



BECAUSE THE DETAILS SHOW THAT WE CARE

A FIELD GUIDE TO UNDERWRITING



TRANSAMERICA®

CONTENTS

UNDERWRITING TIPS	3
GUIDELINES FOR DETERMINING COVERAGE AMOUNTS	
Individuals	5
Business Planning	8
FIELD UNDERWRITING	
What Is Field Underwriting and Why Should I Do It?	9
How Do I Approach Delicate Subjects?	10
What If the Client Is Not A U.S. Citizen?	11
HEIGHT AND WEIGHT CHARTS	
Male - All Products Except Trendsetter LB Bands 1 and 2 (non med)	13
Female - All Products Except Trendsetter LB Bands 1 and 2 (non med)	14
Male/Female - Trendsetter LB Bands 1 & 2 (non med)	15
UNDERWRITING REQUIREMENTS	
What Underwriting Exams and Reports May Be Required?	17
When Are Attending Physician Statements Ordered?	18
What Paramed Companies Can I Use and How Do I Contact Them?	19
How Long Are Underwriting Requirements Valid For?	19
Initial Underwriting Requirements	20
LIFESTYLE, HEALTH HISTORY AND MEDICAL IMPAIRMENTS IMPACT ON RISK CLASS	
Lifestyle and Health History	25
Medical Impairments Guidelines	27
Substandard Table Ratings	41
Additional Rate Class Information	41
ADDITIONAL INFORMATION	
Field Underwriting and the Conditional Receipt	42
An Application Has Been Completed. Now What?	43
Guide To Writing an Underwriting Cover Letter	45

UNDERWRITING TIPS

NON-MEDICAL DOES NOT MEAN GUARANTEED ISSUE

Applications are subject to MIB, prescription check, personal history, and medical history. Additional underwriting requirements such as a telephone interview (PHI) or an attending physician's statement (APS), paramed, blood, urine specimen and/or others may be requested.

AN APPLICATION WILL REMAIN OPEN FOR 90 DAYS

While we will generally require a statement of good health to be signed on delivery, if the application is between 90 and 180 days old, a new application may be requested at the discretion of the company.

IF THE PROPOSED INSURED IS A JUVENILE, A PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED

If the grandparent is the owner of the policy, the parents will still be required to sign the application. If the legal guardian is not a parent, proof of guardianship will be requested.

AN AGENT MAY BE CHARGED FOR ORDERING UNNECESSARY PARAMED EXAMS

Please refer to the initial underwriting requirements for standard age/face amount medical requirements.

A LEGIBLE POLICY NUMBER MUST BE PRINTED ON ALL CORRESPONDENCE FOR PROPER PROCESSING

APPLICATIONS SHOULD BE DOUBLE CHECKED TO ENSURE COMPLETENESS

Commonly missed information:

- Doctor Information (full name, dates seen, reason, city and phone number).
- Tobacco use.
- HIV question.
- Insurance in force (Life/DI).
- Beneficiary relationship.
- Child/additional insured information including height, weight and medical history.

ALWAYS PROVIDE THE BEST TIMES, TELEPHONE NUMBERS, AND ANY SPECIAL LANGUAGE NEEDS FOR YOUR CLIENT

Providing accurate contact information will assist in timely ordering and collection of underwriting information.

INCLUDE THE FOLLOWING INFORMATION FOR ALL MEDICAL CONDITIONS:

- Date of diagnosis.
- Past and current treatment, including medication.
- Follow-up information.
- All doctors seen.
- Last time seen.
- Current status.

NON-US CITIZENS REQUIRE ADDITIONAL UNDERWRITING CONSIDERATIONS

- For all non-U.S. citizens and permanent residents (Green Card holders), a copy of a valid visa is required with all applications.
- Employment Authorization Card holders with the following category codes are not eligible for coverage: A10, A11, A12, A19, A20, C8, C10, C14, C18, and C33.

BE SURE TO ORDER THE CORRECT PARAMED EXAM

To do so, please be sure to provide the full name of the underlying insurance company and product to the paramed company.

LIVING BENEFIT COVERAGE**

Certain medical conditions will impact an individual's eligibility for living benefits coverage and Transamerica reserves the right to decline living benefit riders or products based on an individual medical history.

The following are some conditions that are not eligible for living benefits coverage:

- Parkinson's.
- Multiple Sclerosis.
- Any rateable cancer history.
- Cancers treated with Radiation and/or Chemo Therapy.
- Any case rated higher than table 4 or given a flat extra over \$2.50 per thousand.



**Underwriting reserves the right to rate the base policy, limit benefits, or offer a different product based on medical information obtained during the underwriting process.

For agent use only. Not for distribution to the public.

DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

PURPOSE	FORMULA		REQUIREMENTS
Income Continuation	Ages	Income Factor	<ul style="list-style-type: none"> Income stated must be reasonable for the profession or occupation stated. Income source considered will be that of the proposed insured, not the household income or that of the owner. Earned income includes salary, bonuses, commissions, and deferred compensation and excludes income from investments. The unemployed spouse may be considered for a percentage of the employed spouse's income.
	18-35	Up to 30	
	36-45	25	
	46-50	20	
	51-55	15	
	56-65	10	
	66-70	5	
	71+	Individual Consideration	



DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

(continued)

PURPOSE	FORMULA		REQUIREMENTS
Juvenile	Ages	Face Amount	
Total juvenile insurance coverage with all carriers cannot exceed \$1 million. Amounts over \$1 million will not be considered.	15 days through 17 years	\$25,000 - \$500,000	<ul style="list-style-type: none"> Coverage amount on parents or legal guardian (copy of guardianship papers required) must be a minimum of 2 times the face amount requested on the juvenile. Coverage on all siblings must be equal. Parents or guardians must witness the applications and complete the non-medical declarations. The owner of the policy must be the parent, legal guardian or grandparent. The parent/legal guardian, juvenile and owner must be residing in the U.S. permanently either as a U.S. citizen or a visa type that is not considered temporary or uninsurable based on our international underwriting guidelines.
		\$500,001 - \$1,000,000	<p>All requirements for the \$25,000 - \$500,000 Face Amount, plus:</p> <ul style="list-style-type: none"> Proof of the parent's or legal guardian's (copy of guardianship papers required) existing insurance coverage, including any group employer coverage.* Minimum household income must be \$100K or greater. Evidence of income must include one of the following: <ul style="list-style-type: none"> A copy of the pay stub. Schedule C (if self employed). Or a copy of the previous year's Tax Forms. Underwriting will obtain the child's medical records. Submission of an illustration reflecting overfunding of the policy is strongly encouraged.
Washington State	15 days through 17 years	Total Insurance Amount, including in force coverage, cannot exceed the current U.S. household income.	<p>All requirements as indicated above for the appropriate face amount, plus</p> <ul style="list-style-type: none"> Juveniles 15 years or older must sign the application
New York State	Under 4 ½ years	Maximum Face Amount is greater of \$50,000 or 25% of the amount of insurance in force on the Parent/ Owner.	<p>All requirements as indicated above for the appropriate face amount, plus:</p> <ul style="list-style-type: none"> The parent designated as the owner must have adequate coverage as described. Not all children from the same family will be eligible for the same face amount if they fall within the two different age brackets. Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage to qualify the minor for the amount of insurance requested.
	4 ½ years to 17 years	Maximum face amount is the greater of \$50,000 or 50% of the amount in force on the parent/ owner.	

State specific laws, including NY and WA, take precedence over Company guidelines.

*For all in force coverage not with a Transamerica Affiliate company, a copy of the policy page(s) providing the face amount and premiums is required. For employer group coverage, proof of the face amount is required.

For agent use only. Not for distribution to the public.

DETERMINING COVERAGE AMOUNTS FOR INDIVIDUALS

(continued)

PURPOSE	FORMULA	REQUIREMENTS
Estate Planning	<p>Projected future estate value x 50%</p> <p>Note: A 7% annual growth rate over the applicant's life expectancy is used for illustration purposes. This estate appreciation rate should be adjusted, up or down, taking under consideration what is a reasonable growth factor in the current environment. Typically this has been in the 5 - 10% range.</p>	<p>A cover letter must be provided that includes:</p> <ul style="list-style-type: none">▪ The purpose of the insurance.▪ A current value of the applicant's estate, which includes a personal balance sheet listing all assets and liabilities and an estate analysis.



DETERMINING COVERAGE AMOUNTS FOR BUSINESS PLANNING

PURPOSE	FORMULA		REQUIREMENTS
Key Person	Ages	Factor x Income	<p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> The key person's value to the company. How the coverage amount was determined. Whether the key person has ownership in the company and the percentage of ownership. A list of all other key persons, the amount of key person coverage and percentage ownership for each key person.
	To age 65 Age 66+	10 5	
Buy-Sell/ Business Continuation	% Ownership x Corporate Value		<p>A cover letter must be provided explaining:</p> <ul style="list-style-type: none"> How the amount of insurance and the market value of the business were determined. A copy of the buy-sell agreement or the details of the buy-sell agreement. The applicant's ownership percentage, the number of other partners and their ownership percentage. The amount of buy-sell coverage on each partner and the amount and purpose of all in force business coverage. <p>All partners must apply for or have in force buy-sell coverage. The underwriter will need the last two years' corporate balance sheets and income statements, including notes.</p>
Business Loan	80% of loan amount		<ul style="list-style-type: none"> The business must be the owner of the policy. Cover letter must include the purpose, duration of the loan, collateral pledged, its value and the loan interest rate. A copy of the loan agreement needed for loans over \$3,000,000. The term of the loan must be five years or more.

FIELD UNDERWRITING

WHAT IS FIELD UNDERWRITING?

In order to provide the most accurate picture of the applicant to the insurer, it is important for an agent to get to know his or her clients in the process of soliciting business. This process, known as field underwriting, is the initial medical and financial screening of prospective buyers of life insurance and is a key responsibility of our agents.

For an agent, good field underwriting builds credibility with your client and boosts your reputation in the community as a knowledgeable life insurance advisor. More importantly, it can lead to a better customer experience and ratings, which will be beneficial to everyone involved. When meeting with your client, please be sure to keep in mind the following questions:

- Who are the clients?
- What do they do for a living?
- What is their annual income and net worth?
- Have they ever applied for life insurance in the past?
- Do they already own a life insurance policy?
- If so, what is the face amount? Is it being replaced?
- What is the purpose of the life insurance being applied for?
- Do they have any medical issues?
- Are they a foreign national?

WHY SHOULD I PERFORM FIELD UNDERWRITING?

- Expedite the underwriting process.
- Meet client expectations.
- Reduce personal history interviews.
- Get policies issued faster, so you can get paid sooner.
- Ensure conditional receipt is binding.



HOW DO I APPROACH DELICATE SUBJECTS?

To help clients obtain the coverage they need, you need to be sure to ask all the necessary questions—even the uncomfortable ones. Remember, incomplete responses will delay the review process, the client's coverage, and your commission payment. Below are some suggestions to help you address these sensitive subjects.

EXPLAIN THAT CORRECT WEIGHT AND OTHER SENSITIVE DETAILS ARE REQUIRED

Before you submit a client as preferred, be sure he or she meets the criteria. Refer to the underwriting criteria and medical impairments information in the following pages of this guide to determine if the applicant is eligible for coverage and at what underwriting class. It may help the client understand how important it is to provide correct details.

ASSURE THE CLIENT THAT THE PUBLIC RECORD SECTION OF THE APPLICATION IS CONFIDENTIAL

If the applicant has ever been arrested, he or she may not want to disclose it. Assure all clients in advance that the application is confidential and none of their personal information is at risk.

DOCUMENT THE DETAILS:

Bad example: One speeding ticket.

Good example: Speeding ticket, 2009; reckless driving, 2011; cell phone use, 2012.

ASK FIVE IMPORTANT QUESTIONS ABOUT MEDICAL CONDITIONS

To gain a complete picture of an applicant's medical history, ask the following questions:

1. What was the condition?
2. When was the condition diagnosed?
3. When was the last episode?
4. How and when was it treated?
5. What is the physician's name, address, and phone number?

DOCUMENT THE DETAILS:

Bad example: Heart surgery.

Good example: Bypass surgery, 2011, Dr. Brian Jones, New Orleans, Louisiana.

OBTAIN THE CORRECT SPELLING OF THE APPLICANT'S MEDICATION(S)

The best thing you can do is ask to see their prescription bottles. This way, you can ensure the correct spelling of all medications and physician names, in addition to dosages. Also, be sure to include on the application the medical condition for which each medication is prescribed.

WHAT IF THE CLIENT IS NOT A U.S. CITIZEN?

An insured who is not a U.S. citizen may still qualify for life insurance coverage if they meet certain special requirements and provide the needed documentation as defined below:

- The client must be legally in the United States (possess a valid visa, work permit, etc.)
- A Social Security Number (SSN) or Tax Identification Number (TIN) is required.
- The company requires copies of the visa and I-94 card. (Requested while client completes the application; if sent in separately, indicate in the Agent Comments section of the application.)
- Generally, if a visa will expire within 60 days of the application, we will need copies of the paperwork from USCIS. This documents the process for extension of the visa.
- The insured must have significant business and financial ties in the United States.
- The Matricula Consular Document is not recognized to be valid as a visa by the U.S. government.
- Cover Letter: For Foreign National/resident cases, summarize what the ties are to the U.S., and the reason for any missing required forms not submitted with the application.



WHAT IF THE CLIENT IS NOT A U.S. CITIZEN?

(continued)

DOCUMENTATION NEEDED

Indicate specific visa type on the application (e.g. H1, F1, etc.) or exact immigration status such as refugee, asylum, etc. Only list "permanent resident" on the application if the client is a lawful permanent resident (also known as a green card holder.) Please note: The long term care rider is only available with a green card.

Permanent Resident Card (Green Card Holders) - Copy of front and back of the card is required when applying for the Long Term Care Rider.

All Others: Copy of visa and I-94 cards required. Additional supporting documents may be required. Employment Authorization Card Holders - Please look at the Category Code located in the center of the Employment Authorization Card. The following codes are not qualified candidates for insurance:

CATEGORY	CATEGORY CODE DEFINITION	COVERAGE
A10	Withholding of Removal (For someone who has been ordered removed but allowed to stay temporarily.)	No
A11	Deferred Enforced Departure (Extended Voluntary Departure)	No
A12	Temporary Protective Status (Individual Consideration for El Salvador, Honduras, and Nicaragua. All other countries Decline)	No
A16	Victims of a Severe Form of Trafficking and Family Members/T Visa Holder	No
A19 / A20	Victims of a Crime / U Visa Holder	No
C8	Asylum pending but not approved. If asylum has been approved, guidelines will be utilized. If asylum has been granted, see asylum guidelines.*	No
C10	Suspension of Deportation Applicants (filed before April 1, 1997)	No
C14	Deferred Action (The person has overstayed their visa and have appealed to stay in the United States)	No
C18	Order of Supervision	No
C21	Witness or Informant of Criminal or Terrorism Information/ S Visa Holder	No
C33	Deferred Action for Childhood Arrival (DACA)	No

The purpose of this chart is outline the risks that are considered uninsurable based on immigration status. It is not possible to include every scenario and the contents of this document are subject to change without notice. This is not an offer guaranteeing any predetermined rate for any applicant.

*Asylees can be considered for coverage upon receipt of a clear, readable copy of the letter granting asylum, copy of the USCIS documentation Form I-730 for family members applying for coverage.

HEIGHT AND WEIGHT CHARTS

MALE

THROUGH AGE 70					AGES 71+				
TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred (S/NS)	N/A	Standard (S/NS)	TransNavigator Transamerica Journey Transamerica Journey NY	N/A	N/A	N/A	Standard (S/NS)
Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 &4)	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)	Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 &4)	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)
Accumulation UL	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Non- Tobacco & Tobacco	Accumulation UL	N/A	Preferred Tobacco	Preferred	Non- Tobacco & Tobacco
HEIGHT	WEIGHT				HEIGHT	WEIGHT			
4'6"	119	132	139	155	4'6"	123	133	143	158
4'7"	123	136	144	160	4'7"	127	138	148	164
4'8"	127	140	149	166	4'8"	131	143	153	170
4'9"	131	145	154	172	4'9"	135	148	158	176
4'10"	135	150	159	178	4'10"	140	153	163	182
4'11"	140	155	164	184	4'11"	145	158	168	188
5'0"	144	160	169	190	5'0"	149	163	173	194
5'1"	149	164	175	196	5'1"	154	168	179	200
5'2"	154	169	180	202	5'2"	159	173	185	206
5'3"	159	174	186	208	5'3"	164	178	191	212
5'4"	164	179	192	214	5'4"	169	184	197	218
5'5"	169	184	198	220	5'5"	174	189	203	225
5'6"	174	189	204	227	5'6"	179	194	209	232
5'7"	179	195	210	233	5'7"	185	200	215	238
5'8"	184	200	215	239	5'8"	190	205	221	244
5'9"	189	206	221	244	5'9"	195	211	227	249
5'10"	195	211	227	250	5'10"	200	216	232	255
5'11"	200	217	233	256	5'11"	206	222	238	261
6'0"	205	223	239	263	6'0"	212	228	244	268
6'1"	211	229	245	269	6'1"	217	234	250	274
6'2"	217	235	251	276	6'2"	222	240	256	281
6'3"	223	241	257	283	6'3"	228	246	262	288
6'4"	228	247	263	289	6'4"	234	252	268	295
6'5"	233	253	269	296	6'5"	239	258	274	302
6'6"	238	259	276	303	6'6"	244	264	281	309
6'7"	244	265	283	310	6'7"	250	270	287	316
6'8"	249	271	289	317	6'8"	255	276	293	323
6'9"	254	277	295	324	6'9"	261	282	300	331
6'10"	260	283	302	331	6'10"	266	288	306	338
6'11"	265	289	308	338	6'11"	272	294	313	345
7'0"	270	295	314	346	7'0"	277	300	319	353

HEIGHT AND WEIGHT CHARTS

FEMALE

THROUGH AGE 70					AGES 71+				
TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred (S/NS)	N/A	Standard (S/NS)	TransNavigator Transamerica Journey Transamerica Journey NY	N/A	N/A	N/A	Standard (S/NS)
Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 &4)	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)	Trendsetter Super Trendsetter Super NY Trendsetter LB (Bands 3 &4)	Preferred Plus	Preferred (S/NS)	Standard Plus	Standard (S/NS)
Accumulation UL	Preferred Elite	Preferred Plus/ Preferred Tobacco	Preferred	Non- Tobacco & Tobacco	Accumulation UL	N/A	Preferred Tobacco	Preferred	Non- Tobacco & Tobacco
HEIGHT	WEIGHT				HEIGHT	WEIGHT			
4'6"	117	128	136	149	4'6"	120	132	140	152
4'7"	121	132	141	154	4'7"	124	136	145	157
4'8"	125	136	146	159	4'8"	128	140	150	162
4'9"	129	140	151	164	4'9"	133	145	155	168
4'10"	133	144	156	169	4'10"	137	150	160	174
4'11"	138	149	161	175	4'11"	142	155	165	180
5'0"	142	154	166	181	5'0"	146	160	170	186
5'1"	147	159	171	187	5'1"	151	164	176	192
5'2"	151	164	176	193	5'2"	156	169	181	198
5'3"	156	169	181	197	5'3"	160	174	186	203
5'4"	161	174	185	202	5'4"	165	179	190	207
5'5"	165	179	189	206	5'5"	170	184	195	211
5'6"	170	184	194	210	5'6"	175	189	199	215
5'7"	174	189	199	215	5'7"	179	195	204	220
5'8"	178	195	204	220	5'8"	183	200	210	225
5'9"	182	200	210	225	5'9"	187	205	215	230
5'10"	186	205	215	230	5'10"	191	210	220	235
5'11"	190	210	221	236	5'11"	196	216	226	241
6'0"	195	216	227	242	6'0"	201	222	232	247
6'1"	200	222	233	248	6'1"	206	228	238	254
6'2"	205	228	239	254	6'2"	211	233	244	260
6'3"	210	233	244	260	6'3"	216	239	251	267
6'4"	215	239	250	267	6'4"	221	244	257	273
6'5"	220	245	256	274	6'5"	226	250	263	279
6'6"	225	250	262	281	6'6"	231	256	270	286
6'7"	230	256	268	287	6'7"	237	261	277	292
6'8"	235	262	274	293	6'8"	243	267	284	299
6'9"	240	267	280	300	6'9"	249	273	291	305
6'10"	245	273	286	306	6'10"	254	279	298	312
6'11"	250	279	292	313	6'11"	259	285	305	319
7'0"	255	284	298	319	7'0"	264	290	312	325

HEIGHT AND WEIGHT CHARTS

TRENDSETTER® LB BANDS 1 & 2

MALE

HEIGHT	WEIGHT				
	Preferred Nonsmoker*	Standard	Standard Express (CA Only)	Disability Income Rider	Maximum Weight**
4'6"	132	155	169	150	189
4'7"	136	160	176	156	196
4'8"	140	166	182	164	203
4'9"	145	172	189	169	211
4'10"	150	178	196	174	219
4'11"	155	184	203	178	227
5'0"	160	190	210	182	235
5'1"	164	196	217	187	243
5'2"	169	202	224	191	250
5'3"	174	208	231	196	258
5'4"	179	214	239	201	267
5'5"	184	220	246	207	275
5'6"	189	227	254	212	284
5'7"	195	233	261	218	292
5'8"	200	239	270	225	302
5'9"	206	244	278	231	311
5'10"	211	250	286	238	320
5'11"	217	256	294	243	329
6'0"	223	263	302	251	338
6'1"	229	269	310	257	347
6'2"	235	276	319	263	357
6'3"	241	283	327	270	366
6'4"	247	289	336	278	376
6'5"	253	296	345	286	386
6'6"	259	303	354	296	396
6'7"	265	310	363	305	406
6'8"	271	317	372	314	416
6'9"	277	324	381	323	426
6'10"	283	331	390	331	437
6'11"	289	338	399	342	448
7'0"	295	346	409	353	458

FEMALE

HEIGHT	WEIGHT				
	Preferred Nonsmoker*	Standard	Standard Express (CA Only)	Disability Income Rider	Maximum Weight**
4'6"	128	149	157	145	174
4'7"	132	154	163	150	180
4'8"	136	159	167	156	187
4'9"	140	164	173	161	193
4'10"	144	169	179	166	200
4'11"	149	175	185	170	207
5'0"	154	181	192	173	215
5'1"	159	187	198	178	221
5'2"	164	193	205	182	229
5'3"	169	197	212	187	237
5'4"	174	202	219	191	245
5'5"	179	206	226	196	253
5'6"	184	210	234	201	262
5'7"	189	215	241	207	269
5'8"	195	220	249	214	278
5'9"	200	225	257	219	287
5'10"	205	230	265	226	296
5'11"	210	236	273	231	305
6'0"	216	242	280	238	313
6'1"	222	248	288	243	322
6'2"	228	254	296	249	331
6'3"	233	260	304	256	340
6'4"	239	267	312	264	349
6'5"	245	274	320	271	358
6'6"	250	281	329	280	368
6'7"	256	287	337	289	377
6'8"	262	293	346	297	387
6'9"	267	300	354	306	396
6'10"	273	306	362	314	406
6'11"	279	313	371	321	415
7'0"	284	319	380	330	425

*Preferred Nonsmoker available on band 2 only when medically underwritten.

**Maximum weights to qualify for a rated policy; anything above these weights will be declined.

For agent use only. Not for distribution to the public.

UNDERWRITING REQUIREMENTS

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Personal History Interviews, Inspection Reports, Prescription Checks, Motor Vehicle Reports, and Attending Physician Statements will be ordered by the company at its discretion.



UNDERWRITING EXAMS AND REPORTS DEFINED

PERSONAL HISTORY INTERVIEWS (PHI)

A Personal History Interview may be ordered at the discretion of the underwriter for any amount of coverage.

PARAMED EXAM

A Basic Paramedical Exam includes medical history questions, measured height and weight, pulse, and blood pressure.

MEDICAL EXAM (MED)

Medical Doctor Exam may also be ordered. These must be arranged through approved paramed companies.

HOME OFFICE SPECIMEN (HOS)

A urine test is required with all medical and paramedical exams.

BLOOD CHEMISTRY PROFILE (BCP)

The BCP is a venous blood draw. Appointed paramedical services can obtain the Blood Chemistry Profile.

RESTING ELECTROCARDIOGRAM (ECG)

If Resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated. Please provide a copy.

MINNESOTA COGNITIVE ACUITY SCREEN (CS)

The MCAS is a simple, short telephone interview, conducted by registered nurses (RNs) trained to administer the test. Proposed insureds age 71 and older will complete the Minnesota Cognitive Acuity Screen which screens for cognitive deficits.

INSPECTION REPORTS (IR)

Provides a holistic view of the proposed insured's public records footprint, providing information such as criminal records history, properties owned, and bankruptcies.

UNDERWRITING EXAMS AND REPORTS DEFINED

(continued)

PERSONAL FINANCIAL STATEMENTS (PFS)

A Personal Financial Statement (also known as a Confidential Financial Questionnaire) will be requested if the income and net worth of PI is not provided on the application, the company finds the financial information is unclear, inconsistent or additional details are needed, and/or the insurance is being used for business coverage, including Buy-Sell, Loan and Key Person applications.

MOTOR VEHICLE REPORTS (MVR)

A Motor Vehicle Report may be ordered at the discretion of the underwriter for any amount of coverage.

PRESCRIPTION CHECK (RX CHECK)

A prescription history may be ordered at the discretion of the underwriter for any reason.

ATTENDING PHYSICIAN STATEMENTS (APS)

Providing complete information, including telephone number, will expedite the APS process. APSs will be ordered by the company at its discretion.

APS GUIDELINES ARE AS FOLLOWS:

FACE AMOUNTS			
Age	Up to and including \$1 million	\$1,000,001 to \$3 million	Over \$3 million
0-50	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on all applications**
51-60	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	NOT ROUTINELY (for cause or for exam within the past 3 months not marked within normal limits)*	YES Will be required on all applications
61-69	NOT ROUTINELY (for cause or for exam within the past 12 months not marked within normal limits)*	Yes Within the last 5 years for preferred classes and has an established Primary Care Physician	Yes Within the last 5 years for preferred classes and has an established Primary Care Physician
70 and older	Yes***	Yes***	Yes***

*APSs are not needed on regular annual exams that are marked within normal limits or on annual female exams unless exam was noted as abnormal.

**Individual consideration up to and including \$5 Million (and under age 50) if applicant has not seen an MD for more than 3 years.

***Ages 70 to 79, normal underwriting guidelines if seen in the last 24 months by Primary Care Physician. Age 80 should have seen an MD in the last 12 months for any consideration.

Business coverage

Business coverage may require a Business Beneficiary Inspection Report (BBIR) at face amounts over \$2,000,000.

For agent use only. Not for distribution to the public.

AUTHORIZED PARAMED COMPANIES

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

APPS - Portamedic	800-727-2101	appslive.com
Examination Management Services, Inc. (EMSI)	800-872-3674	emsinet.com
Insurance Medical Services, Inc	877-808-5533	imspamed.com
ExamOne, Inc.	800-768-2056	examone.com
ExamOne Superior Solutions	800-898-3926	smminsurace.com

AUTHORIZED INSPECTION COMPANIES

The companies listed below are authorized to perform Inspection Reports (IRs) on behalf of Transamerica. These will be ordered by the home office.

Examination Management Services, Inc. (EMSI)

800-281-8991 | <https://eol5.emsinet.com> | it.support.desk@emsinet.com

ExamOne Inc.

800-768-2056 | Examone.com | CSG.1@ExamOne.com

HOW LONG ARE UNDERWRITING REQUIREMENTS VALID FOR?

Underwriting requirements will expire as listed in the chart.

REQUIREMENTS	UP TO AGE 70	AGE 71 AND OLDER
Paramed or Medical*	Good for 1 year	Good for 6 months
Part 2 (Non-med)	Good for 3 months	Good for 3 months
Resting Electrocardiogram (ECG)**	Good for 1 year	Good for 1 year
Inspection Report (IR)	Good for 1 year	Good for 1 year
Personal Financial Supplement (PFS)	Good for 1 year	Good for 1 year
Home Office Urine Specimen (HOS)	Good for 1 year	Good for 6 months
Blood Chemistry Profile (BCP)	Good for 1 year	Good for 6 months
Minnesota Cognitive Acuity Screen (CS)	N/A	Good for 6 months
Motor Vehicle Report (MVR)	Good for 6 months	Good for 6 months

*Underwriting may request additional requirements in addition to the paramed exam, such as a newly completed non-medical Part 2, or statement of good health, depending on product, age of exam and medical history.

**ECG: If normal resting ECG records are available from a test conducted within the last 12 months, the test need not be repeated.

INITIAL UNDERWRITING REQUIREMENTS

TRENDSETTER® SUPER TRENDSETTER® SUPER NY

FACE AMOUNT	ISSUE AGE					
	18 - 40	41 - 50	51 - 60	61 - 70	71 - 75	76 - 80
\$25,000 - \$50,000	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS MVR
\$50,001 - \$99,999	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR
\$100,000 - \$250,000	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
\$250,001 - \$500,000	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR
\$500,001 - \$1,000,000	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR
\$1,000,001 - \$2,000,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 - \$3,500,000	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 - \$5,000,000	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$5,000,001 - \$10,000,000	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$10,000,001 and higher	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECGPFS MVR IR	Medical BCP HOS ECGPFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

INITIAL UNDERWRITING REQUIREMENTS

TRENDSETTER® LB

AVAILABLE RISK CLASSES: STANDARD (S/NS) AND STANDARD EXPRESS ¹ (S/NS)						
		18 - 40	41 - 50	51 - 60	61 - 70	71 - 80
Band 1	\$25,000 - \$99,999	Non-med* MVR	Non-med* MVR	Non-med* MVR	N/A	N/A
Band 2	\$100,000 - \$249,999	Non-med* MVR	Non-med* MVR	Non-med* MVR	Paramed BCP HOS	Paramed BCP HOS CS MVR

The Trendsetter LB is only available through Table D.

¹Standard Express Class (S/NS) Only available in California.

*Standard nonsmoker is the best rate class available for non-medical underwritten Bands 1 and 2.

Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

AVAILABLE RISK CLASSES: PREFERRED NONSMOKER						
		18 - 40	41 - 50	51 - 60	61 - 70	71 - 80
Band 2	\$100,000 - \$249,999	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR

AVAILABLE RISK CLASSES: PREFERRED PLUS, PREFERRED (S/NS), STANDARD PLUS AND STANDARD (S/NS)						
		18 - 40	41 - 50	51 - 60	61 - 70	71 - 80
Band 3	\$250,000 - \$499,999	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR
Band 4	\$500,000 - \$2,000,000	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR Rx Check	Paramed BCP HOS MVR Rx Check	Paramed BCP HOS ECG CS PFS MVR Rx Check

Transamerica reserves the right to order Rx checks and to request other evidence of insurability as it deems necessary.

Business coverage may require BBIR at face amounts of \$2million and greater.

INITIAL UNDERWRITING REQUIREMENTS

TRANSNAVIGATORSM

FACE AMOUNT	ISSUE AGE							
	0-17	18-40	41-50	51-60	61-70	71-75	76-80	81+
\$25,000 - \$99,999	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$100,000 - \$249,999	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$250,000 - \$499,999 (for 0-17 \$250,000 - \$500,000)	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$500,000 - \$1,000,000 (for 0-17 \$500,001 - \$1,000,000)	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$1,000,001 - \$2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 - \$3,500,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 - \$5,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$5,000,001 - \$10,000,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECGPFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.

Policies do not have to be split to accommodate face amounts over \$10 million.

Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million. Please refer to Product Guides to verify available face amounts for specific product.

INITIAL UNDERWRITING REQUIREMENTS

TRANSAMERICA JOURNEYSM TRANSAMERICA JOURNEYSM NY

FACE AMOUNT	ISSUE AGE							
	0-17	18-40	41-50	51-60	61-70	71-75	76-80	81+
\$100,000 - \$249,999	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$250,000 - \$499,999	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$500,000 - \$1,000,000	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$1,000,001 - \$2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 - \$3,500,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 - \$5,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$5,000,001 - \$10,000,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$3,500,001 - \$5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$5,000,001 - \$10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: VUL policies are only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

The Long Term Care (LTC) Rider is only available on Journey/Journey NY to U.S. Citizens living in the U.S. and to Green Card holders. For full underwriting specifications, please refer to the appropriate LTC Underwriting Guide.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.

Policies do not have to be split to accommodate face amounts over \$10 million.

Business Beneficiary Inspection Report (BBIR) ordered for business coverage over \$2 million. Please refer to Product Guides to verify available face amounts for specific product.

For agent use only. Not for distribution to the public.

INITIAL UNDERWRITING REQUIREMENTS

ACCUMULATION UL

FACE AMOUNT	ISSUE AGE							
	0-17	18-40	41-50	51-60	61-70	71-75	76-80	81+
Up to \$50,000	Non-med	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$50,001 - \$75,000	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$75,001 - \$100,000	Non-med	Non-med	Non-med	Non-med	Paramed BCP HOS	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Medical BCP HOS ECG MVR
\$100,001 - \$250,000	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$250,001 - \$500,000	Non-med	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS CS MVR	Paramed BCP HOS CS MVR	Medical BCP HOS ECG CS MVR
\$500,001 - \$1,000,000	†	Paramed BCP HOS MVR	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS	Paramed BCP HOS ECG CS PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$1,000,001 - \$2,000,000	N/A	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$2,000,001 - \$3,500,000	N/A	Paramed BCP HOS PFS MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG MVR	Paramed BCP HOS ECG PFS MVR	Paramed BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR	Medical BCP HOS ECG CS PFS MVR
\$3,500,001 - \$5,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$5,000,001 - \$10,000,000	N/A	Paramed BCP HOS PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Paramed BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR
\$10,000,001 and higher	N/A	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR	Medical BCP HOS ECG CS PFS MVR IR

Transamerica reserves the right to request other evidence of insurability as it deems necessary.

Note: Non-Med is only available to residents of the United States and Puerto Rico. Non-medical application (Part 2) and HIPAA notice required for all non-med business. Rx check will be ordered by Home Office on all non-med business.

† For requirements, please see Determining Coverage Amounts - Juveniles on page 6 of this guide.

LIFESTYLE AND HEALTH HISTORY

IMPACT ON RISK CLASS

TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred Non smoker	N/A	N/A	Standard Non smoker	Preferred Smoker	N/A	Standard Smoker
Trendsetter Super Trendsetter Super NY Trendsetter LB	Preferred Plus	Preferred Non smoker	Standard Plus	NONMED Standard & Standard Express ¹ Non smoker (band 1 & 2 LB)	Standard Non smoker	Preferred Smoker	NONMED Standard & Standard Express Smoker (band 1 & 2 LB)	Standard Smoker
Accumulation UL	Preferred Elite	Preferred Plus	Preferred	N/A	Non-Tobacco	Preferred Tobacco	N/A	Tobacco
Tobacco Usage	None in the past 5 years	None in the past 2 years	None in the past 2 years	None in the past year	None in the past 2 years	Tobacco permitted	Tobacco permitted	Tobacco permitted
Incidental Cigar Usage	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Available subject to: -Admitted on app and exam - HOS neg for cotinine -No more than 1 per month	Permitted	Permitted	Permitted
Cholesterol With or without treatment	230	260	300	*	*	260	*	*
Chol / HDL	5.0 for ages ≤70	5.5 for ages ≤70	6.2 for ages ≤70	*	7.0 for ages ≤70	5.5 for ages ≤70	*	7.0 for ages ≤70
	5.5 for ages 71+	6.0 for ages 71+	6.7 for ages 71+		7.5 for ages 71+	6.0 for ages 71+		7.5 for ages 71+
Blood Pressure	135/85 for ages ≤70	145/85 for ages ≤70	148/88 for ages ≤70	*	*	145/85 for ages ≤70	*	*
	145/85 for ages 71+	150/90 for ages 71+	152/88 for ages 71+	*	*	150/90 for ages 71+		*
Treatment	<u>Through age 49:</u> Without treatment <u>Ages 50-80:</u> With treatment, as long as readings fit criteria above <u>Ages 81+:</u> Without treatment	With or without treatment	With or without treatment	*	*	With or without treatment	*	*
Family History Includes coronary artery disease and the following cancers:** Breast, Ovarian, Prostate, Colon, Lung, Melanoma	No family deaths before age 65 of either parent or sibling. Disregard if PI is age 65 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	N/A	*	No family deaths before age 60 of either parent. Disregard if PI is age 60 or older.	N/A	*
Personal History	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	***	No ratable impairments	No heart or vascular disease, diabetes, or cancer (except some skin cancers)	***	No ratable impairments

*Individual consideration on a case-by-case basis; may or may not be eligible.

**Some gender-specific cancers may qualify for preferred rates.

***See Underwriting Guidelines for Medical Impairments on pages 17 - 32

¹Standard Express Class (S/NS) Only available in California

For agent use only. Not for distribution to the public.

LIFESTYLE AND HEALTH HISTORY—IMPACT ON RISK CLASS

TransNavigator Transamerica Journey Transamerica Journey NY	Select	Preferred Non smoker	N/A	N/A	Standard Non smoker	Preferred Smoker	N/A	Standard Smoker
Trendsetter Super Trendsetter Super NY Trendsetter LB	Preferred Plus	Preferred Non smoker	Standard Plus	NONMED Standard & Standard Express ⁵ Non smoker (band 1 & 2 LB)	Standard Non smoker	Preferred Smoker	NONMED Standard & Standard Express ⁵ Smoker (band 1 & 2 LB)	Standard Smoker
Accumulation UL	Preferred Elite	Preferred Plus	Preferred	N/A	Non-Tobacco	Preferred Tobacco	N/A	Tobacco
Driving History DUI/Reckless	None in the past 5 years			***	*	None in past 5 years	***	*
MVR-Major Violations	No more than 1 major violation in the past 3 yrs and NONE in the past 12 months	No more than 1 major violation in past 3 yrs		***	*	No more than 1 major violation in past 3 yrs	***	*
MVR-Minor Violations	No more than 3 minor moving violations within the past 3 yrs			***	*	No more than 3 minor moving violations within the past 3 yrs	***	*
Private Aviation ¹	Only available with Aviation Exclusion Rider; not available to those age 71 and older	Preferred can be offered with or without ratable aviation.	Can be offered with or without ratable aviation	***	Available as qualifies	Preferred can be offered with or without ratable aviation.	***	Available as qualifies
Avocation (Hazardous)	No participation in activities listed below ²	No participation in activities listed below ² Flat extra available	No participation in activities listed below ² Flat extra available	***	No participation in activities listed below, if ratable ²	No participation in activities listed below ² Flat extra available	***	No participation in activities listed below, if ratable ²
Alcohol/Substance Abuse	No history or treatment at any time	No history or treatment at any time	No history or treatment in the past 10 years	***	No history or treatment in the past 7 years	No history or treatment at any time	***	No history or treatment in the past 7 years
Citizenship/Residence	U.S. citizen or legal permanent resident/green card residing in the U.S. – all others, contact Underwriting for individual consideration.							
Foreign Travel (Unsafe)	No traveling to dangerous areas of the world where the State Department has issued travel advisories. ³							
Military	Active military duty is acceptable provided the proposed insured is not serving in a hazardous area or does not have orders to serve in a hazardous area. ⁴							

*Individual consideration on a case-by-case basis – may or may not be eligible.

***See Underwriting Guidelines for Medical Impairments on pages 17 - 32

¹Private Aviation: An Aviation Exclusion Rider (AER) is not available on joint life applications.

²Avocation: Prohibited activities involving aeronautics (e.g., hang-gliding, ultralight, soaring, skydiving, ballooning, etc.), power racing, competitive vehicles, mountain climbing, rodeos, competitive skiing, or scuba/skin diving at a depth greater than 75 feet.

³Foreign Travel: Unless otherwise prohibited by statute.

⁴Military: Unless otherwise prohibited by statute.

⁵Standard Express Class (S/NS) Only available in California

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
AIDS/HIV	Decline	N	Decline
Alcohol abuse	T2 - Decline	N	Decline
Alcoholism	<2 yrs since complete abstinence - Decline	Yes, with greater than 10 years of sobriety	Decline
	3-5 yrs since complete abstinence - T3 to T10	N	
	>5 yrs since complete abstinence - Standard to T3	N	
Allergies, Hay fever	Standard	Y	Std
ALS (Lou Gehrig's Disease)	Decline	N	Decline
Alzheimer's Disease	Decline	N	Decline
Amputations	Limited, traumatic injury - Standard Otherwise, see specific cause/disease	Possible in those cases of limited, traumatic injury resulting in amputation.	Exclusion Rider or Decline
Anemia	Fully investigated with no underlying cause identified. Mild - Standard	N	Decline
	Moderate - T2 to T5	N	
	Severe - Decline	N	
Aneurysm, abdominal**	No surgery but with periodic surveillance - T2 to T6	N	Decline
	No surgery or surveillance - Decline	N	
	No surgery, size > 5 cm - Decline	N	
	Treated with surgery:	N	
	<6 mo since surgery - Postpone		
	>6 mo since surgery - T2 to T6, depending on length of time since surgery		
Aneurysm, cerebral**	No surgery - \$7.50 flat extra to Decline	N	Decline
	<6 mo since surgery - Postpone	N	
	6 mo to 2 yrs since surgery - \$5 flat extra	N	
	>2 yrs since surgery - Standard	N	
	(if multiple cerebral aneurysms or significant residuals, possible Decline)		
Angina	See Coronary Artery Disease		
Anxiety	Mild - (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) - Standard	Y	Decline
	Moderate - (satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work) - Standard to T4	N	
	Severe - (recurring episodes requiring in-patient care, unable to work) - T4 to Decline	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Arthritis, osteo	Mild or Moderate – Standard	Y – mild only	Exclusion Rider or Decline
	Severe – possible T2	N	
Arthritis, rheumatoid**	Mild – (minimal pain, no deformity, no continuous treatment required) – Standard	N	Decline
	Moderate – (moderate activity, frequent drug therapy, slight deformity) – T2 to T3	N	
	Severe – (chronic active disease, serious restrictions of movement, continuing treatment including steroids) – T4 to Decline	N	
Asthma**	Mild – Standard to T2	Y – mild only	Exclusion Rider or Decline
	Moderate – T3 to T8	N	
	Severe – Decline	N	
	Children: < Age 7 can be considered for coverage at a Standard rate if their asthma is mild and well controlled. Age 2 or younger, cannot be considered for coverage	N	
Atrial fibrillation**	No underlying heart disease, short duration <4 episodes per year – Standard to T3	N	Decline
	Chronic or prolonged episodes – T2 to T6	N	
Aviation, paid	Commercial pilot, passenger or freight flying within the U.S. or Canada – Standard	Y	Standard if qualified pilot
	Corporate Pilot – Standard	Y	
	Other, \$2.50 to \$10 flat extra (Rating determined by occupation)	N	
Aviation, private	Student pilot – \$3.50 flat extra	See Preferred Guidelines	Qualified private pilots may be acceptable
	Qualified pilot – Standard to \$3.50 flat extra (Rating determined by client age, number of hours flown each year and total flying experience)	N	
Back pain (See also Chronic Pain)	Mild to Moderate – Standard	Y	Exclusion Rider or Decline
	Severe-possible T2 to T4	N	
Barrett's Esophagus	Standard to Decline	N	Decline
Bell's Palsy	Standard	Y – If > 3 months since diagnosis, fully recovered with no complications.	Present – Decline
			Fully recovered, no residuals – Standard

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Bipolar disorder	Mild – (no loss of work, stable symptoms, low-dose single antidepressant) – T2 to T4	N	Decline
	Moderate – (1 or more episodes, satisfactory response to treatment, infrequent disabling attacks) – T4 to T6	N	
	Severe – (recurring episodes, inpatient care, disabled from work) – T8 to Decline	N	
Blindness	Total blindness – Standard to T3	Possible, if otherwise considered Standard and no impairment of functional capacity.	Exclusion Rider
	Partial – Standard	Y	
BPH (Benign Prostatic Hypertrophy)	Normal PSA, urinalysis, no impairments – Standard	Y	History of >6 mos – Standard
Breast disorders (not Cancer)	Benign mass without atypia per biopsy – Standard	Y	Present – Decline
	Benign mass with atypia per biopsy – Standard to T4 (determined by client's age and if family history is positive for breast cancer)	N	History of/recovered – Standard
Broken bone	Standard	Y	Standard or Exclusion Rider
Bronchiectasis	Minimal or Mild – Standard to T3	N	Decline
	Moderate or Severe – Decline	N	
	Moderate – T4 to T6	N	
	Severe – T8 to Decline	N	
Bronchitis, acute	Standard	Y	Present with history of asthma – Decline, otherwise – Standard
Bronchitis, chronic (COPD)	Mild – Standard to T3	N	Decline
	Moderate – T4 to T8	N	
	Severe – Decline (if currently using oxygen – Decline)	N	
Bundle branch block, right	Incomplete – Standard	Y	Decline
	Complete: No CAD risk factors – Standard	N	
	With CAD risk factors – T2 to T3	N	
Bundle branch block, left	T4 to Decline	N	Decline

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Bursitis	Standard	Y	Exclusion Rider or Decline
Cancer (internal organ)	Call Home Office	N	Decline
Cancer, skin (not Melanoma)	Standard	Y	Standard
Cardiomyopathy	<3 yrs since diagnosis - postpone	N	Decline
	>3 yrs since diagnosis - T4 to T8		
Carpal Tunnel Syndrome	Standard	Y	Exclusion Rider or Decline
Cataracts	Standard	Y	Standard or Exclusion Rider
Cerebral Palsy	Age 8 or less - Decline	N	Decline
	Age 9 or greater- very mild and no mental retardation - Std	N	
	Otherwise, T4 to Decline	N	
Cerebral Vascular Accident, Stroke (CVA)**	<1 yr since occurrence - Postpone	N	Decline
	>1 yr since occurrence - T4 to Decline	N	
	Multiple CVA's - Decline	N	
Chronic Obstructive Pulmonary Disorder (COPD)**	Minimal to Mild - Standard to T4	N	Decline
	Moderate - T6 to T8		
	Severe - Usually Decline (Rating will be higher if currently using tobacco, Supplemental oxygen is decline)		
Chronic Fatigue Syndrome	<1 year since last symptoms - Postpone	N	Present, within 2 yrs of recovery - Decline
	>1 year since last symptoms - Standard	Y	>2 yrs since recovery, no residuals - Standard
Chronic pain	Mild - Standard to T3	N	Decline
	Moderate - T4 to T8	N	
	Severe - Decline	N	
Cirrhosis (liver)	Complete abstinence from alcohol for > 5 years, no complications, normal liver enzymes - T6 to Decline	N	Decline
	Otherwise, Decline	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Colitis, ulcerative**	<1 yr since diagnosis - T3 to T4	N	Decline
	1-5 yrs since diagnosis - T2 to T6	N	
	>5 yrs since diagnosis - Standard	N	
	Severe colitis or with complications - Decline	N	
Colitis, other than ulcerative	Standard - Decline, depending on cause	Y	Standard to Decline
Concussion (head injury)	Mild - Postpone 6 mo, then Standard (if no residuals)	Y - if no residuals	Standard to Decline
	Moderate - Postpone 1 yr, then Standard (if no residuals)	N	
	Severe - Postpone 2 yrs, then Standard (if no residuals)	N	
Congestive Heart Failure (CHF)**	<1 yr since complete recovery - Postpone	N	Decline
	Otherwise, T4 to Decline	N	
Convulsions*	See Epilepsy		
Coronary Artery Disease**	<3 months after bypass - Postpone	N	Decline
	<6 months after angioplasty - Postpone	N	
	Ages: <40 - Decline	N	
	40-45 - T6 to Decline	N	
	46-59 - T4 to Decline	N	
	>60 - T2 to Decline May be able to improve offer with credits for favorable factors such as cholesterol and recent negative cardiac testing.	N	
Criminal activity	Criminal charges pending, or currently on probation or parole - Postpone	N	Decline
	Otherwise, call Home Office	N	
Crohn's Disease**	<1 yr from diagnosis or major attack - Postpone	N	Standard
	>1 yrs from diagnosis or major attack - T2 to T6	N	
Cyst, benign	Standard	Y	Standard
Cystic Fibrosis	Decline	N	Decline
Depression	Mild - (minimal amt of medication, no counseling, no time off work, no psychiatric counseling) - Standard	Possible	Decline
	Moderate - (satisfactory response to treatment, out-patient psychotherapy, no more than 1-2 weeks off work) - Standard to T4	N	
	Severe - (recurring episodes requiring in-patient care, unable to work) - T6 to Decline	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

For agent use only. Not for distribution to the public.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Dermatitis	Standard	N	Standard
Diabetes**	Standard to Decline (rating determined by current age, how long since diagnosis, and control)	N	Decline
	Well controlled diabetes, older than age 20, no tobacco with no complication, stable - T2 to Decline	N	
Diverticulitis**	Mild attacks, fully recovered - Standard to T2	Y	Exclusion Rider or Decline
Down Syndrome**	Mild - T8 to T10 Not insurable prior to age 8. Individuals with associated heart disease usually a Decline	N	Decline
	Moderate or Severe - Decline	N	
Driving Under the Influence (DUI)*	<1 yr since violation: < age 26 - Decline	N	Decline
	Ages 26-35 - \$5 Flat Extra	N	
	Ages 36 & older - \$3.50 Flat Extra	N	
	1-5 yrs since violation - Standard to \$5.00 Flat Extra depending on age		
	>5 yrs since violation - Standard	N	
	Multiple DUIs - Probable Decline	Y	
	Under age 21 at time of offense - Individual Consideration	N	
Drug Abuse, marijuana	Current use, < 9 times a month - Tobacco Rates	N	Decline
	Current use, more frequent - T2 to Decline	N	
Drug Abuse, other than marijuana**	Current use or use within last 3 yrs - Decline History of Relapse - Probable Decline	N	Decline
	3-6 yrs since complete abstinence - \$7.50 temporary flat extra	N	
Eczema	Standard	Y	Standard
Emphysema**	Minimal to Mild - Standard to T4	N	Decline
	Moderate - T6 to T8	N	
	Severe - Usually Decline Ratings will be higher if currently using tobacco Supplemental Oxygen use is a Decline	N	
Endocarditis	Postpone 1 yr, then Standard (if no residuals)	Y	Standard to Decline
Epilepsy, petit mal**	<6 mos since diagnosis - Postpone	N	Decline
	<7 seizures/yr - Standard	N	
	7-12 seizures/yr - Standard to T2	N	
	>12 seizures/yr - T2 to T3	Y (if last seizure >5 years ago)	
	>2 yrs since last seizure - Standard		

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Epilepsy, grand mal**	Diagnosis <1 year ages <36 – Postpone	N	Decline
	Diagnosis <6 months ages 36 & up – Postpone	N	
	<7 seizures per year: Age <36 – T6	N	
	Ages 36 & up – T4 7-12 seizures per year: Age <36 – T8	N	
	Age 36 & up – T6	N	
	>12 seizures per year: Age <36 – T12 to Decline	N	
	Ages 36 & up – T8 to Decline		
	Seizures Ceased > 1 yr: T3 to Standard	Y (if last seizure > 5 years ago)	
Esophageal stricture	Mild to Moderate – Standard to T4	N	Standard or Exclusion Rider
	Severe – T4 to T8	N	
	(consider Standard if successful surgery >1 ago)	N	
Fibromyalgia, fibrositis	Standard to Decline	Y	Decline
Fistula & fissure, anal	Standard	Y	Standard
Fracture, bone or skull (no residuals)	Standard	Y	Full recovery, no residuals – Standard
Gall bladder disorders	Standard	Y	Present – Decline Recovered/ Corrected – Standard
Gastric bypass surgery	Banding, LAGB, VBG Surgeries: 3 months or less since surgery – Postpone	N	Decline
	3 months to 2 years – T2	N	
	>2 years – Standard	N	
	Malabsorptive Surgeries: < 6 months since surgery – Postpone	N	
	>6 months to < 2 years – T3	N	
	2-5 years – T2	N	
	>5 yrs – Standard	N	
Gastroenteritis, recovered	Standard	Y	Standard
Gastroesophageal Reflux Disease (GERD)	Standard	Y	Standard
Glaucoma	Standard	Y	Exclusion Rider or
Glomerulonephritis, chronic	Standard to Decline (depends on cause & severity)	N	Decline
Gout	Standard (chronic, severe cases may require rating)	Y	Standard or Exclusion Rider

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Headache, migraine or tension	Standard to Decline. Recent onset or increasing frequency - Postpone	Y	Mild – occasional, no absences from work – Standard, Otherwise – Decline
Hearing impairment	Standard	Y	Exclusion Rider
Heart attack**	See Coronary Artery Disease		
Heart bypass surgery**	See Coronary Artery Disease		
Heart valve replacement	<6 mo since surgery – Postpone	N	Decline
	>6 mo since surgery – T2 to Decline (Rate dependent on age & valve replaced)	N	
Heart valve surgery**	<6 mo since surgery – Postpone	N	Decline
	>6 mo since surgery – Standard to Decline	N	
Heartburn	Standard	Y	Standard
Hemorrhoids	Standard	Y	Standard
Hepatitis A	Standard (fully recovered)	Y	Standard
Hepatitis B	One episode, fully recovered – Standard	N	Decline
	Chronic – Standard to Decline	N	
Hepatitis C	Standard to Decline	N	Decline
Hernia	Standard	Y	Asymptomatic or surgically corrected – Standard, otherwise – Decline
Herniated disc	Standard	Y	Exclusion Rider or Decline
High blood pressure (Hypertension)	Usually Standard (if under control)	Y	Controlled – Standard
Histoplasmosis	Present – Postpone	N	Decline
	Recovered w/o residuals > 6 months – Standard	N	
	w/residual lung impairment – T2 to Decline	N	
Hodgkin's Disease**	T2 to Decline	N	Decline

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Huntington's Disease**	Present – Decline	N	Decline
	Family history, with negative genetic testing – Standard	N	
	Family history, without genetic testing – \$2.50 to \$10 flat extra	N	
Hydronephrosis**	Resolved or cause corrected – Standard	N	Decline
	Cause still present – T2 to Decline		
Hysterectomy	Standard if no cancer history	Y	Standard if no cancer history
Ileitis**	See Crohn's Disease		
Indigestion	Standard	Y	Standard
Kidney failure, dialysis	Decline	N	Decline
Kidney infection, recovered	Standard	Y	Standard to Decline
Kidney removal	Standard to Decline (depending on cause & current renal function)	Y (depending on reason)	Decline
Kidney stones	Standard (frequent attacks may require rating)	Y	Exclusion Rider or Decline
Kidney transplant**	<1 year since transplant – Decline	N	Decline
	>1 year since transplant – T6 to Decline	N	
Leukemia**	<2 yrs since last treatment - Postpone	N	Decline
	>2 yrs since last treatment - T4 to Decline	N	
Lupus, discoid	Standard to Decline (depending on severity)	N	Decline
Lupus, systemic	<1 yr since diagnosis – Postpone	N	Decline
	1 yr & up from diagnosis – T2 to Decline	N	
Lymphoma**	<3 yr from last treatment – Postpone	N	Decline
	>3 years – T2 to Decline	N	
Malaria	Single episode – Standard	Y – if fully recovered	Single attack – Standard
	Multiple episodes – Standard to T2	N	
Melanoma**	Standard to Decline	N	Decline
Meniere's Disease	Standard	Y	Decline
Meningioma	Surgically removed – Standard to \$7.50 flat extra	N	Decline
	Otherwise, T2 to Decline	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Meningitis	<6 mo since recovery - Postpone	N	Full recovery- Standard
	>6 mo since recovery, no residuals - Standard	Y	
Mental retardation and/or Intellectual Disability**	Mild to Moderate - Standard to T2	N	Decline
	Severe/Profound - Decline	N	
Mitral insufficiency, Mitral Valve Prolapse (MVP)	Mild - Standard to T4	N	Standard - controlled
	Moderate - T2 to T4	N	
	Severe - T4 to Decline	N	
Mitral stenosis	Mild - Standard to T6	N	Decline
	Moderate - T2 to Decline (depending on age)	N	
	Moderate to Severe - T4 to Decline	N	
Mononucleosis	Standard	Y	Recovered - Standard
Mountain climbing	Based on location, scale (YDS or other grading scale), altitude and equipment used. - Standard to Decline.	Subject to details. Minor trail climbing or equivalent may be acceptable within preferred classes.	Decline
	Please call Home Office with details for quote.	N	
Multiple Sclerosis (MS)**	<1 yr since diagnosis: Progressive - T8	N	Decline
	Relapsing-Remitting - T6	N	
	>1 yr since diagnosis - degree of disability: Mild - T2 to T3	N	
	Moderate - T4 to T6	N	
	Severe - T8 to Decline	N	
	Benign MS > 25 yrs since diagnosis w/no signs or symptoms for 5 years - Standard	N	
Myocarditis	<2 yrs since diagnosis - Postpone	N	Decline
	>2 yrs since diagnosis, fully recovered - Standard to T2	Y	
Muscular Dystrophy**	Becker or limb girdle - T10 to Decline	N	Decline
	Duchene - Decline	N	
	Dystrophia Myotonica - Decline	N	
	Facioscapulohumeral - Standard to T6	N	
	Mitochondrial - Standard to Decline	N	
	Myotonia Congenita - Standard	N	
	Periodid Paralysis - Standard to T2	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Myasthenia Gravis	Ocular: <1 yr since diagnosis - Postpone	N	Decline
	1-5 yrs since diagnosis - T2 to T4	N	
	>5 yrs - Standard	N	
	Generalized: <1 yr since diagnosis - Postpone	N	
	1-7 yrs since diagnosis - T4	N	
	>7 yrs since diagnosis - T2	N	
Nephrectomy	Standard to Decline (depending on cause & renal function)	Possible depending on the circumstances	Standard to Decline (depending on cause & renal function)
Nephritis, acute	S1 episode, fully recovered - Standard	Y	Standard or Exclusion Rider
	Multiple episodes - Standard to T3	N	
Neurosis, anxiety	See Anxiety		
Non-Hodgkin's lymphoma**	<3 yr from last treatment - Postpone	N	Decline
	>3 years - T2 to Decline	N	
Occupations with special hazards	Examples of occupations with special hazards: Aviation, Military, Building and Construction, Mining and Quarrying, and Professional Athletes, may be considered for coverage with possible flat extra. This is not an inclusive list; contact the Home Office if you have a question about an occupation.	Possible if occupation is considered standard, Otherwise no preferred.	Decline
Operating While Intoxicated (OWI)	See DUI		
Osteoarthritis	See Arthritis, osteo		
Pacemaker	Standard to Decline (Rating determined by the age of the client, years since pacemaker implanted and reason for the pacemaker.)	N	Decline
Pancreatitis	Acute: <6 mo since attack - Postpone	N	Decline
	Otherwise, probably Standard	N	
	Chronic: < 1 year since last symptoms - Decline	N	
	1-4 years since symptoms - T3 to T6	N	
	>4 years since symptoms - Standard to T2	N	
	With complications - T8 to Decline	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Paralysis	Monoplegia - Standard to T2	N	Decline
	Hemiplegia - Standard to T4		
	Paraparesis - T2 to T10		
	Paraplegia - Highly substandard to Decline		
	Quadriplegia - Decline		
Parkinson's Disease**	Mild - Standard to T3	N	Decline
	Moderate - T2 to T4	N	
	Severe - T4 to Decline	N	
Pericarditis	Single episode: <3 mo since diagnosis - Postpone	N	Decline
	> 3 mo since full recovery - Standard	N	
	Multiple episodes: < 6 mo since full recovery - Postpone	N	
	6 mo to 1 year - T3	N	
	1 to 3 years - T2	N	
	> 3 years - Standard	N	
Peripheral Vascular Disease (PVD)	Nonsmoker - T2 to T4	N	Decline
	Smoker - T8 to Decline	N	
Phlebitis, thrombosis, blood clot	Single episode, fully recovered - Standard	Y	Decline
	Multiple episodes - Standard to T4	N	
Pilonidal cyst	Standard	Y	Standard
Pituitary adenoma	Standard to Decline	N	Decline
Pleurisy	Usually Standard (multiple episodes may be rated)	Y	Decline
Pneumoconiosis	Minimal to Mild - Standard to T4	N	Decline
	Moderate - T6 to T8	N	
	Severe - Decline	N	
Pneumonia, full recovery	Standard	Y	Standard
Pregnancy, no current or history of complications	Standard	Y	Decline
Prostatitis, with normal PSA	Standard	Y	Present or chronic - Decline Single episode/full recovery - Standard
Psychosis	<2 yrs since diagnosis/episode - Postpone	N	Decline
	2 -10 yrs since diagnosis/episode - T2 to T8	N	
	>10 yrs since diagnosis/episode - Standard to T3	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER® LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Pyelonephritis, acute	One episode, fully recovered – Standard	Y	Standard or Exclusion Rider
	Multiple episodes – Standard to T3	N	
Pyelonephritis, chronic	Standard to Decline (depending on renal function)	N	Decline
Racing, motor vehicle	Amateur – Standard	N	Decline
	Professional or semi-professional – \$2.50 to \$15 flat extra	N	
Raynaud's Disease	Standard to T4	Y (if not rated)	Decline
Rheumatic Fever, no heart complications	Mild – Standard to T2	N	No heart damage – Standard
	Moderate – T2	N	
	Severe – T4 to Decline	N	
Rheumatoid Arthritis	See Arthritis, rheumatoid		
Sarcoidosis**	Standard to Decline	N	Decline
Sebaceous cyst	Standard	Y	Standard
Sciatica	Standard	Y	Standard or Exclusion Rider
Schizophrenia	<2 yrs since diagnosis/episode – Postpone	N	Decline
	2 – 10 yrs since diagnosis/episode – T2 to Decline	N	
	>10 yrs since diagnosis/episode – Standard to Decline	N	
Scuba diving, recreational, lakes, rivers, coastal waters	100 feet or less – Standard	Y (If 75 ft or less)	Decline
	101-250 feet – \$2.50 to \$5 flat extra	N	
	>250 feet – individual consideration	N	
Seizures	See Epilepsy		
Sinusitis	Standard	Y	Standard
Sky diving	\$3 Flat Extra to Decline	N	Decline
Sleep apnea**	Mild – Standard	N	Decline
	Moderate – Standard to T3	N	
	Severe – T2 to Decline	N	
Stroke**	<1 yr since occurrence – Postpone	N	Decline
	>1 yr since occurrence – T4 to Decline	N	
	Multiple CVAs – Decline	N	

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

MEDICAL IMPAIRMENTS

IMPACT ON RISK CLASS | T=Table

IMPAIRMENT	ALL PRODUCTS EXCEPT TRENDSETTER [®] LB	PREFERRED POSSIBLE	MONTHLY DISABILITY INCOME RIDER
Suicide attempt	<1 yr since attempt - Postpone	N	Decline
	1-5 yrs since attempt - \$5 flat extra to Decline	N	
	>5 yrs since attempt - Standard to Decline	N	
Thyroid disorder	Usually Standard	Y	Hypothyroid - Standard Hyperthyroid - >2 yrs since diagnosed/stable - Standard Otherwise - Decline
Transurethral resection of prostate (TURP)	No history of cancer: Standard	Y	Standard
Transient Ischemic Attack (TIA)**	<6 mo since occurrence - Postpone	N	Decline
	>6 mo since occurrence - Standard to T5 with \$5 flat extra (if history of multiple TIA's, postpone 1 yr since last occurrence and expect higher ratings)	N	
Tuberculosis	If fully recovered, usually Standard	Y	Decline
Tumors, benign	Usually Standard	Y	Standard or Exclusion Rider
Tumors, malignant	Call Home Office	N	Decline
Ulcerative colitis**	See Colitis, ulcerative		
Ulcer, stomach	Standard	Y	Present to within 2 yrs of treatment - Decline >2 yrs since treatment & fully recovered - Standard
Upper respiratory tract infection, cold	Standard	Y	Standard
Varicocele, hydrocele, cystocele	Standard	Y	Standard or Exclusion Rider
Urinary Bladder Infection, acute	Standard	Y	Standard
Varicose veins	Standard	Y	Mild with no swelling or ulcerations - Standard Otherwise - Decline

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition.

SUBSTANDARD TABLE RATINGS

Substandard ratings may be attributable to health, occupation, or avocation characteristics that result in higher than average mortality risks.

Our competitive underwriting allows us to offer substandard table ratings using the following guide:

TABLE RATING GUIDE
1/A = 25%
2/B = 50%
3/C = 75%
4/D = 100%
5/E = 125%
6/F = 150%
8/H = 200%
10/J = 250%
12/L = 300%
16/P = 400%

ADDITIONAL RATE CLASS INFORMATION

Base Face Amounts (not including riders) must be medically underwritten to be eligible for Preferred classes.

Tobacco user is defined as using any tobacco products (cigarettes, cigars, chewing tobacco, nicotine patch/lozenge/gum, e-cigarettes, vapes, etc.) within the past 24 months.

Guaranteed Insurability Rider: The amount of the initial death benefit plus the amount of the first GIR option should be used to determine medical requirements. This rider will not be included in a policy issued:

1. On a substandard basis.
2. On an applicant who is in military service or who, under the Company's rules, is subject to a restriction in amount due to a possible military hazard.
3. To a pilot, unless the Company should determine that the amount of risk is acceptable.

Please refer to product materials for age and risk class availability.

FIELD UNDERWRITING AND THE CONDITIONAL RECEIPT

Every time you submit an application, you take a very important step in helping your clients protect their family and their dreams. The Conditional Receipt is an important part of this process.

WHAT IS THE CONDITIONAL RECEIPT?

The Conditional Receipt is “interim” coverage provided to life insurance applicants when the full modal premium is paid at the time of the application. Provided certain conditions are met, the Conditional Receipt provides death benefit protection for the Proposed Primary Insured up to the amount stated in the Dollar Limits of Conditional Coverage section of the receipt or the face amount applied for, whichever is less. The Conditional Receipt is not valid on Foreign Nationals.

CONDITIONS AND REQUIREMENTS

The following must be met for the conditional receipt to be in effect:

- Proposed Primary Insured is found insurable, at any rating, under the Company’s rules for insurance on the product applied for and at the face amount and tobacco classification applied for;
- All statements and answers given in the application are true and complete;
- Full initial modal premium is received at our Administrative Office within the lifetime of the Proposed Primary Insured (if the form of payment is by check or draft, it must be honored for payment);
- All medical exams, tests, screenings and questionnaires required by the company are completed and received at our Administrative Office.

If the Proposed Primary Insured passes away while Conditional Coverage is in effect, coverage will be denied if the death is caused by suicide or a self-inflicted injury.



AN APPLICATION HAS BEEN COMPLETED. NOW WHAT?

KEEP YOUR CLIENT INFORMED

Let the client know that additional evidence may be needed to complete the process.

Examples may include:

- A medical examination.
- Blood and urine analysis.
- An ECG.
- A telephone interview (PHI) to clarify or request additional information.
- Checking a Prescription Drug Database, Medical Information Bureau, or Motor Vehicle Report.
- Special questionnaires for medical, avocation, aviation, travel and residency information.

SPECIAL QUESTIONNAIRES*

Special questionnaires may be required when further information is needed on medical, avocation, aviation, or foreign travel/residency matters that could impact the determination on an underwriting classification. These include:

- **Alcohol Questionnaire** – complete if the applicant has history of alcohol abuse.
- **Avocation and Aviation Questionnaire** – complete if there is any participation in racing, parachuting, sky diving, underwater diving or aviation.
- **Drug Questionnaire** – complete if applicant has history of drug abuse.
- **Disability Income Questionnaire** – complete for a client applying for a disability income rider.
- **Travel and Residency Questionnaire** – complete for any applicant who has planned foreign travel in the next 12 months or is not a U.S. citizen.

These questionnaires may be found in the forms section of the agent portal.

*Questionnaires vary by jurisdiction, and may not be available in all states.

AN APPLICATION HAS BEEN COMPLETED. NOW WHAT?

(continued)

PREPARE A COVER LETTER TO SUBMIT WITH YOUR APPLICATION

A cover letter is your introduction of the client to the Company. A detailed, well-written cover letter may be the difference between a bumpy course or a smooth sail through the underwriting process.

What to include in the cover letter:

- If not obvious, what is the insurable interest between the owner and beneficiary?
- How was the face amount determined? (Include information that is relevant in determining the amount being applied for.)
- What is the purpose of the coverage?
- Include any known medical or non-medical underwriting concerns.
- Highlight any factors that would not be developed through the application, e.g., a current exam, attending physician statements, or inspection reports.
- List competitive information, as well as any standing offers and in force coverage amounts and amounts being replaced.
- Copies of an estate planning analysis, buy-sell agreement, loan agreement, or other pertinent documents.

To expedite underwriting the inclusion of a cover letter is encouraged on all applications, however it is required at face amounts over \$5,000,000, or when further details are needed for any unusual cases. When using our electronic application (iGO), the cover letter may be uploaded in the agent remarks section.

PLEASE SEE OUR GUIDE TO WRITING AN UNDERWRITING COVER LETTER ON PAGE 46.

GUIDE TO WRITING AN UNDERWRITING COVER LETTER

WHO YOU ARE

I, <Agent Name and Agent ID>, am writing this letter to provide additional information about the attached application on the life of my client, <Client Name>.

YOUR RELATIONSHIP TO THE CLIENT

I have known <Client Name> for <Time Period>, and have sold life insurance to various <Client Name> family members during <Timeframe> for both personal and business reasons, as applicable.

IDENTIFY THE CLIENT

<Client Name> is the <Title> for <Company Name> which <provide company overview>. <Client Name> current income is <\$Annual Income> per year. If appropriate, include such things as the number of full time employees in Company, ownership interest in company, and future business outlook.

JUSTIFICATION FOR THE INSURANCE

While <Client Name> currently carries <Dollar Amount> of key person insurance, the coverage was issued <Years> ago, which is inadequate. <Client Name> needs a total of <Amount of Insurance> at this time. Indicate how insurance will be used. (e.g. \$750,000 to protect the business and contracts in progress and \$750,000 will be payable directly to <Client Name> family as personal insurance.)

INSURANCE IN FORCE/REPLACEMENT

The <Amount of Insurance> <Client name> now carries is term insurance and will be replaced with new coverage (Indicate Face Amount). List any coverage in force, including type and amount of insurance and carrier name.

FAMILY HISTORY

Provide details on <Family History>, include age of parents at death and cause of death. Indicate client <Tobacco Usage>, <Types of Activity and Frequency>.

CURRENT MEDICATIONS

<Client Name> currently takes <Prescription Medications>. <Client Name> previously took <Prescription Medications> for <Medical History>. However, <Client Name> no longer needs this medication.

GUIDE TO WRITING AN UNDERWRITING COVER LETTER

(continued)

OWNER AND BENEFICIARIES

Identify owner (person, trust, etc) and policy beneficiary(ies) and describe insurable interest. Provide the names and contact information for additional resources who can provide additional information, if needed, including estate planning or corporate attorneys or C.P.A

MEDICAL EXAMS AND INSPECTIONS

I have scheduled the appropriate underwriting exams for <Client Name> through <Paramed Company>.

CLOSING SIGNATURE

Sincerely,

_____, Agent





TRANSAMERICA®

Life Insurance Products are issued by:

Transamerica Premier Life Insurance Company, Cedar Rapids, IA

Transamerica Life Insurance Company, Cedar Rapids, IA

Transamerica Financial Life Insurance Company, Harrison, NY

Distributor for variable products: Transamerica Capital, Inc., Member FINRA.

For agent use only. Not for use with the public.

93993_LICRBAGUG0417