



Quick Reference Guide

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Product Overview

A simplified-issue whole life insurance policy with living benefits.

Life Insurance Coverage

- Lump-sum Death Benefit
- Coverage extends for the insured's lifetime, beyond age 121

Included Riders

- Accelerated Benefit Riders – option to accelerate a portion of the death benefit in the event of a serious illness:
 - Critical Illness
 - Terminal Illness
- Accidental Death Benefit Rider¹

Simplified Underwriting

- Non-Tobacco (Preferred) / Tobacco (Standard) risk classes

Premiums

- Payment Mode Options:
 - Monthly bank draft
 - Quarterly billing
 - Semi-annual billing
 - Annual billing
- Minimum premium: \$360/year
- Policy fee: \$48/year included in base policy premium (commissionable in year one)

Issue Ages & Coverage Amounts

Insured's Age	Coverage Amount
50-59	\$10,000-\$50,000
60-69	\$10,000-\$40,000
70-80	\$10,000-\$35,000

- Based on age last birthday
- Lump-sum death benefit beneficiary may be changed after issue

Accidental Death Benefit Rider¹

- Pays an additional lump-sum amount upon Insured's death equal to 100% of the lump-sum death benefit if such death occurs by covered accident
- Insured must be under 65 at issue
- Terminates at Insured's age 75

More Information

Policy Loans

Clients may borrow up to 100% of their policy's cash value, typically tax-free. Loans reduce the cash value and are subtracted from the death benefit upon payment. Loan interest rates vary by state. No loans are possible from any riders.

Free Look

Each policy includes a Free Look period during which the policy can be reviewed and returned for a full refund, less any outstanding loans. Free look periods vary by state.

Tax Information

The policy's death benefit is generally not taxable. Clients should consult a tax professional for more information on individual situations.

Product features, riders and availability may vary by state.

Payment guarantees are based on the claims-paying ability of the issuing company.

1. The Accidental Death Benefit Rider is currently available in CA, DC, DE, FL, GA, MA, MN, MT, ND and SD.

Accelerated Benefit Rider Frequently Asked Questions

1. What is an Accelerated Death Benefit Rider for critical or terminal illness?

These riders give the client the option to accelerate, or take a portion of the death benefit early, in the event of a covered illness or condition. Clients may accelerate any amount up to 95% of the death benefit.

2. What conditions qualify under the Accelerated Death Benefit Riders?

- **Critical Illness:** heart attack, stroke, cancer, kidney failure, major organ transplant, ALS
- **Terminal Illness:** terminally ill with a life expectancy of 12 months or less

Note: Diagnosis must be certified in writing by a licensed physician

3. What is the benefit amount a client will receive?

The actual benefit amount will be less than the amount accelerated, to reflect that a portion of the death benefit is being paid early. There is not a predetermined benefit amount. The benefit paid will be determined based on the health condition of the insured and their life expectancy at the time of claim. Generally, the more severe the condition, the shorter the life expectancy, and therefore the greater the potential benefit. An administrative charge of \$200 per election and an adjustment for future unpaid policy premiums will also apply.

4. Can a client decline the benefit offered?

Yes. When making a claim under the rider, the client will be provided with an offer of a specified benefit amount. The client may decide at that time whether to accelerate their benefit or not.

5. What happens to the death benefit upon rider exercise?

If a client exercises the rider, the death benefit will be reduced by the amount accelerated. For example, if the client accelerates 90% of the death benefit, they will have 10% of their death benefit remaining. Important note: the client's future premiums are based on the new lower death benefit and must continue to be paid to keep remaining death benefit in force.²

6. Are multiple benefit elections allowed?

Yes, multiple elections are available under the Critical Illness rider. If the policy owner only elects a partial election and later has another qualifying critical illness, a subsequent benefit election is allowed. 180 days must elapse between benefit elections. The Terminal Illness rider may only be exercised once, and this will terminate the Critical Illness rider. There is an administrative charge of \$200 per election.

7. Is there a waiting period to exercise these riders?

There is no waiting period for any of the benefits – critical or terminal.

8. What can the benefit amount be used for?

The benefit amount is paid to the policy owner and there are no restrictions on how it can be used – quality of life expenditures, medical procedures, experimental treatments, reimbursing a loved one for assistance, etc.

9. What else should I know about the riders?

In some situations the benefit may be subject to taxation. Prior to making a claim under the riders, a client should consult with a qualified tax advisor to discuss the possible tax consequences. Benefit amounts received may affect eligibility for public assistance programs.

Product features, riders and availability may vary by state.

Payment guarantees are based on the claims-paying ability of the issuing company.

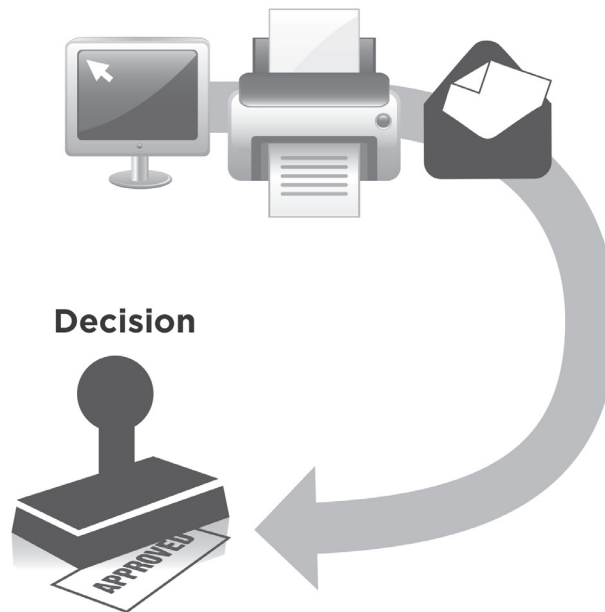
2. Premiums reduced proportionally to remaining death benefit, but annual policy fee remains the same.

Quotes

Generate personalized examples online using Nassau Re's dynamic quoting tool.

- 1 To launch the quote tool, go to <https://salesnet.nsre.com/>, log in and select **Quotes** from the Quick Links menu on the right side of the screen.
- 2 Select Nassau Remembrance Life.
- 3 Complete the open fields at the top of your screen.
- 4 Select **Print Output** to generate a personalized example for your client, including coverage and premium detail.

Application/Materials Submission - email, fax, regular mail



Mobile Quotes

Nassau Remembrance Life's mobile quote tool (at right) will provide monthly and annual premium amounts for 100% lump-sum death benefit policies. Simply complete a few simple fields and click calculate.

Mobile Quoting URL

<https://phx.insurancetechnologiespos.com/mobile/Main/WholeLife.aspx>

The screenshot shows a blue mobile quoting interface with the following fields and options:

- State: Florida (dropdown menu)
- Issue Age: 50 (input field)
- Gender: Male (dropdown menu)
- Risk Class: Non-Tobacco (dropdown menu)
- Benefit Amount (radio button) / Monthly Premium Amount (radio button, selected)
- Amount: \$50,000 (input field) with Minimum: \$10,000 and Maximum: \$50,000
- CALCULATE (button)

Completing the Application

Log in to <https://salesnet.nsre.com/> to download state-specific applications and forms. Contracted producers may also access eApp or order printed forms from the online Marketing Catalog.

Two Easy Ways to Apply

1 eApp

Complete our convenient online application on your tablet or computer. Intelligent data entry, error indicators and two options for e-Signature make eApp a breeze!

How it works:

- eApp will generate the proper forms based on the state of issue, product and information inputted on the application
- Complete the Application Parts 1 and 2, and other required forms
- Use a touchscreen or mouse to sign in the meeting or send an email to request your client's signature
- After signatures are completed, submit the application
- Nassau Re will review the application and communicate the underwriting decision to you. In certain cases, Nassau Re may call the producer to clarify an answer on the application

Helpful Tips for eApp

- Make sure you and your client have a valid email address
- Clients will need a driver's license or other valid form of identification for the e-signature process.

2 PAPER

For an all-paper submission, complete the full application and required forms and submit.

How it works:

- Complete and sign the Application Part 1, Application Part 2, required forms and HIPAA authorization and submit them to Nassau Re
- Nassau Re will review the application and communicate the underwriting decision to you
- In certain cases, Nassau Re may call the producer to clarify an answer on the application

Helpful Tips for Paper Applications

- Any changes or corrections on the application must be initialed by the proposed insured (and owner if different). Errors covered with correction fluid will not be accepted.
- All necessary signatures must be on the application at the time of submission or the application will be returned.
- HIPAA forms must be fully completed including date of birth and insured's signature.

Requirements for Application & Payment

Depending on state law, a producer may be required to be contracted with Nassau Re before taking an application.

Prior to applying for life insurance coverage, it is important to understand who may have an insurable interest in the individual who is being insured, as this could have a bearing on the acceptability of the owner, premium payer and beneficiary(ies) that are chosen.

Insurable Interest

Any application submitted with a questionable insurable interest may be reviewed and the Underwriter may request additional information to clarify or explain the beneficiary or ownership arrangement. If the explanation does not meet state regulation or Nassau Re guidelines, the application may be withdrawn or the ownership or beneficiary may be changed by the underwriter to meet the necessary requirements.

Any policy approved with misrepresentation of the insurable interest of the owner, payor or beneficiary made on the application may be subject to the entire contract and incontestability clauses in the contract.

Determination of the Beneficiary's Insurable Interest

Courts and state laws have established guidelines for those persons and entities presumed to have insurable interest.

People generally have an insurable interest in the lives of their spouses and dependents. Based on this relationship, the general rule of thumb is:

- Spouse
- Civil Union Partner
- Parents and children (including adopted children)
- Grandparents
- Siblings

- Fiancée
- Stepchildren and stepparents
- Estate

No Apparent Insurable Interest

- Other relatives by marriage
- Nieces and nephews
- Cousins
- Uncles and aunts
- Grandchildren
- Godparents and Godchildren

Determination of the Owner Insurable Interest

If the policy owner is someone other than the proposed insured, that individual must have a vested interest in the life of the proposed insured. Part of the underwriting process is to determine whether there is reasonable interest in the life of the proposed insured and that there will be financial loss or burden to the owner in the event of the insured's untimely death.

Insurable Interest Owner Relationships

- Self
- Spouse
- Civil Union Partner³
- Immediate Family Member (e.g. sibling)³
- Fiancée³
- Trustee
- Parent³
- Child³
- Grandparent³

3. Additional information may be required to validate relationship or insurable interest.

Example follow up questions when an owner is someone other than what is listed above:

1. Why is the owner someone other than the insured?
2. What is the purpose/need of the coverage?
3. What is the financial loss to the owner upon death of the insured (e.g. is there a current financial dependency between the parent/child)

Premium Payer

If the premium payer is going to be someone other than the proposed insured or owner, please be prepared to provide the rationale for that individual being named as the premium payer and the relationship between the proposed insured and premium payer.

Example follow up questions when a premium payer is someone other than the proposed insured or premium payer:

1. Why is the premium payer someone other than the proposed insured and/or owner?
2. Is the proposed insured not able to afford the coverage?
3. Is the owner not able to afford the coverage?

Insured Consent

ALL applications must have the consent and signature of the Proposed Insured.

Replacement

We will permit replacements as long as the replacement is in the best interest of the client and the appropriate state replacement forms are submitted with the application. However, Section 1035 Exchanges are not permitted.

Nassau Re does not condone the systematic or deliberate replacement of existing life insurance as a marketing practice. Please refer to our Company Position on Replacements (G5081B) for more information on prohibited sales practices.

Backdating

Backdating will be allowed in cases where the Insured's age changes between the application signature date and the date of policy issue.

Payment

Personal checks from the client made payable to Nassau Re or monthly Electronic Funds Transfer (EFT) from the client's checking account will be accepted for premiums. No producer or agency checks, CODs or money orders will be accepted for premium payment.

Non-Resident Sales

When a person purchases a life insurance policy or annuity in a state that is different from their primary residence state, it is considered a Non-Resident Sale. Generally, insurance products should be solicited in the state where the applicant resides. However, sales may be permitted when the applicant has a significant connection to the non-resident state where they are purchasing the product. All Non-Resident applications must be submitted with form OL4840. Non-Resident Sales are not permitted if the applicant is a resident of AR, MA, MN, MS, NY, UT, WA or WI. For more information, please refer to our FAQ on Non-Resident Sales (G5081C).

Application Submission & Policy Issue

How To Submit An Application

Up to 10 new applications at a time may be submitted **via fax to 1-816-527-0053 or via email to life.newbusiness@nsre.com.**

For faxes, identify the number of pages including the cover sheet. A copy of the premium check should be included with each application (if initial payment is not a bank draft). Mail initial premium checks to:

Nassau Re
PO Box 219361
Kansas City, MO 64121-9361

Application Processing and Policy Issue

Application materials will be reviewed and processed promptly upon receipt. The producer will be notified via email of the policy number and any outstanding questions. Once the application is "In Good Order," and payment has been received, the policy will be issued and mailed to the producer or owner.

Pending case information can be found by logging in to www.salesnet.nsre.com, and clicking on My Business Reports. Data is current as of the close of business on the prior day.

Policy Delivery

On the application, the producer has the option of electing the policy delivery method:

- The policy is mailed directly to the owner, or
- The policy is mailed to the producer. If this method is selected, a Policy Acceptance form must be signed by the insured and owner (if other than insured) and returned to Nassau Re within 30 days.

In certain instances, the Policy must be mailed to the producer and a signed Policy Acceptance form must be signed by the client and returned to Nassau Re within 30 days, including:

- When amendments are made to the policy prior to issue

Important Dates

Application Date – Applications must be dated the day the application is completed.

Application Receipt – Applications must be received at Nassau Re's processing location within 10 days of the application date.

Policy Effective Date – The policy will be placed in force on the policy issue date. If a signed Policy Acceptance Form is required, the policy effective date will be the date it is received by Nassau Re.

Specific Draft Dates – Initial premium will be drafted upon policy issue. Requests for a specific date for monthly bank draft must be requested on the application.

Post-issue Policy Changes

Certain changes may be made to a policy after issue:

- Policy Owner(s) and Beneficiary(ies)
- Free Look, within the Free Look period

The following changes cannot be accommodated:

- Face amount increases
- Premium amount adjustments (not related to face amount reduction)

Field Underwriting

Nassau Remembrance Life is underwritten on a simplified issue basis. There are no medical examinations, tests or fluid collection. This product is designed to accept risks up to 6 tables or 250% mortality. Clients over 6 tables or 250% mortality will be declined. Underwriting is based on your client's answers on the application.

Part 1 of the application is completed with your client. This form includes a series of screening questions. If your client answers "yes" to any of these questions, coverage will not be available.

Part 2 of the application contains underwriting questions used to determine if your client is eligible for coverage. This step can be completed in one of three ways (see page 8 for details).

Please impress upon your client the need to ensure that their answers on the application and during the teleinterview, if applicable, are true and complete. **Application answers will be validated against data received from third-party sources relative to identity, driving record, prescription and insurance history (MIB).** Coverage may not be available if application or teleinterview responses conflict with data we receive from these sources.

Screening Questions

If the client answers "yes" to any of the questions in Section 3 of application Part 1, no coverage will be available and the application should not be submitted.

Risk Classes

This product has 2 risk classes: Non-Tobacco (Preferred) and Tobacco (Standard). Each of these classes is designed to absorb risks up to table 6 (250%). Clients with mortality assessments over table 6 will be declined.

Tobacco Definition

In the last 12 months the use of tobacco or nicotine in any form including:

Cigarettes, cigars or pipes (more than 12 times a year), smokeless tobacco, nicotine substitutes, including patches and gum, electronic (smokeless) cigarettes, and vaping.

Underwriting Based On Underlying Cause

Nassau Re's practice is to underwrite based on the underlying cause of an impairment. For example, if a proposed insured experiences shortness of breath as a result of Chronic Obstructive Pulmonary Disease (COPD), the underwriting determination will follow the rules for COPD. In the Field Underwriting Guide, such impairments include a notation, "Rate for Cause." In such cases, Nassau Re will seek to understand the cause of the condition in order to make an underwriting assessment on the case.

Height & Weight Chart

This chart is designed to provide the maximum height/weight combinations for this product. The limits shown reflect the acceptable build range for this product, which is a maximum table rating of Table 6 (250% mortality). If your client is near the high end of these limits and has other medical history, they may not qualify for coverage.

Height (in)	Weight (lbs)		Height (in)	Weight (lbs)	
	Minimum	Maximum		Minimum	Maximum
4' 8"	< 74	212	5' 8"	112	304
4' 9"	79	219	5' 9"	115	312
4' 10"	81	226	5' 10"	118	320
4' 11"	84	233	5' 11"	122	328
5' 0"	87	240	6' 0"	125	337
5' 1"	90	248	6' 1"	129	346
5' 2"	93	256	6' 2"	132	355
5' 3"	96	264	6' 3"	136	364
5' 4"	99	272	6' 4"	140	374
5' 5"	102	280	6' 5"	143	384
5' 6"	105	288	6' 6"	147	394
5' 7"	109	296	6' 7"	151	409

List of Concerning Medications

The following list provides some examples of medications that may not be eligible for coverage.

Medications	Impairment	Medications	Impairment	Medications	Impairment
Amiodarone HCL	Arrhythmia	Exelon	Dementia/Cognitive Disorder	Plavix	Heart Disease, Stroke/TIA, PVD/PAD
Anastrozole	Cancer	Femara	Cancer	Pletal	Heart Disease, Stroke/TIA, PVD/PAD
Anoro Ellipta	Serious COPD	Furosemide	CHF	Prochlorperazine	Psychotic Disorder
Antabuse	Alcohol/Drugs	Geodon	Psychotic Disorder	Quetiapine	Psychotic Disorder
Aricept	Dementia/Cognitive Disorder	Haloperidol	Psychotic Disorder	Ranexa	Angina/Chest pain
Arimidex	Cancer	Humira	Rheumatoid Arthritis / Ankylosing Spondylitis / Psoriatic Arthritis	Remicade	Rheumatoid Arthritis/ Ankylosing Spondylitis/ Psoriatic Arthritis
Benlysta	Systemic Lupus	Hydralazine	Severe Hypertension	Ribavirin	Hepatitis
Bevespi Aerosphere	Serious COPD	Hydrea	Cancer	Rilutek	ALS
Bidil	CHF	Imuran	Organ Transplant	Risperidone	Psychotic Disorder
Calcitriol	Kidney Disease/Failure	Inspra	CHF	Sensipar	Kidney Disease/Failure
Carbidopa-Levodopa	Parkinson's	Invirase	HIV	Serzone	Psychotic Disorder
Casodex	Cancer	Isosorbide	Angina	Sinemet	Parkinson's
Clopidogrel	Heart Disease, Stroke/ TIA, PVD/PAD	Lanoxin	Heart Failure/Arrhythmias	Stiolto Respimat	Serious COPD
Daliresp	Serious COPD	Lupron	Cancer	Suboxone	Opiate dependency
Digoxin	Heart Failure/ Arrhythmias	Methadone	Opiate dependency	Tamoxifen	Cancer
Donepezil HCL	Dementia/Cognitive Disorder	Methyldopa	Severe Hypertension	Trelegy Ellipta	Serious COPD
Effient	Heart Disease, Stroke/ TIA, PVD/PAD	Namenda	Anti-Dementia	Utibron Neohaler	Serious COPD
Enbrel	Rheumatoid Arthritis/ Ankylosing Spondylitis/ Psoriatic Arthritis	Nitrostat/Nitro/ Nitroglycerin	Angina/Chest pain	Zemplar	Kidney Disease/Failure
		Pegasys	Hepatitis	Zyprexa	Psychotic Disorder

Guide to Impairments

Some medical impairments cannot be considered for coverage. Please to this section for guidance.

The underwriting approach is designed to accommodate the likelihood of multiple medical conditions. Conditions are evaluated in a manner which takes into account varying degrees of severity, treatment and age. Note that the presence of either numerous or significant medical conditions may result in decline. 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.
- Diabetes with insulin, tobacco use, and current age 30-40.
- Any history of cancer with more than one occurrence in the same location or metastasis (spreading).
- Chronic pain history with opioid and benzodiazepine prescriptions may be unacceptable.

Guide to Impairments (continued)

Addison's Disease	Accept	Cancer	Treatment completed over 5 years ago, with no history of recurrence or metastasis, Accept
ADHD/ADD	Accept	Cancer - Metastatic (spreading)	Decline
ADLs (requires assistance)	Decline	Cardiac Ablation (see medical impairment)	Possible Accept
AIDS/HIV +ve	Decline	Cardiac Pacemaker (Artificial)	Decline
Alcohol Abuse (current)	Decline	Cardiac Regurgitation (refer to specific impairment. Ex: Mitral Insufficiency, Aortic Murmur/Insufficiency)	Decline
Alcohol Abuse (history)	Less than 5 years from end of use/ treatment, Decline After 5 years, Accept	Cardiac stent	Decline
Alcohol use (refer to Alcohol section)	Possible Accept	Cardiomyopathy	Decline
Alzheimer's Disease	Decline	Carotid Bruit	Accept to Decline
Amputation	Caused by injury, Accept Due to disease within 1 year, Decline Otherwise, Decline	Carotid Disease	Accept to Decline
Amyotrophic lateral sclerosis (ALS)	Decline	Cerebral Palsy	Decline
Anemia, Iron Deficiency	Accept to Decline	Cerebrovascular Accident	Decline
Aneurysm	Decline	Chest Pain (cardiac)	Decline
Angina Pectoris	Decline	Chronic Obstructive Pulmonary Disease (COPD)	Accept Possible reasons for Decline includes current tobacco use, or use within the past 12 months; current oxygen treatment; or chronic oral steroids required
Ankylosing Spondylitis	Accept	Cirrhosis	Decline
Anorexia Nervosa	Fully recovered without treatment in the past 2 years, possible Accept - decline	Cocaine	Current use, Decline Treatment completed > 5 years ago and no history of relapse, possible Accept to Decline
Anxiety Disorders	Accept If taking 3 or more medications, Decline Suicide attempts or hospitalization within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline	Colon Polyps	If removed, no cancer, Accept Otherwise, Decline
Aortic Aneurysm	Decline	Congestive Heart Failure (Chronic)	Decline
Aortic Murmur/Insufficiency	Decline	Connective Tissue Disease	Usually Decline
Aplastic Anemia	Decline	Coronary Artery Disease	Decline
Asthma	Accept. Hospitalization for 10+ days within the past year and/or frequent use of oral steroids, Decline	Crohn's Disease	Mild-Moderate, Accept Hospitalization or complications within the past year or surgical operations, Decline.
Atrial Fibrillation	Accept, if diagnosed over 2 years ago and current age 50 or older Otherwise, Decline	Cystic Fibrosis	Decline
Autism	Highly functioning and living independently, Accept Otherwise, Decline	Defibrillator	Decline
Bankruptcy - not discharged	Decline	Dementia	Decline
Barlow's Syndrome/mitral valve prolapse	Accept	Depression	Accept If taking 3 or more medications, Decline Hospitalized within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline Any history of suicide attempts, Decline
Barrett's esophagus	No history of dysplasia, Accept Otherwise, Decline	Diabetes (please refer to Diabetes Guidelines page 12)	Type 1 or 2, Possible Accept Under age 30, Decline, Consult Diabetes Mellitus Base Rate section on page 12 for details
Basal Cell Carcinoma (BCC)	Possible Accept	Diabetes with Heart Disease and/or Cerebral Vascular Disease (stroke/TIA, etc)	Decline
Benign Prostatic Hypertrophy	Accept	Dialysis	Decline
Berger's Disease (IgA Nephropathy)	Decline	Diverticulitis/Diverticulosis	Accept
Bipolar Disorder	Accept If taking 3 or more medications, Decline Hospitalized within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline Any history of suicide attempts, Decline	Down's Syndrome	Decline
Breast Cancer	Diagnosed and all treatment completed over 5 years ago, Accept Otherwise, Decline (Tamoxifen use within the past 5 years, Decline)	Drug Addiction	Less than 5 years from end of use/ treatment, Decline After 5 years, Accept
Bronchiectasis	Decline	Emphysema	See COPD
Bronchitis	Accept	Epilepsy	Unless diagnosed within past year or hospitalized within past 2 years, Accept Severe, Decline
Bundle Branch Block LBBB	Decline	Felony in past 5 years (please refer to Criminal Activity Guidelines)	Decline
Bundle Branch Block RBBB	Accept		
CABG/Bypass Surgery	Decline		

Guide to Impairments (continued)

Fibromyalgia	Accept
Fibrosis	Decline
Gastric Bypass (surgery greater than six months ago - refer to weight loss surgery)	Possible Accept
Gastric Sleeve (surgery greater than six months ago - refer to weight loss surgery)	Possible Accept
Gestational Diabetes	Fully recovered, no treatment, Accept
Glomerulonephritis (Chronic)	Decline
Goiter/Graves Disease	Accept
Gout	Accept
Heart Attack (See Myocardial Infarction)	Decline
Heart Disease	Decline
Heart Failure (Chronic)	Decline
Heart Transplant	Decline
Hemophilia	Decline
Hepatitis A (Acute)	Fully recovered, Accept Otherwise, Decline
Hepatitis B (Chronic)	Possible Accept
Hepatitis C	Decline
High Blood Pressure	Accept
Hodgkins Disease	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline
Hodgkin's Lymphoma	Decline
Huntington's Chorea	Decline
Hyperlipidemia	Accept
Hypertension	Accept
Hyperthyroidism	Accept
Hypothyroidism	Accept
Hysterectomy (benign)	Accept
Inflammatory Bowel Disease (see Crohn's or Ulcerative Colitis)	See Crohn's or Ulcerative Colitis
Irritable Bowel Syndrome (spastic colitis)	Accept
Juvenile Rheumatoid Arthritis (see Rheumatoid Arthritis)	Accept If treated with Enbrel, Remicade, Humira, Decline
Kidney Dialysis	Decline
Kidney Disease	Decline
Kidney Insufficiency	Decline
Kidney Stones	Accept
Kidney Transplant	Decline
Leukemia	Decline
Liver Disease	Decline
Liver Transplant	Decline
Lou Gehrig's (ALS)	Decline
Lung Transplant	Decline
Lupus (Discoid)	Accept
Lupus (Systemic) Erythematosus	Decline
Lymphoma	Decline
Marfan's Syndrome	Decline
Marijuana	Accept; Possible Tobacco rates
Melanoma	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline

Meningitis	Diagnosed >1 year ago and no current treatment, Accept Otherwise, Decline
Mental Retardation	Highly functioning and living independently, Accept Otherwise, Decline
Migraines/Headaches	Accept
Mitral Insufficiency	Decline
Mitral Stenosis	Decline
Mitral Valve Prolapse	Accept
Mononucleosis	If fully recovered Standard Otherwise Decline
Multiple Myeloma	Decline
Multiple Sclerosis (MS)	Under Age 45, Decline Age 45 and up, Possible Accept
Murmur (heart)	Accept
Muscular Dystrophy (MD)	Decline
Myocardial Infarction	Decline
Narcolepsy	Accept
Narcotic and/or Opiate Use	Doctor-prescribed: 3+ in past year, Decline Otherwise, Accept Not doctor-prescribed within past 5 years, Decline
Nervous Disorder	See Anxiety Disorder
Neuropathy	Accept
Non-Hodgkin's Lymphoma	Decline
Osteoarthritis	Accept
Osteoporosis	Under Age 45, Decline Age 45 and up, Accept 2+ bone fractures and/or falls, Decline
Pacemaker (Artificial)	Decline
Palpitations	Accept
Pancreatitis	Single episode, fully recovered, no evidence of alcohol abuse, Accept Otherwise, Decline
Paraplegia	Decline
Parkinson's disease	Possible Accept
Pending Surgery	Postpone 6 months AND until released from all follow up
Pericarditis	Single episode, fully recovered, Accept Otherwise, Decline
Peripheral Vascular Disease	Accept If surgically corrected and/or in multiple limbs, or tobacco use, Decline
Polycystic Kidney Disease	Decline
Polycythemia (Vera)	Decline
Prostate Cancer	Diagnosis and end of treatment over 5 years ago, Accept Otherwise, Decline
Prostate Enlarged / BPH (Benign Prostatic hyperplasia) with normal PSA (prostate specific antigen) levels	Accept
Prostatitis	Accept
Proteinuria	Possible Accept (rate for cause)
Psoriasis	Accept
Psoriatic Arthritis	See Rheumatoid Arthritis

Guide to Impairments (continued)

PTSD (Post Traumatic Stress Disorder)	Accept If taking 3 or more medications, Decline Suicide attempts or hospitalization within the past 2 years, Decline If prescribed benzodiazepines and narcotic medication, Decline
Pulmonary Embolism	Two or fewer episodes, fully recovered, Accept Otherwise, Decline
Pulmonary Fibrosis	Decline
Pulmonary Hypertension	Decline
Pyelonephritis	Decline
Quadriplegia	Decline
Renal Failure	Decline
Renal Insufficiency	Decline
Renal Transplant	Decline
Rheumatic Fever	Current treatment, Decline Otherwise, Accept
Rheumatoid Arthritis	Accept If treated with Enbrel, Remicade, Humira, Decline
Sarcoidosis	Mild (stage 0 - 1, asymptomatic), Accept Moderate to Severe, Decline

Schizophrenia	Decline
Seizure/Convulsion	See Epilepsy
Shortness of Breath	Possible Accept (Rate for cause)
Sickle Cell Anemia	Decline
Sickle Cell Trait	Accept
Sleep Apnea	Accept
Squamous Cell Carcinoma (SCC)	Possible Accept
Stroke	Decline
Suicide Attempt	Decline
Systemic Lupus Erythematosus (SLE)	Decline
Transient Ischemic Attack (mini-stroke)	Decline
Tuberculosis	If on current treatment, Decline Otherwise possible Accept
Ulcer	No complications in past year, Accept
Ulcerative Colitis	See Crohn's Disease
Weight loss surgery: Gastric Bypass/Gastric Sleeve (surgery greater than six months ago)	Possible Accept

Diabetes Mellitus base rate:

Current age less than 30 = Decline

Current age 30-40, diagnosed within 10 years = Table D

Current age 30-40, diagnosed over 10 years = Table C

Current age 41-50, diagnosed within the past 10 years = Table C

Current age 41-50, diagnosed over 10 years ago = Table B

Current age 51+, diagnosed within the past 10 years = Table B

Current age 51+, diagnosed over 10 years ago = Standard

Additional diabetes risk factors may increase the overall rating (i.e. build, tobacco use, insulin use)

Examples:

Male, age 51 diagnosed within ten years, prescribed insulin, and currently uses tobacco = Decline

Female, age 41 diagnosed within ten years, prescribed oral medication, and a non-tobacco user = Table C

Marijuana Use:

Non-medical

Up to twice per week standard non-tobacco rates. More often than twice per week may be Rated to Decline.

Medical

Acceptable, decision will be based on the medical diagnosis that requires this prescription.

Alcohol Use:

25 drinks or less per week acceptable at Standard rates.

More than 25 drinks per week, Rated to Decline. *Alcohol questionnaire may be required.*

Criminal Activity Guidelines:

Applicants convicted or pled guilty to any felony within the past five years or is currently on probation or parole at the time of application or have any current pending charges or there's known or suspected connection with organized crime (including gangs), coverage will be denied.

Foreign Risk Guidelines

Insured must have a permanent visa (green card) and reside in the U.S. for a minimum of 2 years from the original issue date on the permanent visa/green card. Temporary visa holders are not eligible.

Coverage may not be available to individuals traveling to any country where a U.S. State Department travel warning, advisory, or alert has been issued. Military deployment to a war zone will not be considered.

Occupations such as foreign correspondent, diplomat, missionary, security personnel, independent contractors, and foreign aid worker will not be considered.

Coverage is not available for applicants planning to reside in a foreign country indefinitely.

Foreign risk guidelines are subject to state regulations.

Level of Care for Insureds Ages 60+

Insureds ages 70+ must have had a physical within the past 12 months. For ages 61-69, the insured must have had a physical within the past 24 months.

Producer Resources

Website

Visit Nassau Re's Website, <https://salesnet.nsre.com/> for:

- product availability by state
- quotes and illustrations
- marketing materials
- eApp
- pending case status
- compensation statements
- inforce account values
- and much more!

For mobile quotes, please save this link to your bookmarked sites:

<https://phx.insurancetechnologiespos.com/mobile/Main/Wholelife.aspx>

Live Support

Call for live assistance Monday through Friday, except major holidays.

Product Information, Marketing Fulfillment and Application Help:

Sales Desk 1-888-794-4447

Available 8 a.m. – 6 p.m. Eastern Time

New Business Questions

Life New Business: 1-800-417-4769, option 2, option 3

Available 8:30 a.m. – 5 p.m. Eastern Time

More Information

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) combats waste, fraud and abuse in the insurance industry. HIPAA guidelines have specific disclosure requirements that prohibit unauthorized persons from viewing or receiving confidential medical information. As a result, strict HIPAA regulations prohibit us from divulging or discussing with the producer any medical information obtained during underwriting.

Medical Information Bureau, Inc.

The Medical Information Bureau (MIB) is a membership association of life insurance companies. The primary mission of the MIB is to provide an alert to its member insurance companies against omissions and fraud. This helps MIB member companies to protect their interests and leads to cost savings which can be passed on to the insurance consumer.

The authorization sections on the application authorize Nassau Re to access the MIB and to obtain any necessary medical records for the Proposed Insured during the underwriting process. Please note that the MIB is used as an alert. Actual underwriting decisions are not based on MIB inquiry results alone.

With a tradition dating to 1851, Nassau Re helps people protect their families and provide for the income they will need in retirement. And, as needs change, we are right there with new solutions.



NASSAU RE

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Product features, rider options and availability may vary by state.

Guarantees are based on the claims-paying ability of Nassau Life and Annuity Company.

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