicant’s and/or beneficiaries’.
11. **Medical History:** Provide medical history for any child being insured, such as wellness exam results, immunizations, office visits, the doctor’s name and address and the date of the child’s last check-up.
12. **State Guidelines:** Many states have specific guidelines for insuring juveniles with which we must comply, but that are not specifically listed above.

Signature Guidelines for Applications - ICC16 LA17

When using the new ICC16 LA17 application for your state, and the Primary Proposed Insured is a minor aged 15 - 17.

- The minor must sign the application on the “Signature of the Primary Proposed Insured” signature line. Cross out the “parent or legal guardian” in the signature line, like this, “(if minor, ~~parent, or legal guardian~~).”
- The Proposed Owner (parent, grandparent, or guardian) of such minor must also sign, on the “Signature of Proposed Owner” signature line.
- If a grandparent will be the owner, the minor’s parent must sign on any of the four “Signature of Other Proposed Insured” signature lines; modify the material below the signature line, like this: “Signature of Other Proposed Insured” Parent (if age 15 or over).” Notice that you must add “Parent.”

Any minor aged 15-17 must also sign the HIPAA form number 01.23 on the “Signature of Proposed Insured/ Patient or Personal Representative” signature line, and his/her parent must sign the “Description of Personal Representative’s Authority or Relationship to Patient” line, followed by the word “Parent.”

These guidelines will apply for most applications on minors aged 15-17 submitted to GPM Life. If a parent cannot sign, please write an explanation to accompany the application. Some states allow minors to apply for insurance on their own lives without a parent’s signature, but those situations are limited. You are encouraged to become familiar with the regulations applicable to minors for the state(s), in which you write.

Example		
<p><i>Minor Aged 15 - 17</i></p> <p>_____ Signature of Primary Proposed Insured <i>(if minor, parent or legal guardian)</i></p>	<p>_____ Signature of Spouse, if a Proposed Insured</p>	<p style="text-align: center;"><i>xx / xx / xxxx</i></p> <p>_____ *** Date Signed ***</p>
<p><i>Custodial Parent or Grandparent</i></p> <p>_____ Signature of Proposed Owner <i>(if not Primary Proposed Insured)</i></p>	<p style="text-align: center;"><i>Custodial Parent</i></p> <p>_____ Signature of Other Proposed Insured <i>(if age 15 or over)</i></p>	<p>_____ Signature of Other Proposed Insured <i>(if age 15 or over)</i></p>
<p>_____ Signature of Other Proposed Insured <i>(if age 15 or over)</i></p>	<p>_____ Signature of Other Proposed Insured <i>(if age 15 or over)</i></p>	

In determining the dollar amount to use in the table below, add:

- The total initial face amount of the life insurance applied for; and
- The total life insurance, and including any riders in force that GPM Life issued within the past five years.

TERM and UNIVERSAL Life

	18 - 40	41 - 50	51 - 60	61 - 65	66 -70	71 - 75	76 - 80
\$25,000 to \$50,000	NM	NM	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS
\$50,001 to \$99,999	NM	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS
\$100,000 to \$250,000	NM	NM	NM	NM	Paramed BLD, HOS	Paramed BLD, HOS EKG, SS	Paramed BLD, HOS EKG, SS
\$250,001 to \$500,000	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS EKG	Paramed BLD, HOS EKG	Paramed BLD, HOS EKG, SS	Paramed BLD, HOS EKG, SS
\$500,001 to \$999,999*	Paramed BLD, HOS	Paramed BLD, HOS	Paramed BLD, HOS EKG	Paramed BLD, HOS EKG	Paramed BLD, HOS EKG	Paramed BLD, HOS EKG, SS, CFS	Paramed BLD, HOS EKG, SS, CFS
\$1,000,000 to \$3,000,000* (UL Only: 3,000,001+)*	Paramed BLD, HOS, CFS	Paramed BLD, HOS EKG, CFS	Paramed BLD, HOS EKG, CFS	Paramed BLD, HOS EKG, CFS	Paramed BLD, HOS EKG, CFS	Paramed BLD, HOS EKG, SS, CFS	Paramed BLD, HOS EKG, SS, CFS

*Prescription check and Motor Vehicle Report will be ordered by H.O. on all business. The company reserves the right to request other evidence of insurability as it may deem necessary. See page 7 for Active Duty Military Limits.

KEY		<i>NOTE: ALL REQUIREMENTS ARE ORDERED BY THE AGENT, UNLESS OTHERWISE NOTED</i>
BLD	Blood Draw	▶ (Strongly Suggest 8-12 hours of fasting prior to test)
CFS	Confidential Financial Statement	▶ Complete GPM Life confidential financial statement with an application.
EKG	Resting Electrocardiogram	▶ Do Not have interpreted
HOS	Urine Specimen	
NM	Non-Medical	▶ Complete part 2 of the application ¹
Paramed	Paramed Exam	▶ Medical History Questions, Measured Height and Weight, Pulse and Blood Pressure
SS	Senior Screening	▶ Screening for Cognitive Defects ▶ Ordered by Home Office

¹ other requirements may be ordered at the Underwriter’s discretion.

Preferred Non-Tobacco: Applicants in this rate class have not used tobacco in any form in the past 3 years.

Standard Plus Non-Tobacco: Applicants in this rate class have not used tobacco in any form in the past 12 months.

Standard Express Non-Tobacco: Applicants in this rate class have not used tobacco in any form in the past 12 months. This rate class is designed to accept mildly substandard risks (Table B-D).

Standard Plus Tobacco: Applicants in this rate class have used tobacco in any form in the past 12 months.

Standard Express Tobacco*: Term policy applicants in this rate class have used tobacco in any form in the past 12 months. This rate class is designed to accept mildly substandard risks (Table B-D). For Universal Life policies, this rate class is available only for conversions from Standard Express Tobacco Term policies to Universal Life.

*Contact Home Office prior to submitting applications in excess of \$200,000 in this rate class.

Substandard Cases: For Term and Universal Life policies, substandard ratings are available for Table E-H for the Standard Plus Non-Tobacco and Standard Plus Tobacco classes. **For the Accelerated Living Benefit Rider, the rider is not available for Table E and higher.**

ALLIANCE TERM AND UNIVERSAL LIFE BUILD CHART Maximum Weight Qualification for each Rate Class

Height	Preferred NT GPM Approved New Guidelines	Standard Plus GPM Approved New Guidelines	Standard Express GPM Approved New Guidelines
4'8"	145	159	186
4'9"	150	164	192
4'10"	154	169	199
4'11"	157	173	206
5'0"	160	178	213
5'1"	165	182	220
5'2"	170	186	227
5'3"	175	192	235
5'4"	180	197	242
5'5"	185	203	250
5'6"	190	208	258
5'7"	195	214	265
5'8"	200	219	273
5'9"	205	225	282
5'10"	210	231	290
5'11"	215	236	298
6'0"	220	243	306
6'1"	225	249	315
6'2"	232	255	324
6'3"	238	262	333
6'4"	245	271	341
6'5"	253	277	350
6'6"	260	285	360
6'7"	268	294	369
6'8"	275	301	378
6'9"	284	311	388

Contact Home Office if weight exceeds Maximum Weight shown in Standard Express for possible rating.

Preferred NON-TOBACCO

TOBACCO USAGE	
Includes tobacco or nicotine-based products	None in the past 3 years
CHOLESTEROL	
Cholesterol <=	240
Treatment	Yes
Chol./HDL Ratio <=	5.5
BLOOD PRESSURE	
Within these limits	140 / 90
Treatment	Yes
FAMILY HISTORY	
Includes coronary artery disease and the following cancers: Breast, Ovarian, Prostate, Colon, Lung, Melanoma	No family deaths of either parent before age 60. Disregard if PI is age 60 or older
DRIVING	
Moving Violation - Major	No more than 1 in past 3 years
Moving Violation - Minor	No more than 3 in past 3 years
DUI	None in past 5 years
AVIATION	Can be offered if no rating
AVOCATION (HAZARDOUS)	No
SUBSTANCE / ALCOHOL ABUSE	None in past 10 years
US RESIDENCY	US Resident for past 3 years
CITIZENSHIP	Citizen or permanent residency status
TRAVEL (UNSAFE)	No

Requirements listed above are not all-inclusive and other factors could prevent qualification for a class. Final decision will be made by GPM Life’s Underwriting Department.

MILITARY APPLICATION LIMITS

To determine the military insurance limit from the following table, include

1. The total initial amount of life insurance applied for.
2. The current amount (exclusive of paid-up additions) of any life insurance already in force with GPM Life.
3. The amount of one option under any Guaranteed Benefit Increase Option Rider (GBI) in force or applied for.

GENERAL LIMITS ON ACTIVE DUTY MILITARY PERSONNEL:

Paygrade	Limits
E1, E2, E3	\$50,000
E4	\$100,000
E4 - 2nd enlistment	\$250,000
E5, E6	\$250,000
E7	\$500,000
E8, E9	\$500,000
O1, O2, W1, W2	\$250,000
W3, W4, W5	\$500,000
O3 and up	\$500,000

▲ Please Note: Military personnel currently serving in the Special Forces, Rangers, SEALs, Airborne, Recons, other elite or commando forces, and pilots and crew members of A, B, F, H, R, and T type aircraft: Individual consideration - submit application with Military Questionnaire and Aviation Questionnaire if a pilot or crew member.

Blood Testing

Blood testing is required with all paramedical and medical exams. Testing is done by Heritage Labs. An 8-12 hour fast prior to the blood draw is recommended.

Home Office Urine Specimen (HOS)

An HOS is required with all paramedical and medical exams. Testing is done by Heritage Labs.

Authorized Paramedical Companies

The companies listed below are authorized to perform paramedical and medical exams on our behalf.

- Examination Management Services, Inc. (EMSI)
- ExamOne, Inc.
- Portamedic/Hooper Holmes, Inc.
- American Para Professional Systems, Inc. (APPS)

Medical Exams (MD)

Medical exams may be arranged through an authorized paramedical company. Board certified medical exams are not required. Examinations by physicians not arranged by a paramedical company, such as applicant’s personal physician, should not be used without prior approval from Underwriting.

Resting Electrocardiogram (EKG)

This is normally performed as part of the paramedical or medical exam. If resting EKG copies are available from testing conducted within the last 12 months, please provide those copies to us.

Senior Screening (SS)

Proposed insureds ages 71 and older will need to complete a senior screening test (SS) which screens for cognitive deficits.

EXAM	UP to AGE 70	AGE 71 & OLDER
Blood	Good for 1 year	Good for 6 months
Home office Urine Specimen (HOS)	Good for 1 year	Good for 6 months
Paramed / MD Exams	Good for 1 year	Good for 6 months
Resting Electrocardiogram (EKG)	Good for 1 year	Good for 1 year
Motor Vehicle Report (MVR)	Good for 6 months	Good for 6 months
Senior Screening (SS)	N/A	Good for 6 months

Below are some common impairments that normally cause a case to be rated or declined. This is not meant to be a comprehensive listing. All cases are subject to underwriting review.

IMPAIRMENT	PROBABLE ACTION
AIDS/HIV	Decline.
Alcoholism	Current abuse, or within two years of treatment: Decline.
	Treatment within two to five years: minimum Std Express.
	Treatment over five years ago: Std Plus.
ALS (Lou Gehrig's Disease)	Decline.
Alzheimer's Disease	Decline.
Anemia	Rating is dependent upon underlying cause.
	Iron deficiency anemia: Std Plus unless anemia is severe which would be Std Express.
Aneurysm (Cerebral)	Within three years of surgical correction: Std Express.
	Over three years since surgical correction: Std Plus.
Aneurysm (Thoracic/abdominal)	Surgically repaired: Std Plus.
	No treatment: Std Plus to Decline.
Angina pectoris	Unstable angina or not fully investigated with cardiac catheterization: Decline.
	Stable angina treated with medication: Std Plus Tables F and up.
Anxiety	Within two years of last symptoms: Std Express.
	Over two years since last symptoms: Std Plus.
Aortic murmur	Mild or Moderate murmur with no symptoms: Std Express.
	Severe murmur with cardiac symptoms: Std Express to Decline.
Atrial Fibrillation (Chronic)	With no underlying heart disease or cardiac symptoms: Std Express.
	With underlying heart disease: Decline.
Atrial Fibrillation (Intermittent)	Std Plus to Decline.
Arthritis (osteo)	Mild or Moderate with little impact on daily activities: Std Plus.
	Severe with persistent pain, limited range of activities, regular use of aids to locomotion: Std Express.
Arthritis (rheumatoid)	Mild to Moderate with little impact on activities of daily living and no continuous steroid use: Std Express.
	Severe with persistent pain, impact on activities of daily living and/or continuous steroid use: Std Plus Tables F to Decline.
Asthma	Mild to Moderate with up to daily symptoms with little impact on lung capacity: Std Plus.
	Severe with continuous use of steroids and/or impact on lung capacity: Std Express.
Breast Cancer	Stages 1 & 2 (early breast cancer) minimum five years post treatment: Std Plus.
	Stage 3 & 4 (Locally advanced and metastatic cancer): Decline.
Cancer (internal)	Call Underwriting Department for quote. We will need following information: Tumor Stage, Grade, location, time since treatment and type of treatment.
Cancer (melanoma)	Stage 1: Decline for one year following last treatment. One year post treatment up to five years: Std Plus with temporary flat extra. Call Underwriting for quote. Std Plus after five years post treatment.
	Stage 2: Decline for at least two years post treatment. Two years post treatment up to five years: Std Plus with temporary flat extra. Call Underwriting for quote. Std Plus after seven years post treatment.
	Stage 3 & 4: Decline.
Cancer (skin-other than melanoma)	Rating dependent upon type of skin tumor. Call Underwriting with name of tumor, staging information, treatment, and length of time since completion of treatment.

IMPAIRMENT	PROBABLE ACTION
Cardiomyopathy	Currently present, or within three years of full recovery: Decline.
	Over three years since full recovery: Std Express to Decline.
Cerebral Palsy	Under age 8: Decline.
	Over age 8, mild case with good motor skills and no intellectual disability: Std Plus.
	Over age 8, mild/moderate intellectual disability: Std Express.
	Over age 8, requiring wheelchair, major intellectual disability, unable to perform ADL's/ IADL's: Decline.
Chronic fatigue syndrome	After one year since onset of symptoms with full recovery: Std Plus.
	Current without full recovery: Std Express.
COPD (chronic obstructive pulmonary disease)	Less than age 45 and non-smoker, Mild case: Std Express.
	Less than age 45 and smoker, Mild case: Std Express to Decline
	Less than age 45, Moderate/Severe case: Decline.
	Over age 45 and non-smoker, Mild/Moderate case: Std Express.
	Over age 45 and smoker, Mild/Moderate case: Std Express to Decline.
	Over age 45, Severe case: Decline.
Cirrhosis (liver)	Decline.
Colitis, spastic (Irritable bowel syndrome)	Std Plus.
Colitis, ulcerative	Std Express.
CHF (congestive heart failure)	Current: Decline.
	One year post full recovery: Std Plus Tables F to Decline.
Coronary angioplasty/stenting	Call Underwriting Department for quote. We will need following information: number of vessels involved, location of the lesions within the vessels, severity of these lesions, treatment given and current cardiac status.
Coronary artery disease	Call Underwriting Department for quote. We will need following information: number of vessels involved, location of the lesions within the vessels, severity of these lesions, treatment given and current cardiac status.
CABG (coronary artery bypass graft)	Call Underwriting Department for quote. We will need following information: number of vessels involved, location of the lesions within the vessels, severity of these lesions, treatment given and current cardiac status.
Crohn's disease	Std Plus to Decline.
CVA (stroke)	Std Express to Decline.
Defibrillator	Std Express to Decline.
Dementia	Acute toxic dementia with full recovery: Std Plus.
	All other forms of dementia: Decline.
Depression	Std Plus to Decline.
Diabetes mellitus	Type 1 Diabetes: Std Express to Decline.
	Type 2 Diabetes: Std Plus to Std Express.
Diverticulitis	Std Plus to Std Express.
Drug abuse	Current or within five years of past use: Decline.
	Five years since last use: Std Plus to Decline.
Emphysema	Std Express to Decline.
	With ongoing oxygen use and/or smoking: Decline.
Endocarditis	Current: Decline.
	Over one year since diagnosis, no IV drug use, no cardiac or stroke history, normal heart valves: Std Plus.

IMPAIRMENT	PROBABLE ACTION
Epilepsy	Absence or petit mal seizures, last seizure over two years ago: Std Plus.
	Grand Mal seizures, last seizure over two years ago: Std Plus to Std Express.
Fibromyalgia	Current, Mild (Currently at work, active lifestyle, intermittent use of medications at low dosages): Std Plus.
	Current, Moderate (minimal functional impairment, currently at work, active lifestyle, moderate dosages of medication): Std Express.
	Current, Severe (Disabled, limited activities, associated with moderate to severe depression, multiple medications at high dosages or frequent changes in medication): Decline.
Gastroenteritis	Fully recovered: Std Plus.
Gout	Mild/Moderate (infrequent, acute attacks, no joint deformities): Std Plus.
	Severe (chronic, frequent attacks with joint deformities): Std Express.
Headache (migraine)	Mild (infrequent attacks without underlying cause identified): Std Plus.
	Severe, frequent attacks or increasing frequency: Decline.
Heart Attack	Std Express to Decline.
Heart Valve replacement/repair	Std Express to Decline.
Hepatitis	Hep B, resolved: Std Plus.
	Hep C, resolved: Std Express to Decline.
High blood pressure (hypertension)	Well controlled (with or without medication): Std Plus.
Hodgkin's disease	Stage 1: One year post treatment to five years, Std Plus with a temporary extra. Five years post treatment, Std Plus.
	Stage 2: Three years post treatment to eight years, Std Plus with a temporary extra. Eight years post treatment, Std Plus.
	Stage 3 or 4: Decline.
Kidney failure	Acute episode, fully recovered: Std Plus.
	Chronic disease: Std Express to Decline.
	Currently treated with dialysis: Decline.
Lupus (discoid)	Std Plus.
Lupus (systemic)	Std Express to Decline.
Mitral valve murmur	Std Express to Decline.
	Mitral valve prolapse: Std Plus.
MS (multiple sclerosis)	Not progressive or relapsing-remitting: Std Express to Decline.
	Progressive: Decline.
Myasthenia gravis	Ocular form: Within five years of onset: Std Express. Over five years since onset: Std Plus.
	Generalized form: Std Express.
Myocarditis	Acute viral, single attack: Two years since resolution, Std Plus.
	More than single attack: Decline.
Muscular dystrophy	Std Express to Decline.
Non-Hodgkin's lymphoma	Stage 1: Within three years of last treatment, Std Plus with temporary flat extra. Over three years since last treatment, Std Plus.
	Stage 2: Within five years of last treatment, Std Plus with temporary flat extra. Over five years since last treatment, Std Plus.
	Stage3: Within seven years of last treatment, Std Plus with temporary flat extra. Over seven years since last treatment, Std Plus.
	Stage 4: Decline.

IMPAIRMENT	PROBABLE ACTION
Pacemaker	Std Express to Decline.
Pancreatitis	Acute, over one year since recovery: Std Plus.
	Chronic disease: Std Express to Decline.
Paraplegia	Std Express to Decline.
Parkinson's disease	Std Express to Decline.
Pericarditis	Acute, fully recovered: Std Plus.
Peripheral vascular disease	Mild or moderate: Std Express.
	Severe: Decline.
Phlebitis	Single episode with full recovery: Std Plus.
	Multiple episodes: Std Express to Decline.
Prostate cancer	Call Underwriting Department for quote. We will need following information: Tumor Stage, Grade, time since treatment and type of treatment.
Prostatitis	Acute, Fully recovered: Std Plus.
Psychosis (schizophrenia)	Std Express to Decline.
Quadriplegia	Std Express to Decline.
Raynaud's disease	Fully recovered: Std Plus.
	Otherwise: Std Express to Decline.
Rheumatic fever	Fully recovered with no heart valve damage: Std Plus.
	With heart valve damage: Std Express to Decline.
Sarcoidosis	Rating depends on organs involved: if eyes, skin, joints, Std Plus.
	Liver, heart, kidneys, nervous system involvement: Std Express to Decline.
Sleep apnea	Mild with consistent use of CPAP: Std Plus.
	More severe and/or inconsistent use of CPAP: Std Express.
Stroke (CVA)	Std Express to Decline.
Suicide attempt	Single attempt, over one year since attempt: Std Plus with temporary flat extra.
	Multiple attempts, over two years since last attempt: Std Plus Tables F with temporary flat extra to Decline.
Thyroid disorder (non-cancerous)	Std Plus.
TIA (transient ischemic attack)	Single attack, within four years: Std Express.
	Single attack, over four years: Std Plus.
	Multiple attacks, within five years of last attack: Std Express to Decline.
	Multiple attacks, over five years since last attack: Std Express.
Transplants (heart, liver, lung)	Decline.
Transplants (kidney)	Contact Underwriting Department.
Ulcer	Std Plus to Std Express.
Varicose veins	Std Plus.

List is not all-inclusive. "Probable Action" meant to provide agent with general parameters of risk classification and should not be interpreted as quotes in any way. All cases are subject to full underwriting review. Please contact the Underwriting Department with any questions or for impairments not listed.

▲IMPORTANT NOTE

Questionnaires vary by jurisdiction. All questionnaires and State-specific forms are available for printing on Agent Access

www.gpmagent.com

Following is information regarding common medical impairments and the questionnaires that should be completed to assist with the underwriting process.

The below list is subject to change. Please visit www.gpmagent.com for current questionnaire forms.

FLORIDA	All Questionnaires are state specific. The Foreign Travel Questionnaire is not allowed.
GEORGIA	Foreign Travel Questionnaire is state specific.
INDIANA	Diabetes Questionnaire is state specific.
MAINE	All Questionnaires are state specific.
MARYLAND	All Questionnaires are state specific.
MINNESOTA	Alcohol, Aviation, Chest Pain, Drug Usage, Epilepsy, Foreign Travel, and Mental/Nervous Disorder Questionnaires are state specific.
NEBRASKA	All Questionnaires are state specific.
NEW MEXICO	All Questionnaires are state specific.
NORTH CAROLINA	Alcohol and Drug Usage Questionnaires are state specific.
OKLAHOMA	All Questionnaires are state specific.
PENNSYLVANIA	Alcohol, Chest Pain, Drug Usage, Mental/Nervous Disorder, and TIA/Stroke Questionnaires are state specific.

ALCOHOL and DRUG ABUSE

A history of substance abuse (alcohol or illegal drugs) poses multiple concerns for life insurance. Substance abuse puts a client at a higher risk for accidents, homicide, suicide, and overdose. Long-term substance abuse can lead to serious health problems involving the brain, heart, liver, GI tract, circulatory system and major infections (i.e. hepatitis and HIV).

Any current substance abuse makes the Proposed Insured uninsurable. In most cases, the Proposed Insured must be two years out from last use before we can consider them for life insurance, and they must have complete abstinence. Some factors that are more favorable when considering a Proposed Insured for life insurance include participation in a support group (AA, NA, etc.), family and job stability, and a favorable MVR. Factors that would have a negative impact on underwriting these individuals would be a history of multi-substance abuse (for example, drugs and alcohol), mental illness in addition to substance abuse, history of relapse, and participation in hazardous avocations.

Occasional marijuana use (1-2 times a month) may be considered at standard tobacco rates. Heavier marijuana use could lead to sub-standard ratings or possibly decline.

Please complete an Alcohol Usage and/or Drug Usage Questionnaire.

CEREBROVASCULAR DISEASE (STROKE / TIA)

A stroke or CVA (cerebrovascular accident) occurs when there is not enough oxygen reaching the brain. This can be caused by a clot that blocks an artery or a rupture of an artery (aneurysm) in the brain. A major stroke can lead to irreversible brain damage or death. A Transient Ischemic Attack (TIA) is a brief disruption of blood flow to the brain and the symptoms are usually reversible. A TIA can be a precursor to a full-blown stroke, so close monitoring is necessary.

Risk factors for stroke include:

- Uncontrolled high blood pressure/hypertension
- Tobacco use
- Diabetes
- Other vascular disease (i.e. heart disease, peripheral vascular disease)

A combination of any of the above risk factors and a history of stroke/TIA will usually result in a decline.

Please complete a Stroke/Transient Ischemic Attack (TIA) Questionnaire.

CHRONIC RESPIRATORY CONDITIONS (ASTHMA, COPD/EMPHYSEMA, CHRONIC BRONCHITIS)

Asthma is a reversible obstruction of the airways in the lungs. Common symptoms are shortness of breath, wheezing and coughing. Lung function between attacks is usually normal. Treatment focuses on prevention of attacks. Oral and inhaled medications may be used.

Risk classification is determined by factors such as frequency and severity of attacks, lung function, type of treatment required and tobacco use status.

Chronic Obstructive Pulmonary Disease (COPD) is a general term used to describe a variety of diseases that cause chronic airway obstruction. Two of the most common forms of COPD are chronic bronchitis and emphysema. The symptoms vary and include difficulty breathing, fatigue, chronic cough, weight loss, and diminished levels of oxygen in the blood. The development of COPD is most often associated with smoking. Treatment may include oral or inhaled medications. In severe cases the use of oxygen may be required.

Risk classification is determined by factors such as degree of respiratory impairment, lung function, continued use of tobacco, and type of treatment required. The current use of oxygen would result in a decline.

Please complete a Respiratory Questionnaire.

DIABETES

Diabetes mellitus is a disease in which there are high levels of glucose in the blood stream. This results from the body being unable to produce a sufficient amount of insulin or being unable to use the insulin that is produced.

Type I (insulin-dependent diabetes), also known as Juvenile Onset Diabetes, requires regular insulin injections to control blood sugars. It typically develops in childhood or adolescence (prior to age 30).

Type II (non-insulin-dependent diabetes), also known as Adult Onset Diabetes, is usually diagnosed later in life and can be controlled with close diet monitoring and/or oral medication. In some cases a Type II diabetic may also require insulin injections to control their diabetes. Obesity and family history of diabetes are common risk factors for the development of this type of diabetes.

Uncontrolled diabetes can lead to a variety of complications. Some of the common problems include vision problems, kidney failure, circulatory problems, neuropathy and diabetic coma. Diabetes is also a major risk factor for heart disease and stroke.

Routine follow-ups with a physician, close monitoring of blood sugars, and modification of diet are key factors in the successful control of diabetes. Hemoglobin A1C is a test commonly used to determine long term control of blood sugars. The type of diabetes, age of onset, degree of control, and the presence (or absence) of any complications are useful in determining the underwriting rate class.

Please complete a Diabetic Questionnaire.

HEART DISEASE

Heart Attack, Angina/Chest Pain, Angioplasty/Stent Placement, Bypass Surgery.

Heart disease occurs when the arteries that supply blood and oxygen to the heart become blocked and the heart is not able to pump normally.

Heart disease can be caused by:

Progressive build up of plaque that causes narrowing of the arteries; or

Clotting caused by the rupture of plaque in the artery; or

Vasospasm of the artery.

Angina/cardiac chest pain occurs when the heart does not receive enough oxygen.

A heart attack or myocardial infarction occurs when there is a significant lack of oxygen to the heart muscle, which can lead to tissue death.

Heart disease is typically a progressive condition that can be treated, but not cured. The most common ways to treat heart disease are the use of medications, modification of risk factors, angioplasty/stent placement, and bypass surgery. Risk factors for heart disease include:

- Family history of early heart disease
- Elevated cholesterol
- Diabetes
- Past tobacco use and/or continued tobacco use
- Obesity
- High blood pressure/Hypertension

A combination of heart disease and the following conditions will usually result in a decline:

- Stroke or Transient Ischemic Attack (TIA)
- Peripheral Vascular Disease (PVD)
- Age at onset under 40

Please complete a Chest Pain Questionnaire.

HIGH BLOOD PRESSURE / HYPERTENSION

High blood pressure or hypertension is a persistent elevation in blood pressure readings above what is considered normal for age and gender. Untreated high blood pressure can lead to complications such as heart enlargement and kidney damage. This also causes an increased risk of stroke and heart disease. The usual treatment for high blood pressure is medication and diet modification.

When individuals are compliant with treatment and blood pressure readings are within the normal range, they can usually be considered for a standard rating.

Please complete a Hypertension Questionnaire.

TUMOR / CANCER

Cancer or malignant tumors are characterized by abnormal cell growth that invades healthy tissue and causes breakdown of normal tissue function. Once a tumor invades the surrounding tissue, it can then move into the blood and lymph system. If it spreads to other organs in the body the cancer is said to have metastasized.

Major risk factors for cancer are family history of cancer, tobacco use, excessive exposure to sunlight, exposure to environmental toxins, and inflammatory conditions (i.e. ulcerative colitis, hepatitis).

The prognosis for cancer is highly variable with Underwriting risk classification focusing on type/location of cancer, size of tumor, stage of cancer, extent of invasion and length of time since treatment was completed.

Please complete Cysts/Tumor/Cancer Questionnaire

ADDITIONAL QUESTIONNAIRES (as available for use):

1. Aviation Questionnaire – complete if there is any participation in aviation activities.
2. Back/Neck Pain Questionnaire – complete if there is a history of chronic back or neck pain.
3. Confidential Financial Statement – complete upon Underwriting request.
4. Epilepsy/Seizure Disorder Questionnaire – complete if there is a history of epilepsy, seizures or fainting spells.
5. Foreign Travel Questionnaire – complete for any applicant who has traveled to a foreign country within the past two years or intends to travel to a foreign country in the next two years.
6. Mental/Nervous Disorder Questionnaire – complete if there is a history of, or current treatment for, depression, anxiety, or any other mental or nervous disorder.
7. Military Questionnaire – complete if applicant is a member of the military.
8. Scuba Diving Questionnaire – complete if there is any participation in any scuba diving activities.
9. Tobacco Questionnaire – complete if applicant admits to using any form of tobacco in the last five years.
10. Avocation Questionnaire - complete if there is any participation in avocation activities.
11. Chronic Pain Questionnaire - complete if there is a history of chronic pain.

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