

# UA AGENT MANUAL *General Underwriting Guidelines*

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**UA** **United American**  
**Insurance Company**  
Since 1947

P.O. Box 8080 • McKinney, Texas 75070 • [www.unitedamerican.com](http://www.unitedamerican.com)

## ABOUT UNITED AMERICAN

United American Insurance Company is the right company for both Agents and policyholders. Ours is a Company built on the solid principles of stability, service, quality, and commitment – principles which translate into always doing what's best for the Agents and policyholders. For over half a century, we have maintained these principles; they have stood the test of time and will continue to guide us into this new millennium and beyond.

For more than 35 consecutive years, United American has earned the A+ (Superior) Financial Strength Rating from A.M. Best (as of 6/15). When you affiliate with United American, you can feel confident you're with a solid, dependable company that will always be there when you need it. United American has outstanding products, highly dedicated Agents, and loyal policyholders. We couldn't ask for more.

## HOW TO CONTACT UNITED AMERICAN

**By mail:** United American Insurance Company  
P.O. Box 8080  
McKinney, TX 75070-8080

**Contact the Agent Service Center**  
Phone at (800) 925-7355, or  
E-mail at [agencyservice@torchmarkcorp.com](mailto:agencyservice@torchmarkcorp.com)

**For supply requests,**  
Fax a Supply Order Form to (469) 525-4290,  
E-mail to [agentsupply@torchmarkcorp.com](mailto:agentsupply@torchmarkcorp.com), or

**Agent information and UA General Agency Office link can be found on UAOnline at [www.unitedamerican.com/logon](http://www.unitedamerican.com/logon)**

## BEFORE YOU BEGIN

Make sure you have:

1. Agent licensing and UA Appointment procedures complete. A Writing Agent Number will be required on all forms.
2. Current Compliance Sheets listing the materials and required forms for the product portfolio approved in your state(s).

## INTRODUCTION

### USA Patriot Act

On May 2, 2006, the final implementing rules required by the USA PATRIOT Act became effective. The Act is an acronym for Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism. The Act greatly strengthens existing U.S. anti-money laundering laws, grants new powers for law enforcement, and enhances criminal and civil penalties for violations.

Money-laundering practices are a major focus of the PATRIOT Act. Financing terrorist activities may involve the use of legal money to fund illegal activities. It may also involve money laundering, the use of illegal funds that are sufficiently "washed" through a series of legal financial transactions to appear clean. Money laundering and terrorist financing go hand in hand, and the financial services industry is generally the vehicle through which the money is laundered. The

PATRIOT Act includes provisions to prevent the financial services industry, including the insurance industry, from being used for money laundering and terrorist financing. Under the final rules, the Act requires insurance companies to (1) establish anti-money laundering (AML) programs that comply with standards developed by the Department of the Treasury and (2) report "suspicious activities" and obtain information from Agents or Brokers to detect and report such transactions. The products to which these government regulations apply are:

- Permanent, non-group life insurance policies
- Non - group annuity contracts
- Any other product or deposit funds with features of cash or investment

United American Agents have a critical role to play in our Company's AML program. Our Agents have direct contact with customers and are in the best position to gather information and detect suspicious activity. During the sales process, Agents learn about the source of a customer's assets, the background and nature of the customer, what aspects of the product most interest the customer, and why the customer is considering the product. Because insurers may have to set more restrictive standards on policy payments and the amount of those payments as a result of the Act, Agents may need to inform customers of these standards as well. Under Federal law, Agents will be protected from liability for disclosing suspicious customer activity or behavior to their companies.

Federal AML regulations require insurers to train Agents on recognizing suspicious behavior or transactions and to test the effectiveness of company AML programs.

**Our Agents are an important part of the underwriting process.** These guidelines are designed to assist you in understanding both the underwriting process and the action of our underwriting staff. Attention to these guidelines will help to speed up policy issue and solve placement problems.

**Please read this manual in its entirety. It is intended as a guide only.** There may be occasions when the Underwriter has additional information based upon the total facts developed during investigation of the case. The decision of the underwriter is the ultimate determining factor in issuance of coverage.

**These guidelines are reviewed periodically** by our underwriting staff and medical director. Changes to the guidelines and the underwriting actions may occur without prior notification or reprinting of this guide.

## UNINSURABLE APPLICANTS

The following persons are considered uninsurable:

### HEALTH AND LIFE

- Any Applicant with a condition listed in the Rated Premium Guide Condition Point Value Table as Uninsurable (U).
- Any female Applicant who is currently pregnant.
- Any Applicant who has been hospitalized three (3) or more times in the past two (2) years. A transfer from one hospital to another is considered one hospitalization.
- Any Applicant who has been treated for internal cancer in the past year.
- Any Applicant currently confined to a hospital, convalescent center, nursing facility or is bedridden.
- Any Applicant who has a total point value which exceeds 150 points per the Condition Point Value Table.
- Any Applicant drawing Worker's Compensation, or on disability, or on Medicaid.
- Any Applicant who has been recommended to have surgery but not yet had surgery performed.
- Any Applicant who has a condition requiring the use of oxygen for breathing assistance.
- Any Applicant whose weight exceeds maximum amount for Point Value 50, as shown on the Underage Health Maximum Height/Weight chart below.
- Any Applicant who has had three (3) or more policies lapse in the past two (2) years.
- Any Applicants who have had heart or cardiovascular surgery.
- MMGAP is not available to applicants that do not have a Group Major Medical.

### LIFE

- Any Applicant who has had a Life policy lapse in the last 12 months.

### MED-SUPP MALE AND FEMALE MAXIMUM\* HEIGHT/WEIGHT CHART

HEIGHT		MAXIMUM WEIGHT *
FEET	INCHES	POUNDS
4'	10"	251
4'	11"	257
5'	0"	260
5'	1"	262
5'	2"	268
5'	3"	272
5'	4"	281
5'	5"	287
5'	6"	295
5'	7"	301
5'	8"	311
5'	9"	321
5'	10"	324
5'	11"	333
6'	0"	337
6'	1"	348
6'	2"	353
6'	3"	364
6'	4"	385

\* Uninsurable if over maximum weight.

## LIFE AND HEALTH MAXIMUM HEIGHT/WEIGHT CHART

HEIGHT		POINT VALUE 25 ▲	POINT VALUE 50 ●▲
FEET	INCHES		
4'	10"	192-208	209-226
4'	11"	197-214	215-232
5'	0"	200-217	218-235
5'	1"	202-219	220-237
5'	2"	206-224	225-243
5'	3"	210-228	229-247
5'	4"	217-236	237-256
5'	5"	223-242	243-262
5'	6"	229-249	250-270
5'	7"	235-255	256-276
5'	8"	243-264	265-286
5'	9"	251-273	274-296
5'	10"	254-276	277-299
5'	11"	261-284	285-308
6'	0"	265-288	289-312
6'	1"	274-298	299-323
6'	2"	279-303	304-328
6'	3"	288-313	314-339
6'	4"	307-333	334-360
6'	5"	312-338	339-385
	and above		

- ▲ If a person is rated due to height and weight, they must maintain a normal weight for at least 6 months before underwriting can remove the rider. We will accept a statement from the doctor stating that the weight has been maintained for 6 months.

- **Uninsurable** if over maximum weight for Point Value 50.

## LIFE POLICIES PREFERRED BUILD TABLE

Preferred Build Table		Preferred Build Table	
Height	Weight Limit (Pounds)	Height	Weight Limit (Pounds)
Ft. In.	Preferred Non-Tobacco	Ft. In.	Preferred Non-Tobacco
4'10"	144	5'10"	208
4'11"	148	5'11"	214
5'0"	154	6'0"	220
5'1"	159	6'1"	228
5'2"	165	6'2"	234
5'3"	171	6'3"	241
5'4"	176	6'4"	247
5'5"	181	6'5"	253
5'6"	187	6'6"	260
5'7"	192	6'7"	267
5'8"	198	6'8"	273
5'9"	204	6'9"	280

\* includes male and female

# JUVENILE BUILD CHART

**NOTE:** Refer to Adult Chart if 5'6" (66") or above.

STANDARD		
Age - Months	Inches	Pounds
0	18 - 21	6 - 10
1	19 - 22	6 - 11
2	20 - 24	8 - 13
3	21 - 25	9 - 15
4	22 - 26	10 - 17
5	23 - 27	11 - 19
6	24 - 28	13 - 20
7	24 - 29	13 - 22
8	25 - 29	14 - 23
9	25 - 30	15 - 24
10	26 - 30	16 - 25
11	26 - 31	17 - 26
12	27 - 31	17 - 27
13	27 - 32	18 - 28
14	28 - 32	18 - 28
15	28 - 33	19 - 29
16	29 - 33	19 - 30
17	29 - 34	20 - 30
18	29 - 34	20 - 31
19	30 - 35	21 - 31
20	30 - 35	21 - 32
21	30 - 35	21 - 32
22	31 - 36	22 - 32
23	31 - 36	22 - 33
Age - Years		
2	31 - 36	22 - 33
3	34 - 40	25 - 38
4	37 - 43	29 - 44
5	39 - 46	32 - 52
6	42 - 49	36 - 60
7	44 - 51	40 - 68
8	47 - 54	44 - 79
9	48 - 57	49 - 91
10	50 - 59	54 - 105
11	52 - 61	60 - 120
12	54 - 65	67 - 134
13	54 - 65	67 - 134
14	54 - 65	67 - 134
15	54 - 65	67 - 134

## ACCIDENT POLICIES

### HAZARDOUS OCCUPATION AND AVOCATIONS CHARTS ♦

#### UNINSURABLE HAZARDOUS OCCUPATIONS CHART ▼

Armed Forces members
Explosive manufacturing workers
Professional athletes in all sports
Blasters or any explosive handlers
Circus performers including wild animal trainers and trapeze performers
Construction linemen, steeplejacks, dam or subway workers working under compressed air
Crop dusting pilots, loader, flagmen
Foresters that are smoke jumpers or firefighters
High steel workers
Logging workers
Oil and gas industry workers that are explosive handlers, firefighters or working on off-shore rigs
Sawmill workers
Stuntmen and stuntwomen
Truckers hauling explosives or nuclear materials
Underground mine workers
Rodeo performers including riders, clowns, attendants, ropers or bulldoggers

#### HAZARDOUS AVOCATIONS CHART ▼

Auto, motorcycle or boat racers
Cave explorers, SCUBA divers and mountain climbers
Hot air balloonists, hang gliders, paragliders
Parachutists, skydivers and base jumpers

## LIFE POLICIES PREFERRED CLASS PREMIUM RATES REQUIREMENTS

Preferred Class Premium Rates Requirements		
Underwriting Criteria	Age Group	
	20-40	41 – up
1) Blood Pressure	135/85 and below	140/90 and below
2) Cholesterol	255	270
3) Cholesterol Ratio	6.0	6.0
4) Family History	No more than one death or disease due to CVD before age 60	
5) Length of Non-Tobacco	No use within the last 12 months	
6) Build	Refer to Build Chart	
7) Hypertension	Treated Hypertension not allowed	
8) Hyperlipidemia	Treated Hyperlipidemia not allowed	
9) Medical History	No history of cancer, heart disease or diabetes within 10 years	
10) Aviation/Hazardous Sports	No participation in hazardous sports or aviation	
11) Driving History	<b>MVR notes</b> no more than 2 moving violations in the last five years no DUI in the last 10 years	

♦ Applies to Policy Form UA-250 Accident Policies.

▼ The Company's Underwriting Department reserves the right to decline other avocations or occupations not shown on these lists. Each case has to be evaluated on its own merits.



# PASSFORM INSTRUCTIONS

## UA PASSFORM

UA has implemented a method of entering Applicant data into our computer systems using the Policy Application Scanning System (PASS). PASS enables forms to be scanned so that the required information filled in manually on these forms can be read by machine for automatic electronic transfer of data to our system.

APPLICATION FOR INSURANCE \* UNITED AMERICAN INSURANCE COMPANY  
A DELAWARE STOCK CO., WILMINGTON, DE \* ADMINISTRATIVE OFFICE: MCKINNEY, TX

Proposed Insured's  
First Name [3] M.I. [ ]  
Last Name [ ]

**Application Verification Information**  
A recorded interview may be necessary as part of the underwriting of your application. The most convenient time and place for the interview is:  
[5] ☐ 8 AM - Noon ☐ Noon - 6 PM ☐ 6 PM - 9 PM  
☐ Home Phone No. [ ] - [ ] - [ ]  
☐ Work Phone No. [ ] - [ ] - [ ]

[6] Amount of Insurance Applied For \$ [ ] , [ ] Signed [ ] Proposed Insured [8] 11417

SAMPLE PASSFORM APPLICATION

## ENTERING APPLICANT DATA

- 1 Use Blue or Black ink pen – do not use a pencil, graphite pen, erasable ink pen or other colored ink pen.**
- 2** When filling in the fields, print one character per box and stay inside the lines. Align text to the left.
- 3** It is not necessary to enter periods (.) after abbreviations in the data fields. Example: SR JR APT
- 4** When there are choices to be made with circles, or bubbles, fill in the area inside the bubble.  
Example: Yes ☒ No ☐  
**Do not mark the bubbles with "X" or "✓."**
- 5** Align numeric dollar amounts to the right; never enter a comma in an amount field.
- 6** Special symbols, such as "#" to represent apartment or suite number, are acceptable.
- 7** Do not mark over, staple through or cover the corner registration marks or the PASSform ID code.
- 8 You must use an original form; Photocopies are not acceptable.** Not Applicable on eApp.

# FIELD UNDERWRITING

## AGENT'S RESPONSIBILITY

**The application creates the first impression not only of the Applicant, but also the Agent.** The application becomes an important part of your Applicant's insurance contract. It is critical for the Agent to submit a fully completed, properly signed application along with all the required forms to get the policy issued on a timely basis. All applications except Medicare Supplement apps must be negotiated in person. Except for Medicare Supplement apps, applications should not be taken through the mail, over the Internet, or over the telephone. Medicare Supplement apps are the only applications that can be initiated through iGO e-App, or over the phone and completed through the mail, following the pre-approved Phone Application Instructions available to the Agent.

**Soliciting an application for coverage can be a rewarding experience for both Agent and the client.** Obtaining medical

information is paramount to the Underwriting Department in order to make a sound decision. Careful questioning of the Proposed Applicant(s) is important in developing medical histories.

ONLY the Underwriting Department can make a final decision after completion of the underwriting process; therefore never suggest or promise a contract will be issued or issued without change.

The following suggestions will help the Writing Agent get the application completed and submitted properly and help the Proposed Applicant(s) avoid misunderstandings over type and scope of coverage that may be issued.

## UNDERAGE HOSPITAL AND MEDICAL EXPENSE POLICIES

**UA policies are not Major Medical.** The benefits are limited, scheduled and are also guaranteed renewable. They cannot be cancelled unless the premiums are not paid on time.

A combined Daily Room Benefit cannot exceed \$1,000. The \$1,000 maximum includes UA policies and all other coverage. If the Applicant's major medical coverage does not specify a Daily Room Benefit amount we will consider the coverage equivalent to \$200 a day.

## HEALTH PRODUCT COMBINATIONS

For training purposes we will separate the health product portfolio into the following types: Accident, Medical/Surgical, and Specified: *Cancer and Critical Illness*.

## FIELD UNDERWRITING CONTINUED

Each policy will pay benefits separately; that is, there is no proration of benefits. Coverage with multiple policies will help to minimize the policyholder's out-of-pocket expense because each policy stands on its own.

Various types of products may be combined to bolster coverage, **provided:**

The combined DRB amount does not exceed \$1,000 (\$200 for Applicants age 64 and over). The \$1,000 maximum combined DRB amount includes UA and all other policies combined. Blue Cross, Commercial coverages with comprehensive benefits and employer or association group coverages will be considered the equivalent of \$200 per day or the actual DRB provided by the plan, whichever is greater.

### COMPLETING AN APPLICATION

It is necessary that all statements be complete and accurate and that you complete all questions on all Applicants in full. Each circle must be completely filled in. When an incomplete application is submitted, or if any item(s) is missing, it will delay the processing of the application and reflect poorly on the Agent.

1. **Suitability - You should determine in each case that any policy sold is suitable to the needs of the Applicant.** In doing this, you should consider needs such as a prospective insured's financial condition, the need for insurance, the values, benefits and costs in relation to any existing coverage that they have, and whether in the totality of each Applicant's circumstances, this sale is suitable to their needs.
2. **The most important step in the underwriting process is accurate and detailed answers to ALL QUESTIONS** on the application so that it may be underwritten in an accurate and complete manner. It is the Agent's responsibility to ask all of the questions in person (unless it is a Medicare Supplement app) and record the Applicant's responses correctly. **Failure to properly record complete and accurate information could result in the denial of a claim, rescission of coverage, and/or termination of the Agent's appointment with United American.**
3. **It is essential that the Agent assist the Underwriting Department in obtaining the information necessary to get the policy issued.** All medical history should be shown for all individuals listed on the application, including diagnosis, date, type of treatment, and physician who treated condition or current attending physician. The Writing Agent is not authorized to disregard an Applicant's answers or to impose his or her own judgment as to what is or is not important to record.
4. **Compliance Sheets are the precise listing of state-specific approved products and required forms used at the time of application.** Laws and regulations vary by state and are updated frequently. It is the Agent's responsibility to use current Compliance Sheets and be knowledgeable of forms or related requirements. Current Compliance Sheets are available on UA General

Agency Office. If required, provide the Applicant with a product Outline of Coverage (DS-Form), available from the Supply Department or Compliance Sheet.

5. **Any Agent replacing Life or Health insurance coverage must sign and complete a replacement form** if required and send it with the new business application. If replacement forms are incomplete, or not sent with the application, the policy will be pended. Forms may vary by state. Please consult the Compliance Sheets for a list of forms required in each state.
6. **Explain the anticipated ratings or riders at the time of application** to avoid misunderstanding and possible cancellation of the contract by the insured at the time of delivery. Make it clear to the Applicant that the final decision as to the amount of any rating or the type and scope of any rider that may be attached to the contract is made by the insurance company.
7. **The policy specifically defines the exclusions, limitations, provisions and benefits provided under the plan** and should be clearly and accurately described to all Applicants. Express the importance of carefully reading the policy. Always remind the Applicant that there is a free look period to give them the opportunity to review the policy in its entirety.
8. **SIGNATURES**
  - a. Unless it is a Med-Supp application, the Proposed Insured must sign the application in the presence of the Writing Agent. We cannot accept Power of Attorney (POA), trustee or stamped signatures, or an application for the Applicant signed by the spouse. Applicants age 18 and over must sign their own applications. Medicare Supplement applications may be taken through iGO e-App, or over the phone then mailed to the Applicant for signature.
  - b. A parent or legal guardian must sign for all Proposed Insured's under the age of 18. If a legal guardian signs, tell us what the relationship is to the Applicant and submit a copy of the guardianship papers.
  - c. We must have the signature of all Applicants over age 18 on the HIPAA authorization form.
  - d. If Applicant is unable to sign, they must make their mark "X" and have it witnessed by a family member or the Agent. Tell us the reason why they are not able to sign.
9. **DEPENDENTS** include, in addition to spouse and children, any relative living with and dependent on the Applicant for support. A separate application is required for a nondependent (EXAMPLE: fiancée). Identify the family member responding to a health question by referring to the number in sequence listed on the application.

Since statutes regarding eligible dependents vary from state to state please refer to the specific policy in question to determine eligibility of dependents subsequent to the issuance of the policy.

## FIELD UNDERWRITING CONTINUED

### 10. CHILD INSURANCE/RIDER

- a. A natural child of the Applicant, or
- b. A legally adopted child of the Applicant (including a child living with the adopting parents during the period of probation); or a stepchild whose primary residence is the Applicant's household; or
- c. A child of the Applicant's child who is dependent upon the Applicant for more than one-half of his/her support; or
- d. A grandchild whose primary residence is in the Applicant's household, to whom the Applicant is legal guardian or related by blood or marriage, regardless of whether the Applicant treats the grandchild as a dependent for federal income tax purposes.
- e. A child for whom the Applicant has received a court order requiring the Applicant to have financial responsibility for providing health insurance for such children.
- f. Rates for children are for each child. For all plans, if only children are insured, the first child's monthly premium uses the adult rate (use age 18 to look up rates); additional children use the child rate.
- g. Only 10-Year Renewable Term (Fundamental Life Series™) and Juvenile Whole Life products are available for children. An Adult policy is NOT mandatory to issue a child policy.
- h. Child is defined as a child or grandchild under the age of 17 except in WA or NY. (These states are under the age of 15 and 14 respectively). A grandparent may apply and sign for life coverage up to \$50,000 on a natural born grandchild through age 20 provided the grandchild is single and resides in the parent's or grandparent's household.

### SUBMITTING AN APPLICATION

The proper submission of new business is a key factor in our ability to provide the best possible service to you and our policyholders. **A proper new business submission includes the following:**

1. **Submit applications timely** – One of the most frequent reasons for cancellation is the length of time it takes from the date the application is signed to the date the policy is delivered. UA has a very fast policy issue turnaround but it is also important for you to promptly submit your applications and deliver the policies. Applications should be submitted no less frequently than once a week. We do not accept applications that are more than 30 days old when received in the Home Office.
2. **Applicant's check** – Include Bank Draft Authorization 1080-C when Automatic Payment Plan (APP) is selected. The applicant's bank routing number and account number, or a pre-printed personalized check is required. The applicant's Social Security number and signature are required. Postdated checks are not acceptable. Temporary/counter checks are not acceptable. We will not accept cash, money orders, debit cards, credit cards, savings account, or cashier's checks for payment of any premium, including initial application and subsequent periodic payments.

3. **Use UA's New Business Envelope (E154)** – When mailing in an application, do not include licensing, claims, or any other papers in the same envelope with the new business applications.

If faxing in an application, do not also mail the application.

4. **Total Premium** – All premium amounts on application should add up to the amount entered in the Total Premium area. (These premiums include life insurance, Waiver of Premium Rider, Child Term Rider, and ADB rider.)

Total Collected with Application must be shown on the application. This is a REQUIRED field. The Total Collected with Application (CWA) amount could be different from the Total Premium amount. Total Collected includes the combined total of applicable premium and UA Partners® fee (UA Partners® is an optional service).

5. **Send Policy To** – If left blank, policy will be sent to the Insured unless a change in premium occurs as a result of underwriting. General Agency will be sent to the Insured. (Note PA requires that we always send policy to Insured).

### INITIAL PAYMENT:

1. A bank draft will be made at the time of issuance.
2. Foundation (MGAPB), Accident (UA-250), and Life (ILAP) applications require a check for the initial premium.

### METHOD OF PAYMENT:

**If a policyholder wishes to request a draft date which is different from the effective date of the policy, note it in the top margin of the application if there is not a designated space for it.**

1. We do not draft or make policies effective on the 29th, 30th, or 31st of any month.
2. If the draft date falls on a weekend or holiday, the premium will be drafted on the next business day.
3. Drafts are combined, and one draft is submitted for the same line of business with the same draft date for the same bank account. Life and Health Drafts, however, are not combined.
4. It is important the insured know when their account will be drafted each month so that adequate funds are available to avoid overdraft charges. Policies with a specific requested draft date may be drafted either before or after the first due date. This depends on the requested draft date as compared to the policy effective date. Generally, a draft date requested within 17 days of the policy effective date will be drafted after the due date (the date the payment must be received by UA). If the requested draft date is 18 or more days after the policy effective date, the premium would be drafted before the first due date. Remember:

**17 days or less, Draft After  
18 days or more, Draft Before.**

5. Helpful information for Social Security recipients:

Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1 <sup>st</sup> – 10 <sup>th</sup>	14 <sup>th</sup>
Third Wednesday	11 <sup>th</sup> – 20 <sup>th</sup>	21 <sup>st</sup>
Fourth Wednesday	21 <sup>st</sup> – 31 <sup>st</sup>	28 <sup>th</sup>



## FIELD UNDERWRITING CONTINUED

6. Direct bill payment mode is available. Life policies require a \$20 minimum for a monthly direct bill.
7. Company Checks are acceptable for individually or family owned businesses for the Applicants only. Use Sole Proprietor form (SP 9-01).
8. An Agent must never accept cash, money orders, postdated checks, temporary/counter checks, debit cards, credit cards, savings account, or cashier's checks for payment of any premium, including initial application and subsequent periodic payments. Agent-written checks are also unacceptable.
9. **Do not accept cash under any circumstances.**
10. UA's CANLS and ProCare are available to list bill. **Prior Home Office approval is required.**

### EFFECTIVE DATES OF COVERAGE:

The date an insurance policy becomes effective may be based on the date the insurance application is accepted by the Home Office or a date requested by the Applicant. Postdating can be up to 90 days following the receipt of the application. Policies issued on monthly mode will be dated the date issued in the Home Office.

### BACK DATING LIFE POLICIES

On life insurance policies, you can backdate the effective date up to six months (three months in Ohio) to save an age. Be sure to collect sufficient premium to cover the backdated period. Special instructions of this nature should be attached to the application.

### LIFE, MAXIMUM ADULT WHOLE LIFE ISSUE LIMIT

The combined total of all Final Expense Whole Life (policy forms SWL/SWLGD, UA plan codes FER-FES, GER-GES, GET-GEU) monthly bank draft premiums written in the household cannot exceed \$150 per insured and/or \$300 per household. (Note: The juvenile product does not have the household limit.)

### COMMISSION LOAN ADVANCE

**Commission Loan Advance** – Commission Loan Advances are paid only on policies issued on monthly Automatic Payment Plan (bank draft) payment mode for those Agents who qualify and are set up on advance.

**Cancellations & Lapses** – If a policy cancels or lapses during the advance period, the unearned Commission Loan Advance will be deducted from your monthly and/or weekly statements.

**Personal Business** – Advances are NOT paid to Agents when writing individual policies on themselves or their immediate family members (parents, spouse, children, grandchildren).

**Commission Accounting Period** – The commission close-out date is the 24th of each month. If the 24th falls on a weekend or holiday, close-out is the last business day before the 24th. Any charges or credit after this date will appear on the next month's statement. Commission statements are mailed no later than the 7th of each month.

**Business Submitted with an APR/SBR premium** – may be paid on two different commission statements if the commission close-out date occurs prior to underwriting verification. In this situation, commission will be calculated and paid on the standard premium amount. Once the underwriting process is complete and the policy is issued, commission will be calculated on the difference between the standard premium and the additional/sub-standard premium and reflected on the first statement after issue.

### HEALTH REPLACEMENT GUIDELINES

The question on the application dealing with Replacement must be answered in all cases. It is important to list ALL existing health insurance coverage on the applications. When replacing insurance in this Company or any other company, submit the signed and dated replacement form (if required) for your state.

If replacement question is answered yes, we need to know the following:

1. Name of company being replaced
2. Type of coverage being replaced
3. Description of benefits
4. Effective date of the coverage
5. End date of coverage

When replacing existing insurance, the desired effective date should be 30 to 45 days beyond the application date.

Existing coverage should never be terminated until the new policy is issued and accepted by the Insured. Replacing current policyholders is not allowed.

Replacement of health policies (non-Med-Sup) is prohibited in South Dakota.

### CONVERSIONS

A conversion occurs when the Home Office receives an application on a person who already has a like policy in force.

#### General Rules

1. There is no new business commission on any conversion
2. An Agent converting his own business will receive renewal commission at the lower of the new renewal commission or old renewal commission rate.
3. An Agent converting another active agent's business will receive no commission.
4. We do not allow conversions on life or cancer plans.

#### Medicare Supplement Plans:

1. Conversion rates are determined by either attained age or issue age plans (for example:) Insured was 65 on original Med-Sup policy and is now 71 and going up in coverage, if they live in an issue age state, they are entitled to age 65 rates. However, if they live in an attained age state, the rates would be based on their current age of 71.
2. We will allow conversion from an in-force policy to a lower coverage without proof of insurability (downgrade conversion).

3. Any increase in coverage will be subject to underwriting approval.
4. Replacement forms are required to be submitted with all conversion applications.
5. Conversion of existing or recently lapsed Medicare Supplement policies is available by completing a new application with submission of the required premium. Contact the Home Office for further instructions.
6. Special conversion rules apply to policyholders looking to convert their Plan HDF, purchased January 1, 2015 or after, to a Plan F. Policyholders have 30 days after the second anniversary of their Plan HDF to convert to a Plan F.

### Comparable Issue Conversion

A comparable conversion occurs when a new application is taken after 31 days but within 90 days of the due date of the lapsed policy. In this situation, the new Agent becomes the Agent of record regardless of the original Agent's status. The Insured must serve any applicable waiting periods.

## REINSTATING HEALTH OR MEDICARE SUPPLEMENT POLICIES

Currently offered health or Med-Supp policies lapsed less than 90 days only require the total premium due.

Currently offered health or Med-Supp policies lapsed *more than 90 days* require a reinstatement form, completed and signed by the policyholder.

The following products were phased out Sept. 1, 2010, CS1, GSP1, GSP2, GSP3, GSP3A, HSXC, MMXC, MSXC, SHXC, SMXC, SSXC, and MMGAP (Individual). The following products were phased out Nov. 11, 2014, HIXC, HMXC, and SE2. All have a 31-day lapse period instead of 90 days. United American will not reinstate any of these policies that have lapsed following the end of the policy's **31-day** grace period due to nonpayment of premium.

A health or Med-Supp policy may be reinstated without the past due premium. The policy will have a lapse in the coverage period and an additional 10 day preexisting condition waiting period. The effective date of the reinstatement will be the next monthly policy date following approval. Reinstatements without a lapse in coverage or additional waiting period require payment of the total premium due.

The Home Office Customer Service Department (CSD) can provide the Agent or the Policyholder with the appropriate reinstatement form and calculate the premium due. This is prepared with a personalized cover letter and reply by mail envelope.

Reinstatement forms for health and Med-Supp policies are available from Agency Service.

Reinstatements are not allowed for health policies that have lapses more times two times or after two years.

### REINSTATING LIFE POLICIES

Life policies lapsed less than 120 days only require the total due premium.

Life policies lapsed *more than 120 days* require a reinstatement Form and total due premium. Submit completed reinstatement forms and reinstatement premium payments to:

United American Insurance Company  
ATTN: PSD Customer Service  
P.O. Box 8080  
3700 S. Stonebridge Dr.  
McKinney, TX 75070

### SELECTION OF RISKS

The principal function of the Underwriting Department is the appraisal and selection of health insurance risks. As a part of the risk selection process, the Underwriting Department is responsible for accepting or rejecting insurance applications, communicating the action to the appropriate parties, in addition to observing and complying with various statutes, regulations, and laws that apply to solicitation, pricing and issuance of health insurance contracts. The appraisal is based on information obtained from several sources including the application, medical records, Applicant interviews, MIB, and various questionnaires and other sources.

It is the responsibility of the Underwriting Department to properly evaluate all Applicants for health insurance coverage. This requires a sound modern underwriting practice consistent with the company's general philosophy for the selection of health risks.

In order to provide the best possible service, the Home Office Underwriting Department Team must also rely on you, the Agent, to obtain complete and accurate information at the point of sale.

This does not mean that just filling in the bubble or checking the box "Yes" or "No" and listing a medical condition in the health section creates a complete application. There is more to it than that.

**Tell us everything.** There is no way to over inform the underwriter. We, as underwriters, look for applications that can create a written picture of the Applicant. No matter how insignificant the health condition may seem, if your Applicant felt it was important enough to tell you then put it on the application.

The less we know and the more we must guess about what you are trying to tell us concerning the status of a condition or the degree of recovery, the more we will investigate. This causes the application to remain 'pending' status longer, therefore delaying the Applicant's policy and in some cases, losing the Agent's commission.

## UNDERWRITING DEPARTMENT CONTINUED

Agents who can master these skills will experience the rewards of having a strong relationship with the Underwriting Department. Those who do not will continue to struggle.

Because our jobs are so interdependent upon one another, and we share a common goal, we will strive to become your strongest partner. When that happens ... everybody wins!

### UNDERWRITING FUNCTION

The underwriting process may be completed with a single review of the application after completion of the Welcome Call. Additional information should be obtained from the Agent whenever possible. However, there will be certain situations where obtaining information from an outside source is desirable, such as:

1. Shaky signature, or printed signature (explain reason for shaky signature)
2. Unusually large amounts of coverage
3. Medical condition(s) currently being treated, or a combination of several significant medical impairments
4. Unusual tests (give us dates, reason for and results of all tests)
5. Vague conditions or illnesses (give all details for illnesses or injuries)

Home Office Underwriters request all requirements through facilities sanctioned by the Home Office.

### UNDERWRITING TOOLS

This is a list of underwriting tools available for risk appraisal

1. **Attending Physician's Statement (APS)** – is a medical report sent to us by the Proposed Insured's attending physician. An APS will be requested only when deemed necessary. The APS and other medical records are confidential documents. If an adverse underwriting decision is made based on information from medical records, there are procedures the Applicant can follow to obtain this information:
  - a. Upon written request from the Applicant, the Underwriting Department will disclose the medical information in writing to the Applicant's physician or medical facility that provided us with the medical records.
  - b. We can also release the information to the Applicant if we receive a written request from the Applicant along with an authorization signed by the doctor or medical facility authorizing United American to release this information to the Applicant.
2. **Quality Assurance Calls (Welcome Call)** – is a telephone interview process that may be used by the Underwriting Department to verify information with the Applicant, or Proposed Insured, to help evaluate the case. Please inform Applicant that a telephone interview may be required as a welcome call to help us determine the validity of the answers on the application.
3. **MIB** – Medical Information Bureau's fraud protection services protects insurers, policyholders, and Applicants from attempts to conceal or omit information material to the sound and equitable underwriting of life, health, disability, and long term care insurance. See also UA's Privacy & Disclosure Information booklet. See also MIB Group, Inc. ([www.mib.com](http://www.mib.com))
4. **Special Questions, Medical** – Specific questions on certain medical conditions that you can ask the Applicant before submitting the application which will help the underwriter in understanding the complete medical history. This will save time in processing the application because if we know all the details, we will not need to order medical records or call the Applicant or Agent to obtain the information after the application is received.
  - Arthritis
  - Asthma (& Other Respiratory Disorders)
  - Back And Neck
  - Blood Pressure
  - Checkup
  - Diabetes
  - Epilepsy, Seizures
  - Fractures, Injuries
  - Heart Attack, Chest Pain
  - Heart Murmur
  - Kidney, Gallbladder, Urinary
  - Nervous Mental Disorders
  - Stomach, Intestine, Colon
5. **Special Questions, NonMedical** – There are several other factors other than medical history that affect the underwriter's decision to issue the policy. We have special questions which will help us to determine eligibility without having to go back to the Applicant or Agent for these details.
  - Citizenship
  - Drug/Alcohol Use/Abuse
  - Employment/Occupation
  - Avocation
  - Replacement of other insurance
6. **The Milliman IntelliScript® system** – is a proven method for insurance companies to quickly gather and review their applicants' prescription histories. Insurers use Milliman IntelliScript® to gather prescription information in realtime.

# LIFE POLICY UNDERWRITING INFORMATION

**Underwriting requirements are based on Issue Age and Benefit Amount Selected.**

## Height & Weight

Check the Height/Weight (BUILD CHART). See pages 16-21 The Agent can determine if the Applicant's weight will require rated premium. Use the factor, shown on the Build Chart on page 3 to estimate the rated premium amount.

## United American Life Medical Requirements

(Applies to total in force with United American plus the new insurance applied for with UA)  
Underwriting Requirements are based on Issue Age and Benefit Amount Selected

AMOUNT	AGES 0-17**	AGES 18-50	AGES 51-55	AGES 56-60	AGES 61-69	AGES 70 & UP
\$25,000 – \$29,999	*	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	*
\$30,000 – \$34,999	*	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	*
\$35,000 – \$50,000	*	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Paramed Exam Blood Profile (HOS)	*
\$50,001 – \$99,999	*	Oral Swab for Non-Tobacco only	Oral Swab for Non-Tobacco only	Paramed Exam Blood Profile (HOS)	Paramed Exam Blood Profile (HOS)	*
\$100,000 – \$249,999	*	Oral Swab (MVR)	Paramed Exam Blood Profile (HOS)	Paramed Exam Blood Profile (HOS)	Paramed Exam Blood Profile (HOS/EKG)	*
\$250,000 – \$500,000	*	Paramed Exam Blood Profile (HOS)	Paramed Exam Blood Profile (HOS)	Paramed Exam Blood Profile (HOS)	MD Exam Blood Profile (HOS/EKG)	*

NOTE: Final Expense Whole Life is Simplified Issue - Urine, Paramed, MD Exam not applicable

\* Requirements as requested by Underwriter. NO ACTION REQUIRED BY AGENT.

\*\* 1-17 in Maryland

### AGENT SHOULD NOT ORDER THE PARAMED EXAM – UNDERWRITER WILL ORDER IF NEEDED

Paramed exam may include blood, urine, EKG, etc. Paramed and/or APS may be requested on any face amount if needed by underwriter. A Motor Vehicle Record (MVR) could be ordered on Ages 15 and above.

**The Underwriting Department will order all other Medical tests, including:  
Paramed Exam, MD Exam and Blood Profile.**

Let the applicant know they will be contacted to schedule the tests (EKG, Exam, Home Office Specimen) and any delays will effect the underwriting of their application.

<b>EKG</b>	Electrocardiogram	<b>MD</b>	Medical Doctor Exam
<b>HOS</b>	Home Office Urine Specimen	<b>MVR</b>	Motor Vehicle Report

Other requirements may be requested by the underwriter when necessary.

**The following requirement will be performed by the Writing Agent.**

## Oral Swab Kit

Instructions for administering Oral Swab Kits are included in the Oral Swab Kits which can be ordered from Supply. The instructions and a training video are also available at UAOnline <http://www.unitedamerican.com/logon>. Agents should use the clear plastic reply envelope addressed to Clinical Reference Laboratory P.O. Box 218991 Kansas City, Missouri 64121 to mail the swab sample. Do NOT mail samples to the home office. Be sure to select the appropriate company on the "specimen" form.

### MEDICAL SPECIAL QUESTIONS

Underwriting action on some conditions depends on severity. Following are special questions the Agent can ask regarding symptoms and treatments to help determine whether the condition is mild, moderate or severe. If we have this information with the application when it is received at the Home Office, it will help to prevent additional delays in issuing the policy.

#### ARTHRITIS

1. Type of arthritis  
(i.e. Rheumatoid, Osteo, Gouty, Degenerative, etc.)
2. What joints are involved? Swelling or Deformity?
3. What medication was prescribed? What is the current treatment?
4. What activities are restricted? How disabling is it?
5. Complete name and address of the attending physician?

#### ASTHMA, EMPHYSEMA, BRONCHITIS, RESPIRATORY, ALLERGIES

1. How many attacks? How severe (disabling) are the attacks?
2. Date of last attack? Hospitalized? How many days hospitalized?
3. Name of medication taken? Date of last treatment?
4. Complete name and address of attending physician?

#### BACK AND NECK

1. What areas of the back and neck were affected?
2. How long did the symptoms last?
3. What was the date of the last symptom?
4. What treatment was recommended? For how long?
5. Current Treatment? Date of last treatment?
6. Complete name and address of attending physician?

#### BLOOD PRESSURE

1. Date of onset or date diagnosed with High Blood Pressure (HBP)?
2. Is HBP controlled with medication? Currently under treatment?
3. Name of all medications used to treat HBP?
4. Complete name and address of attending physician?

### CHECKUP

1. Reason for and date of checkup?
2. What symptoms prompted the checkup; or, was it a regular annual checkup?
3. Medication prescribed?
4. What tests were done and what were the results of the test?
5. Any further tests or studies recommended?
6. Complete name and address of attending physician?

#### DIABETES, HYPOGLYCEMIA, GLUCOSE INTOLERANCE, OR SUGAR DISORDER

1. Date of first symptoms? Date Diagnosed?
2. Controlled by diet or medication? Name of medications and amounts taken each day? Oral medication or insulin?
3. Ever been hospitalized for diabetes? History of diabetic coma?
4. Any history of:
  - Eye Disorders?
  - Kidney Disorders?
  - Heart Disorders?
  - Recurrent Infection?
  - Amputation?
  - Diabetic Ulcers?
5. Any other complications of diabetes?
6. Complete name and address of attending physician?

#### EPILEPSY, SEIZURE, FAINTING SPELLS

1. Describe type of seizure, epilepsy or fainting spell.
2. What are the dates of the first episode and the latest episode?
3. How often do the symptoms occur? Give dates.
4. What studies have been done? Give details and results.
5. How is it treated? What medications are taken? Date and physician last seen?
6. Complete name and address of attending physician?

#### FRACTURES, INJURIES, MUSCLE/TENDON SPRAIN/STRAIN, JOINT REPLACEMENT

1. Date of injury? Date of recovery? Was this a Worker's Compensation injury?
2. Location of injury (Left or right arm, leg, knee, hip, etc.)?
3. Type of surgery?
4. Was there internal fixation (pins, plates, wire, nail, screws)? Give details.
5. Currently taking medication? Name of medication?
6. Complete name and address of attending physician?



### HEART ATTACK, ANGINA, CORONARY ARTERY DISEASE, CHEST PAIN

1. Give dates of episodes and details.
2. If chest pains have occurred, what was the cause?
3. Type of studies done, dates and results of studies?
4. What is current treatment?
5. Are activities restricted?
6. Was a bypass operation or other surgery done or recommended?
7. Complete name and address of attending physician?

### HEART MURMUR

1. When was murmur diagnosed? How was it diagnosed? What tests were done?
2. If known, what is the type of murmur? Was it called "functional," "innocent," or "organic?"
3. What doctor did the tests and what doctor checked it most recently?
4. Is there any restriction of activities?
5. Complete name and address of attending physician?

### KIDNEY, BLADDER, OR OTHER URINARY TRACT DISORDERS

1. Give name of the disorder. How many episodes have occurred? Give details.
2. What tests were done and what were the results? Surgery recommended?
3. How was the disorder treated? Currently on medication?
4. If a kidney stone was present, was it passed, removed or still present? How was it removed?
5. Complete name and address of attending physician?

### NERVOUS MENTAL DISORDERS

1. What was the actual diagnosis?
2. Was treatment sought from a physician, psychiatrist or other medical facility?
3. If yes, currently under treatment? Frequency of treatment? Date of last treatment?
4. Ever been hospitalized for the condition? Date of hospitalization?
5. Has there been any disability? When and for how long?
6. Was medication prescribed? Currently on medication?
7. Name and dosage of medication(s) and dates of treatment?
8. Complete name and address of attending physician or physician currently treating this condition?

### SMOKER (SEE TOBACCO)

### STOMACH, INTESTINE OR COLON

1. Was an ulcer found? What type?
2. Was it treated? For how long?
3. When was medication last taken? Name of medication?
4. Was hospitalization required or has it been advised? When and for how many days? Was there any bleeding?
5. Was any abdominal surgery performed? When and what type?
6. Currently under treatment?
7. Currently on medication? Name and dosage of medication?
8. Complete name and address of attending physician?

### THYROID

1. Is Applicant hyperthyroid (overactive) or hypothyroid (underactive)? Are nodules present?
2. How is ailment treated? If operated, was it total or subtotal thyroidectomy?
3. What symptoms did Applicant have?
4. Is condition malignant or benign?
5. What medications are taken?
6. Complete name and address of attending physician?

### TOBACCO

#### Smoker

Tobacco use in any form in the past 12 months.

#### Non-Smoker

No tobacco use in any form in the past 12 months.

#### Preferred Non-Smoker Rates

The preferred rates aren't determined strictly from the application. To qualify for preferred rates, we require an exam with blood & urine and also an MVR. Our preferred criteria includes build, cholesterol, cholesterol ratio, family history, length of non-tobacco use, blood pressure (without hypertension history), hypertension, hyperlipidemia, medical history (no history of heart disease, diabetes, or cancer within 10 years), aviation/hazardous sports participation, and driving history.

## UNDERWRITING DEPARTMENT CONTINUED

### TUMOR, POLYP, OR CYST

1. Location of growth? If external, what part of the body? If internal, what organ?
2. When was it removed and how?
3. Dates of treatment? Currently under treatment?
4. What was the diagnosis (malignant, benign, premalignant)?
5. What was the treatment after the growth was removed?
6. Currently on medication? Name of medication taken?
7. Complete name and address of attending physician?

### OTHER CONDITIONS NOT LISTED ABOVE

1. When was the doctor seen? Give details and reasons for visit.
2. What tests were done? Results of tests? What was the diagnosis?
3. Was medication prescribed? If yes, include the name of the medication (obtain name and dosage from the prescription bottle).
4. Currently on medication? List all medications.
5. Are there any remaining symptoms or episodes? How often? Include dates.
6. Is there any residual impairment? Complete name and address of attending physician?

### NON – MEDICAL UNDERWRITING GUIDELINES

Getting the policy issued goes beyond just the health of an Applicant. It extends to:

1. Obtaining all of the required signatures in all the right places on the application and forms.
2. Answering all the questions and attaching all the required forms, pertaining to replacement of other coverages.
3. Attaching all of the required forms with the correct banking information for bank draft purposes.
4. Complying with state regulations and statutes set forth by our Compliance Department and Legal Department.

The underwriter will check all of these items during the initial review of the application. Your assistance in answering the following questions will help us reduce the issue time of the policy.

### NONMEDICAL SPECIAL QUESTIONS

#### CITIZENSHIP

We shouldn't issue policies to people without a legal standing to be in the United States. Social Security and Green cards are the normal indicators that a person has legal

standing. If they don't have a Social Security or Green card, they will be declined. With Green cards and other non-Social Security credentials, we should ask the following questions to assess the likelihood of how stable the person's residency is in the United States. If stable, we can issue – if unstable, we will decline coverage.

#### QUESTIONS TO ASK REGARDING CITIZENSHIP FOR STABILITY:

1. Under what authority are you living in the United States?
2. How long have you lived in the United States?
3. Do you plan to continue living in the United States?
4. Will you be a permanent resident of the United States?
5. How frequently do you plan on traveling outside the United States?

#### DUI

1. Date & Type of offense?
2. More than 1 DUI? Dates of each?
3. Was driver's license suspended? Date?
4. Has driver's license been renewed? Date?
5. Is Applicant currently employed?

#### DRUG ALCOHOL USE/ABUSE

1. Type of drug/alcohol used?
2. Dates used?
3. Used only 1 time or multiple times?
4. Treatment in alcohol/drug rehab facility?
5. Dates?

#### EMPLOYMENT

Self employed, construction, truck driving, unemployed (*Applicant with hazardous occupation is uninsurable*).

1. What is the nature of your employment industry?
2. Describe your specific job duties and daily activities.
3. Where is the job site or location?
4. If truck driver, please give specific duties. Do you haul any hazardous materials? If so, give details.
5. If unemployed, give reason for unemployment.

#### HAZARDOUS SPORT/AVOCATION

1. Describe sport or avocation.
2. How often do you participate in this sport/avocation?

Policy will be issued with an exclusion rider for injuries related to hazardous avocations.

## MEDICAL UNDERWRITING GUIDE

The underwriting actions listed in this section are general guidelines for medical risk selection. The purpose is to outline common procedures and practices usually followed when making underwriting decisions for medical risk selection. It is intended for a guide only and is not to be interpreted as a guarantee of underwriting action in ANY case. Changes to the guidelines and the underwriting actions may occur without prior notification or reprinting of this guide.

The Underwriting Department will follow these guidelines whenever appropriate, with final action being the decision of the Underwriter; however, each case must be evaluated on its own merits. There will be occasions when the underwriter will make some deviation as a matter of judgment based on additional information obtained.

Impairments not listed in this section will be given individual consideration and will be underwritten based on available medical history in accordance with generally accepted underwriting guidelines or principles.

Underwriters know that the actions they take will affect the Applicant and the Agent. They realize the decisions made on a case could cause it to be handled as a "not taken" or trigger the loss of additional cases or referrals, so these adverse decisions are never taken lightly. If business is not placed on the books no one prospers.

There will be times when it will be difficult to understand why the underwriter made the decision they did. When this happens, we will justify our reasons for decision upon the Agent's or Applicant's request, provided that HIPAA regulations and company policies are not violated. The APS and other records obtained from an outside source are confidential documents.

If an adverse underwriting decision is made based on information from medical records, we will require a written authorization signed by the doctor or medical facility where we obtained the records, authorizing United American to release the information to the Applicant. Or, if they prefer, the Underwriting Department will disclose information in writing to the Applicant's physician or medical facility that provided us with the information.

## STANDARD VS. RIDERS

### STANDARD ISSUE

If the medical condition is **outside** the recovery period (meaning they have not had or been treated for said condition in the amount of time shown on the Condition Point Value Table), we can issue on a **standard** basis.

### EXCLUSION RIDER, ADDITIONAL PREMIUM RIDER OR SELECT BENEFIT RIDER

If an Applicant has had, or been treated for, any of the conditions **within** the recovery period, as shown on the *Condition Point Value Table*, we can issue with an **Exclusion Rider, Additional Premium Rider, or Select Benefit Rider** as shown in the table. See the Rated Premium Guide (*F5837*) for the Condition Point Value Table and other instructions regarding the Exclusion, Additional Premium, and Select Benefit Riders.

### RECOVERY PERIOD

A period of time, as shown in the *Condition Point Value Table*, in which an Applicant or insured no longer has, or is no longer being treated for, said medical condition. See the Rated Premium Guide (*F5837*) for the Condition Point Value Table and other instructions regarding the Exclusion, Additional Premium and Select Benefit Riders.

### TREATMENT

Management, consultation and care for the purpose of combating or controlling a disease or disorder. This includes any therapy, prescribed medications or over the counter medications taken to control or treat the disorder.

## UNDERWRITING INFORMATION

### LIFE POLICIES TABLE RATING (Not Applicable to Final Expense Whole Life)

#### Table Ratings

Applicants with certain health conditions can qualify for an insurance policy. Rated premiums will apply. Additional premium will be calculated by Underwriting. This additional premium will be permanent unless the insured requests and qualifies to have the substandard rating removed. Generally, a review would be considered after the policy has been in force 12 months.

When a rated premium is required, a letter of explanation, including the higher premium amount, will be generated with the policy. Unless otherwise requested, the letter and policy will be sent to the Agent to deliver to the applicant. Be certain the new premium rates and the amount of coverage are suitable to the applicant. The Home Office will accept changes to the benefit amount in order to accommodate the applicant. Additional premium should be collected when the policy is delivered and returned to the Home Office. Provide the applicant with a conditional receipt (form F3520). Never *accept cash*.

*Graded (Sub-Standard) policies are not available.*

MALES AGES 18-44										
Height Feet Inches Total Inches			Weight		Table Rating					
				B = Multiply Standard Premium x 1.50	C = Multiply Standard Premium x 1.75	D = Multiply Standard Premium x 2.00	E = Multiply Standard Premium x 2.25	F = Multiply Standard Premium x 2.50	H = Multiply Standard Premium x 3.00	J = Multiply Standard Premium x 3.50
4'	8"	56"	95-168	169	178	185	192	196	205	210
4'	9"	57"	98-175	176	185	192	199	203	213	217
4'	10"	58"	102-181	182	191	199	206	211	220	225
4'	11"	59"	105-187	188	198	205	213	218	228	233
5'	0"	60"	109-194	195	205	212	220	225	236	241
5'	1"	61"	113-200	204	212	220	228	233	244	249
5'	2"	62"	117-207	208	219	227	235	241	252	257
5'	3"	63"	122-214	215	226	234	243	248	260	265
5'	4"	64"	124-220	221	233	242	251	256	268	274
5'	5"	65"	128-227	228	240	249	258	264	277	282
5'	6"	66"	133-234	235	248	257	266	273	285	294
5'	7"	67"	136-242	243	255	265	275	281	294	300
5'	8"	68"	140-249	250	263	273	283	289	303	309
5'	9"	69"	145-256	257	271	281	291	298	312	318
5'	10"	70"	148-264	265	279	289	300	307	321	328
5'	11"	71"	152-271	272	287	298	308	315	330	337
6'	0"	72"	156-279	280	295	306	317	324	339	348
6'	1"	73"	162-287	288	303	315	326	335	349	356
6'	2"	74"	166-295	296	312	323	335	343	358	366
6'	3"	75"	171-303	304	320	332	344	352	368	376
6'	4"	76"	175-311	312	329	341	353	361	378	386
6'	5"	77"	179-319	320	337	350	363	371	388	396
6'	6"	78"	184-328	329	346	359	371	381	398	407
6'	7"	79"	190-336	337	355	368	382	391	409	417
6'	8"	80"	194-345	346	364	378	391	410	419	428
6'	9"	81"	199-354	355	373	387	410	411	429	439

# UNDERWRITING INFORMATION

## LIFE POLICIES TABLE RATING

FEMALES AGES 18-44										
Height Feet    Inches		Total Inches	Weight		Table Rating					
				B = Multiply Standard Premium x 1.50	C = Multiply Standard Premium x 1.75	D = Multiply Standard Premium x 2.00	E = Multiply Standard Premium x 2.25	F = Multiply Standard Premium x 2.50	H = Multiply Standard Premium x 3.00	J = Multiply Standard Premium x 3.50
4'	8"	56"	89-168	169	178	185	192	196	205	210
4'	9"	57"	92-175	176	185	192	199	203	213	217
4'	10"	58"	96-181	182	191	199	206	211	220	225
4'	11"	59"	98-187	188	198	205	213	218	228	233
5'	0"	60"	100-194	195	205	212	220	225	236	241
5'	1"	61"	103-200	201	212	220	228	233	244	249
5'	2"	62"	105-207	208	219	227	235	241	252	257
5'	3"	63"	109-214	215	226	234	243	248	260	265
5'	4"	64"	111-220	221	233	242	251	256	268	274
5'	5"	65"	114-227	228	240	249	258	264	277	282
5'	6"	66"	116-234	235	248	257	266	273	285	291
5'	7"	67"	120-242	243	255	265	275	281	294	300
5'	8"	68"	123-249	250	263	273	283	289	303	309
5'	9"	69"	127-256	257	271	281	291	298	312	318
5'	10"	70"	130-264	265	279	289	300	307	321	328
5'	11"	71"	135-271	272	287	298	308	315	330	337
6'	0"	72"	139-279	280	295	306	317	324	339	347
6'	1"	73"	143-287	288	303	315	326	334	349	356
6'	2"	74"	146-295	296	312	323	335	343	358	366
6'	3"	75"	150-303	304	320	332	344	352	368	376
6'	4"	76"	153-311	312	329	341	353	361	378	386
6'	5"	77"	156-319	320	337	350	363	371	388	396
6'	6"	78"	160-328	329	346	359	372	381	398	407



# UNDERWRITING INFORMATION

## LIFE POLICIES TABLE RATING

MALES AGES 45-64										
Height Feet   Inches		Total Inches	Weight		Table Rating					
				B = Multiply Standard Premium x 1.50	C = Multiply Standard Premium x 1.75	D = Multiply Standard Premium x 2.00	E = Multiply Standard Premium x 2.25	F = Multiply Standard Premium x 2.50	H = Multiply Standard Premium x 3.00	J = Multiply Standard Premium x 3.50
4'	8"	56"	95-173	174	183	187	192	196	205	210
4'	9"	57"	98-179	180	189	194	199	203	213	217
4'	10"	58"	102-186	187	196	201	206	211	220	225
4'	11"	59"	105-192	193	203	208	213	218	228	233
5'	0"	60"	109-199	200	210	215	220	225	236	241
5'	1"	61"	113-205	206	217	222	228	233	244	249
5'	2"	62"	117-212	213	224	230	235	241	252	257
5'	3"	63"	122-219	220	231	237	243	248	260	265
5'	4"	64"	124-226	227	239	245	251	256	268	274
5'	5"	65"	128-233	234	246	252	258	264	277	282
5'	6"	66"	133-241	242	254	260	266	273	285	291
5'	7"	67"	136-248	249	262	268	275	281	294	300
5'	8"	68"	140-255	256	270	276	283	289	303	309
5'	9"	69"	145-263	264	278	284	291	298	312	318
5'	10"	70"	148-271	272	286	293	300	307	321	328
5'	11"	71"	152-279	280	294	301	308	315	330	337
6'	0"	72"	156-287	288	302	310	317	324	339	347
6'	1"	73"	162-295	296	311	318	326	334	349	356
6'	2"	74"	166-303	304	319	327	335	343	358	366
6'	3"	75"	171-311	312	328	336	344	352	368	376
6'	4"	76"	175-319	320	337	345	353	361	378	386
6'	5"	77"	179-328	329	346	354	363	371	388	396
6'	6"	78"	184-336	337	355	363	372	381	398	407
6'	7"	79"	190-345	346	364	373	382	391	409	417
6'	8"	80"	194-354	355	373	382	391	401	419	428
6'	9"	81"	199-363	364	383	392	401	411	429	439

# UNDERWRITING INFORMATION

## LIFE POLICIES TABLE RATING

FEMALES AGES 45-64										
Height Feet Inches		Total Inches	Weight		Table Rating					
				B = Multiply Standard Premium x 1.50	C = Multiply Standard Premium x 1.75	D = Multiply Standard Premium x 2.00	E = Multiply Standard Premium x 2.25	F = Multiply Standard Premium x 2.50	H = Multiply Standard Premium x 3.00	J = Multiply Standard Premium x 3.50
4'	8"	56"	89-173	174	183	187	192	196	205	210
4'	9"	57"	92-179	180	189	194	199	203	213	217
4'	10"	58"	96-186	187	196	201	206	211	220	225
4'	11"	59"	98-192	193	203	208	213	218	228	233
5'	0"	60"	100-199	200	210	215	220	225	236	241
5'	1"	61"	103-205	206	217	222	228	233	244	249
5'	2"	62"	105-212	213	224	230	235	241	252	257
5'	3"	63"	109-219	220	231	237	243	248	260	265
5'	4"	64"	111-226	227	239	245	251	256	268	274
5'	5"	65"	114-233	234	246	252	258	264	277	282
5'	6"	66"	116-241	242	254	260	266	273	285	291
5'	7"	67"	120-248	249	262	268	275	281	294	300
5'	8"	68"	123-255	256	270	276	283	289	303	309
5'	9"	69"	127-263	264	278	284	291	298	312	318
5'	10"	70"	130-271	272	286	293	300	307	321	328
5'	11"	71"	135-279	280	294	301	308	315	330	337
6'	0"	72"	139-287	288	302	310	317	324	339	347
6'	1"	73"	143-295	296	311	318	326	334	349	356
6'	2"	74"	146-303	304	319	327	335	343	358	366
6'	3"	75"	150-311	312	328	336	344	352	368	376
6'	4"	76"	153-319	320	337	345	353	361	378	386
6'	5"	77"	156-328	329	346	354	363	371	388	396
6'	6"	78"	160-336	337	355	363	372	381	398	407

# UNDERWRITING INFORMATION

## LIFE POLICIES TABLE RATING

MALES AGES 65 & OVER										
Height Feet   Inches		Total Inches	Weight		Table Rating					
				B = Multiply Standard Premium x 1.50	C = Multiply Standard Premium x 1.75	D = Multiply Standard Premium x 2.00	E = Multiply Standard Premium x 2.25	F = Multiply Standard Premium x 2.50	H = Multiply Standard Premium x 3.00	J = Multiply Standard Premium x 3.50
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5'	2"	62"	117-212	213	224	230	235	241	252	257
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5'	5"	65"	128-233	234	246	252	258	264	277	282
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6'	6"	78"	184-336	337	355	363	372	381	398	407
6'	7"	79"	190-345	346	364	373	382	391	409	417
6'	8"	80"	194-354	355	373	382	391	401	419	428
6'	9"	81"	199-363	364	383	392	401	411	429	439

# UNDERWRITING INFORMATION

## LIFE POLICIES TABLE RATING

FEMALES AGES 65 & OVER										
Height Feet   Inches		Total Inches	Weight		Table Rating					
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5'	1"	61"	103-205	206	217	222	228	233	244	249
5'	2"	62"	105-212	213	224	230	235	241	252	257
5'	3"	63"	109-219	220	231	237	243	248	260	265
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6'	6"	78"	160-336	337	355	363	372	381	398	407

## UA FINAL EXPENSE WHOLE LIFE

### HEIGHT/WEIGHT CHART

UNISEX							
Height Feet Inches		Total Inches	Max Graded				
4'	10"	58"	199				
4'	11"	59"	205				
5'	0"	60"	213				
5'	1"	61"	220				
5'	2"	62"	227				
5'	3"	63"	234				
5'	4"	64"	242				
5'	5"	65"	249				
5'	6"	66"	257				
5'	7"	67"	265				
Height Feet Inches		Total Inches	Max Graded				
5'	8"	68"	273				
5'	9"	69"	281				
5'	10"	70"	289				
5'	11"	71"	298				
6'	0"	72"	306				
6'	1"	73"	315				
6'	2"	74"	323				
6'	3"	75"	332				
6'	4"	76"	341				

## POLICY CHANGE

TYPE OF CHANGE	REQUIREMENTS WITHIN 30 DAYS	REQUIREMENTS AFTER 30 DAYS	UNDERWRITING REQUIRED?	PREMIUM DUE?	OKAY VIA PHONE CALL?
<b>Add Family Members</b> SEE POLICY PROVISIONS	Primary Insured must complete and sign current application. Applicant must qualify base on underwriting.	Primary Insured must complete and sign current application. Applicant must qualify base on underwriting.	Yes	Yes	No
<b>Add Newborn</b> SEE POLICY PROVISIONS, DATE REQUIREMENTS VARY BY POLICY	Primary Insured must complete and sign current application	Primary Insured must complete and sign current application.	No	Yes Pro-rated Amount Payable From Date Of Birth	No
<b>Add or Increase Benefits</b>	Notification from Agent or Primary Insured	Health application	Yes	Yes	No
<b>Add, Remove, or Change APR/SBR or Exclusion Riders</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	Yes	Yes If Premium Rate Increases	Yes
<b>Address Change</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Beneficiary Change</b>	Notification from Primary Insured and change of beneficiary form	Notification from Primary Insured and change of beneficiary form	No	No	No
<b>Change Effective Date</b>	Notification from Agent or Primary Insured	Proof of duplicate coverage or policy delivery slip	No	Reissue Department will notify	Yes
<b>Change In Marital Status / Divorce</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	Only If Adding Family Member	If Deleting
<b>Change Method Of Payment</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium Is Due	Yes
<b>Change Mode Of Payment</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium Is Due	Yes
<b>Conversions or Rewrites</b>	Not available within 30 days	Dated application signed by Agent and Applicant	Yes	Yes If Premium Rate Increases	No
<b>Delete Family Members</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Delete or Decrease Benefits</b>	Notification from Agent or Primary Insured	Written notification from Primary Insured	No	No	No
<b>DOB or Age Correction</b>	Notification from Agent or Primary Insured	Proof of age from Primary Insured (Copy of valid Drivers License or Birth Certificate)	No	Yes If Premium Is Higher Due To Age	No
<b>Duplicate Policies</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Name Change</b> LEGAL	Legal documents	Legal documents	No	No	No
<b>Name Correction</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Reinstatement</b> SEE POLICY PROVISIONS	Modal payment	Dated reinstatement application signed by insured	Yes	Yes	No



## DISCOUNT MEDICAL PLAN AND APPLICATION

In addition to the valuable insurance coverage your clients can purchase from United American, you can help your clients save on vision and dental charges as well as other medical services. The following option non-insurance discount medical programs are available.

**UAPartners®**  
DISCOUNT MEDICAL PLAN

Available to **all** customers.  
Can be sold with or without a policy.  
*Not available in KS, RI, WA, or VT*

**\$6.95 monthly**

Enrollment Form **F6694/F6696**

**DISCOUNT MEDICAL SERVICES**

- Vision
- Hearing
- Chiropractic
- Dental
- Prescription Drugs
- Vitamin & Nutritional Supplements

**CONVENIENT RESOURCES**

- 24-Hour Nurseline
- Travel Assist (not available in CT or FL)
- "Automatic" Claims Filing® PLUS  
*(ACF Service available only to primary plan member with company Medicare Supplement policy)*

*To find participating locations,  
call **1-800-308-0374** or visit  
**[www.FindBestBenefits.com](http://www.FindBestBenefits.com)**  
and use promo code **744402**.*

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