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SBLI UNDERWRITING GUIDE

NO NONSENSE. LIKE YOU.™

SBLI®
THE NO NONSENSE
LIFE INSURANCE COMPANY®

New guidelines effective as of August 15, 2014

*“Coming together is a beginning.
Keeping together is progress.
Working together is success.”*

— Henry Ford

SBLI UNDERWRITING PHILOSOPHY

The Savings Bank Life Insurance Company of Massachusetts (SBLI) has long prided itself on the experience, competency and fairness of its underwriting staff. SBLI’s underwriting staff averages over 20 years of experience and has a reputation of being accessible and willing to work with agents and their clients.

SBLI thanks you for choosing us to provide valuable life insurance coverage to your clients. The underwriting staff truly believes in working closely with its partners to enhance the process and make the experience worthwhile.

Don’t hesitate to contact us any time you feel we can better serve you.



Vice President

Chief Underwriter

781-994-5428

BOConnell@SBLI.com

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SUBMITTING AN APPLICATION

SBLI offers multiple ways to meet your processing needs when it comes to submitting a new business application.

Traditional Submission

This traditional option allows you to complete and submit a paper version of the application to us for processing.

Fillable Forms Submission

The fillable forms option allows you to complete and submit a paper version of an application using one of our fillable forms solutions. These forms are available via SBLIAgent.com as well as via Laser App.

e-Application Submission

The e-Application process allows you to utilize one of several different electronic solutions for completing the application. The first option allows you to submit a full e-Application through iPipeline. The iPipeline e-Application will help ensure that your application is In Good Order (IGO) at the time of submission. Alternatively, we also accept e-Applications from TioTERM.

Please check with us to discuss other possible solutions as we are always looking for ways to simplify the submission process.

SUBMITTING FORMS

SBLI offers multiple ways to meet your processing needs when it comes to submitting forms.

Traditional & Fillable Forms

All forms may be sent to us via e-mail, mail or fax. We also partner with multiple vendors and can accept forms electronically from ExamOne as well as other vendors, so please check with us for additional details.

Electronic Forms

If you have submitted an e-Application through iPipeline, the forms will be sent to us electronically by iPipeline. However, if you selected to print and wet-sign the iPipeline e-Application, the forms will need to be sent to us using the traditional method for submitting forms.

DOCUMENTATION SUBMISSION

MAIL	E-MAIL	FAX
SBLI of Massachusetts-Records One Linscott Road, Woburn, MA 01801	Records@sbli.com	781-994-4240

COMPELLING REASONS TO DO BUSINESS WITH SBLI

1. Very highly rated by rating agencies

A+ (Superior)* by A.M. Best and A- (Strong) by Standard and Poor's 500

2. We have some of the most competitive rates in the industry for most ages and plans

3. Highly competitive underwriting

Clients can now qualify for our best premium class (Preferred Plus) in the following situations:

- a. Treated and non-treated controlled hypertension
- b. Mild and controlled (with inhalers) asthma
- c. Mild and controlled anxiety
- d. Treated and non-treated controlled hyperlipidemia
- e. Scuba diving up to 75 feet
- f. Certain family histories that are gender specific cancers (i.e. breast, testicular, prostate, ovarian, and uterine)
- g. One competitive multiclass build chart for both males and females

We also provide:

- a. Prompt turnaround time (average issue time is 25 days)
- b. New technology enhancements including MYSBLI.com, e-policy delivery and SBLI Agent.com for improved services and easy access to information
- c. 24-hour turnaround times for quick quotes, and accessibility to our Help Desk for quick quotes that are needed even sooner

Very importantly, and quite unique in the industry, SBLI underwriting encourages you to contact our highly skilled and experienced underwriters to discuss cases or to offer feedback or suggestions.

*Visit ambest.com to learn more.

INITIAL UNDERWRITING REQUIREMENTS

AGE AND AMOUNT REQUIREMENTS

AMOUNTS	0-15* YEARS	16-17* YEARS	18-30 YEARS	31-40 YEARS	41-50 YEARS	51-60 YEARS	61-69 YEARS	70-80 YEARS
TO \$100,000	Non-Medical	Non-Medical MVR	Para BP/HOS MVR	Para BP/HOS	Para BP/HOS	Para BP/HOS	Para BP/HOS MVR	Para BP/HOS EKG MVR
\$100,001- 250,000	Non-Medical	Non-Medical MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR
\$250,001- 500,000	Non-Medical	Non-Medical MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR
\$500,001- 1,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR
\$1,000,001- 3,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Underwriter Discretion
\$3,000,001- 5,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Underwriter Discretion
\$5,000,001 \$10,000,000	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Para BP/HOS EKG MVR	Underwriter Discretion
\$10,000,001 AND OVER	Underwriter Discretion	Underwriter Discretion	Para BP/HOS MVR	Para BP/HOS MVR	Para BP/HOS EKG MVR	Para BP/HOS TMT MVR	Para BP/HOS TMT MVR	Underwriter Discretion

KEY	
Para =	Paramedical Exam (Nurse)
BP =	Blood Profile with HIV Test / PSA over Age 50
HOS =	Home Office Specimen (Urine)
TMT =	Exercise EKG (Treadmill)
EKG =	Electrocardiogram (Resting)
MVR =	Motor Vehicle Reports

*For ages 0-17, whole life product is based on the net amount at risk.

Consumer Inspection Report:

To age 69: Personal coverage \$5,000,000+
Business coverage \$3,000,000+

Ages 70+: Any purpose \$1,000,000+

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PREFERRED VENDORS

PARAMED	PHONE	WEB SITE
APPS/Portamedic	866-335-5575	www.portamedic.com
Examination Management Services, Inc. (EMSI)	800-872-3674	www.emsinet.com
Exam One	800-768-2056	www.examone.com
Superior Mobile Medics	800-898-3926	www.superiormobilemedics.com
LAB/MVR		
Exam One	800-768-2056	www.examone.com
APS		
Examination Management Services, Inc. (EMSI)	800-872-3674	www.emsinet.com
J & H Copy Service	714-991-0102	www.jhcopyservice.com
APS Workflow	636-812-0166	www.apsworkflow.com
INSPECTION REPORTS		
Exam One	800-768-2056	www.examone.com
Examination Management Services, Inc. (EMSI)	800-872-3674	www.emsinet.com

We encourage you to use our preferred vendors for medical requirements; our selected vendors provide the best possible service in the industry and have the widest geographic coverage.

Please note: we expect to have a formal application for most of the services that were invoiced to us. We will be monitoring this and we reserve the right to exclude agents from the direct bill program if we see significant discrepancies between submitted applications and services billed.

If a non-preferred vendor is utilized, the agent will be responsible to pay the vendor directly and submit a reimbursement request along with copy of invoice and proof of payment. Please note:

- We will reimburse only if a formal application is submitted to SBLI.
- If we are sharing an application with another carrier, we ask that you send the bill to the carrier with whom the case is placed.
- We cannot be responsible for excessive fees, so we will reimburse up to our contracted prices. Any expense exceeding these rates will not be our responsibility. Please contact our Vendor Management team for more details.

For any questions, or to submit a reimbursement request please contact our Vendor Management team at vm@sbli.com, or call 781-994-5469.

NON-NICOTINE UNDERWRITING CRITERIA FOR ALL PRODUCTS

CRITERIA	PREFERRED PLUS NON-NICOTINE	PREFERRED NON-NICOTINE
Nicotine	no nicotine 5 years	no nicotine 3 years
	-Occasional cigar use can be considered non-nicotine if 12 or less per year, is fully admitted to on the application and current nicotine test is negative	
Blood Pressure	treated or untreated 135/85 up to age 60 140/85 age 61 and over	currently controlled by meds 135/85 up to age 60 145/90 age 61 and over
Cholesterol	120 min 300 max (treated or untreated)	120 min 300 max (treated or untreated)
CHL/HDL Ratio	max 5.0 males max 4.5 females	max 5.5 males max 5.0 females
Blood Profile/HOS	values within acceptable range for class	values within acceptable range for class
Family History	no CVD or cancer in parents/siblings prior to age 60 -waived if insured is 65 or older and meets all other preferred plus criteria -family history is disregarded if insured is age 70 or over	no death in parent prior to age 60 due to CVD or CA -waived if insured is 65 or older and meets all other preferred criteria
Driving Record	no more than 1 DUI, none last 7 years no reckless in last 7 years no more than 2 MV in last 3 years no license suspension within last 3 years	no more than 1 DUI, none last 5 years no reckless in last 5 years no more than 2 MV in last 3 years no license suspension within last 3 years
Alcohol/Substance Abuse	no history of or treatment for alcohol/drugs	no history of or treatment for alcohol/drugs in the last 10 years
Personal History (see next page)	no personal hx of cancer, CVD or diabetes mellitus	no personal hx of cancer, CVD or diabetes mellitus
Residence	US resident for last 2 years and refer to foreign residency section for additional information	US resident for last 2 years and refer to foreign residency section for additional information
Occupation/Avocation	no hazardous occupations/avocations active military not accepted scuba diving <75 ft ok	no hazardous occupations/avocations active military considered if stationed in US and non-hazardous occupation scuba diving <75 ft ok

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

NON-NICOTINE UNDERWRITING CRITERIA FOR ALL PRODUCTS

CRITERIA	PREFERRED PLUS NON-NICOTINE				PREFERRED NON-NICOTINE			
Build (ht and wt) Male and Female	4'8"	126	4'9"	131	4'8"	135	4'9"	140
	4'10"	135	4'11"	140	4'10"	145	4'11"	150
	5'0"	145	5'1"	149	5'0"	155	5'1"	160
	5'2"	154	5'3"	159	5'2"	165	5'3"	170
	5'4"	164	5'5"	169	5'4"	176	5'5"	181
	5'6"	174	5'7"	179	5'6"	187	5'7"	192
	5'8"	185	5'9"	190	5'8"	198	5'9"	204
	5'10"	196	5'11"	201	5'10"	209	5'11"	215
	6'0"	207	6'1"	212	6'0"	221	6'1"	227
	6'2"	218	6'3"	224	6'2"	234	6'3"	240
	6'4"	230	6'5"	236	6'4"	246	6'5"	253
	6'6"	242	6'7"	248	6'6"	259	6'7"	266
	6'8"	254	6'9"	260	6'8"	273	6'9"	279
	6'10"	267	6'11"	273	6'10"	286	6'11"	293
Additional Personal History	A history of the following will rule out consideration for this class:				A history of the following will rule out consideration for this class:			
	AIDS				AIDS			
	Alzheimer's disease				Alzheimer's disease			
	Asthma*				Asthma (except for mild forms)*			
	Cancer (except for basal cell)				Cancer (except basal cell)			
	Chronic obstructive pulmonary disease				Chronic obstructive pulmonary disease			
	Coronary artery disease				Coronary artery disease			
	Crohn's disease				Crohn's disease			
	Depression/mental disorder*				Depression/mental disorder*			
	Diabetes				Diabetes			
	Drug or alcohol abuse				Drug or alcohol abuse (in past 10 yrs)			
	Emphysema				Emphysema			
	Epilepsy				Epilepsy			
	Heart disease				Heart disease			
	Heart murmur				Heart murmur			
	Chronic kidney or liver disease				Chronic kidney or liver disease			
	Melanoma				Melanoma			
	Mitral valve prolapse				Mitral valve prolapse*			
	Multiple sclerosis				Multiple sclerosis			
	Neurogenic bladder				Neurogenic bladder			
	Rheumatoid arthritis				Rheumatoid arthritis			
	Stroke				Stroke			
	Suicide attempts				Suicide attempts			
	Taking meds for any chronic on-going condition				Ulcerative colitis			
	Ulcerative colitis				Vascular disease			
	Vascular disease				*Individual consideration			
	*Individual consideration							

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

NON-NICOTINE UNDERWRITING CRITERIA FOR ALL PRODUCTS

CRITERIA	SELECT NON-NICOTINE	STANDARD NON-NICOTINE
Nicotine	no nicotine 2 years	no nicotine 1 year
	-Occasional cigar use can be considered non-nicotine if 12 or less per year, is fully admitted to on the application and current nicotine test is negative	
Blood Pressure	currently controlled by meds 140/90 up to age 60 145/90 age 61 and over	currently controlled by meds insurability and ratings depend on actual B/P and other medical conditions
Cholesterol	120 min 300 max (treated or untreated)	120 min 300 max (treated or untreated)
CHL/HDL Ratio	max 6.5 males max 6.0 females	max 7.0
Blood Profile/HOS	values within acceptable range for class	values within acceptable range for class
Family History	not more than 1 CVD or CA death in parents prior to age 60	more than 1 CVD death in parents prior to age 60 (individual consideration)
Driving Record	no DUI in last 5 years no more than 3 MV in last 3 years	no DUI in last 2 years no more than 3 MV in last 3 years
Alcohol/Substance Abuse	no history or treatment for alcohol/drugs last 10 years	no history or treatment for alcohol/drugs last 7 years
Personal History (see next page)	no personal hx of cancer or CVD or Diabetes	need specifics on any cancer or CVD/may require rating
Residence	US resident for last 2 years and refer to foreign residency section for additional information	US resident for last 2 years and refer to foreign residency section for additional information
Occupation/Avocation	hazard occup/avocation subject to rating private pilot okay if not ratable active military considered if stationed in US and non-hazardous occupation scuba diving <75 ft ok	hazard occup/avocation subject to rating private pilot okay or with flat extra active military considered if stationed in US and non-hazardous occupation scuba diving <100 ft ok, >100 ft flat extra

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

NON-NICOTINE UNDERWRITING CRITERIA FOR ALL PRODUCTS

CRITERIA	SELECT NON-NICOTINE				STANDARD NON-NICOTINE			
Build (ht and wt) Male and Female	4'8"	147	4'9"	152	4'8"	164	4'9"	170
	4'10"	157	4'11"	162	4'10"	176	4'11"	182
	5'0"	168	5'1"	173	5'0"	188	5'1"	194
	5'2"	179	5'3"	185	5'2"	200	5'3"	207
	5'4"	190	5'5"	196	5'4"	213	5'5"	220
	5'6"	202	5'7"	208	5'6"	226	5'7"	234
	5'8"	214	5'9"	221	5'8"	241	5'9"	248
	5'10"	227	5'11"	233	5'10"	255	5'11"	263
	6'0"	240	6'1"	247	6'0"	271	6'1"	279
	6'2"	253	6'3"	260	6'2"	286	6'3"	294
	6'4"	267	6'5"	274	6'4"	302	6'5"	309
	6'6"	281	6'7"	288	6'6"	318	6'7"	326
	6'8"	295	6'9"	303	6'8"	334	6'9"	343
	6'10"	310	6'11"	318	6'10"	351	6'11"	360
Additional Personal History	A history of the following will rule out consideration for this class:				A history of the following will rule out consideration for this class:			
	AIDS Alzheimer's disease Asthma (severe) Cancer Chronic obstructive pulmonary disease Coronary artery disease Crohn's disease Depression/mental disorder* Diabetes Drug or alcohol abuse (in past 10 years) Emphysema Epilepsy (seizure within last 3 years) Heart disease Chronic kidney or liver disease Melanoma Mitral valve prolapse* Multiple sclerosis Neurogenic bladder Rheumatoid arthritis (mild/asymtomatic) Stroke Suicide attempts Ulcerative colitis (within 3 years) Vascular disease *Individual consideration				AIDS Alzheimer's disease			

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

NICOTINE UNDERWRITING CRITERIA FOR ALL PRODUCTS

CRITERIA	PREFERRED NICOTINE	STANDARD NICOTINE
Nicotine	not exceeding one pack per day and no use of other nicotine products	tobacco use exceeding 1 pack per day
Blood Pressure	currently controlled by meds 135/85 up to age 49 140/90 age 50 and over	currently controlled by meds insurability and ratings depend on actual B/P and other medical conditions
Cholesterol	120 min 300 max (treated or untreated)	120 min 300 max (treated or untreated)
CHL/HDL Ratio	max 5.5	max 7.5
Blood Profile/HOS	all values within normal range	values within acceptable range for class
Family History	no death in parent or sibling prior to age 60 due to CVD or CA	more than 1 CVD death in parents prior to age 60 (individual consideration)
Driving Record	no more than 1 DUI, none last 5 years no reckless in last 5 years no more than 2 MV in last 3 years no license suspension within last 3 years	no DUI in last 2 years no more than 3 MV in last 3 years
Alcohol/Substance Abuse	no history of or treatment for alcohol/drugs last 10 years	no history of or treatment for alcohol/drugs last 7 years
Personal History (see next page)	no personal hx of cancer, CVD or diabetes mellitus	need specifics on any cancer or CVD/may require rating
Residence	US resident for last 2 years and refer to foreign residency section for additional information	US resident for last 2 years and refer to foreign residency section for additional information
Occupation/Avocation	no hazardous occup/avocations active military considered if stationed in US and non-hazardous occupation scuba diving <75ft ok	hazard occup/avocation subject to rating private pilot okay or with flat extra active military considered if stationed in US and non-hazardous occupation scuba diving <100 ft ok, >100 ft flat extra

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

NICOTINE UNDERWRITING CRITERIA FOR ALL PRODUCTS

CRITERIA	PREFERRED NICOTINE				STANDARD NICOTINE			
Build (ht and wt) Male and Female	4'8"	131	4'9"	136	4'8"	164	4'9"	170
	4'10"	141	4'11"	146	4'10"	176	4'11"	182
	5'0"	151	5'1"	156	5'0"	188	5'1"	194
	5'2"	161	5'3"	166	5'2"	200	5'3"	207
	5'4"	172	5'5"	177	5'4"	213	5'5"	220
	5'6"	183	5'7"	188	5'6"	226	5'7"	234
	5'8"	194	5'9"	200	5'8"	241	5'9"	248
	5'10"	205	5'11"	211	5'10"	255	5'11"	263
	6'0"	217	6'1"	223	6'0"	271	6'1"	279
	6'2"	230	6'3"	236	6'2"	286	6'3"	294
	6'4"	242	6'5"	249	6'4"	302	6'5"	309
	6'6"	255	6'7"	262	6'6"	318	6'7"	326
	6'8"	269	6'9"	275	6'8"	334	6'9"	343
	6'10"	282	6'11"	289	6'10"	351	6'11"	360
Additional Personal History	<p>A history of the following will rule out consideration for this class:</p> <p>AIDS Alzheimer's disease Asthma Cancer (except basal cell) Chronic obstructive pulmonary disease Coronary artery disease Crohn's disease Depression/mental disorder Diabetes Drug or alcohol abuse (in past 10 years) Emphysema Epilepsy (seizure within last 5 years) Heart disease Heart murmur Chronic kidney or liver disease Melanoma Mitral valve prolapse Multiple sclerosis Neurogenic bladder Rheumatoid arthritis Stroke Suicide attempts Ulcerative colitis Vascular disease</p>				<p>A history of the following will rule out consideration for this class:</p> <p>AIDS Alzheimer's disease Suicide attempts (within 2 years)</p>			

Please Note: Cases meeting the above criteria for any of these classes may not qualify for that class for other reasons.

APS ORDERING GUIDELINES

WHEN AN APS IS REQUIRED

Order an Attending Physician Statement if the proposed insured has been seen by a health care professional within the time frame indicated below.

AGE*	\$0 to \$500,000	500,001 to \$750,000	\$750,001 to \$1,000,000	\$1,000,001 to \$2,000,000	\$2,000,001 and up
18-40	*	1 Month	1 Month	1 Year	2 Years
41-50	*	3 Months	3 Months	1 Year	2 Years
51-60	*	1 Year	1 Year	2 Years	All Cases
61+	All Cases	All Cases	All Cases	All Cases	All Cases

*For ages 0-60, no routine Age and Amount APS is required. Underwriters may order based on medical history or at their discretion.

AN APS IS ALWAYS REQUIRED FOR THE FOLLOWING CONDITIONS:

Alcohol or Drug History	Diabetes	Multiple Sclerosis
Aneurysm	Eating Disorders	Muscular Dystrophy
Arrhythmia	Embolism	Obesity
Barrett's Esophagus	Emphysema/Pulmonary Disorders	Pancreatic Disorders
Blood Disorders	Enteritis/Ileitis	Paralysis
Cancer, Tumors or Biopsies	Epilepsy/Seizure/TIA	Parkinson's Disease
Cerebral Vascular Disease/Stroke/Hemorrhage	GI Disorders	Prostate/PSA Abnormalities
Colitis/Proctitis	Heart Disorders	Respiratory Disorders
Chronic Obstructive Pulmonary Disease	Heart Murmurs	Rheumatoid Arthritis
Coronary Artery Disease/Angina	Hepatitis	Sleep Apnea
Crohn's	Kidney Disorders	Syncope/Dizziness/Vertigo
Depression/Mental Health	Liver Disorders	Ulcers
	Mental/Psychiatric Disorders	Vascular Disease

*This list covers only common disorders and does not limit the SBLI Underwriting Department from ordering medical records for those impairments that are deemed necessary.

For additional assistance, please contact: Brian O'Connell
Vice President/Chief Underwriter
BOConnell@SBLI.com

NON-NICOTINE AND NICOTINE BUILD CHART FOR ALL PRODUCTS

HT	PREFERRED + NON-NICOTINE UP TO	PREFERRED NON-NICOTINE	SELECT NON-NICOTINE	STANDARD NON-NICOTINE	PREFERRED NICOTINE UP TO	STANDARD NICOTINE
4'8"	126	127-135	136-147	148-164	131	132-164
4'9"	131	132-140	141-152	153-170	136	137-170
4'10"	135	136-145	146-157	158-176	141	142-176
4'11"	140	141-150	151-162	163-182	146	147-182
5'0"	145	146-155	156-168	169-188	151	152-188
5'1"	149	150-160	161-173	174-194	156	157-194
5'2"	154	155-165	166-179	180-200	161	162-200
5'3"	159	160-170	171-185	186-207	166	167-207
5'4"	164	165-176	177-190	191-213	172	173-213
5'5"	169	170-181	182-196	197-220	177	178-220
5'6"	174	175-187	188-202	203-226	183	184-226
5'7"	179	180-192	193-208	209-234	188	189-234
5'8"	185	186-198	199-214	215-241	194	195-241
5'9"	190	191-204	205-221	222-248	200	201-248
5'10"	196	197-209	210-227	228-255	205	206-255
5'11"	201	202-215	216-233	234-263	211	212-263
6'0"	207	208-221	222-240	241-271	217	218-271
6'1"	212	213-227	228-247	248-279	223	224-279
6'2"	218	219-234	235-253	254-286	230	231-286
6'3"	224	225-240	241-260	261-294	236	237-294
6'4"	230	231-246	247-267	268-302	242	243-302
6'5"	236	237-253	254-274	275-309	249	250-309
6'6"	242	243-259	260-281	282-318	255	256-318
6'7"	248	249-266	267-288	289-326	262	263-326
6'8"	254	255-273	274-295	296-334	269	270-334
6'9"	260	261-279	280-303	304-343	275	276-343
6'10"	267	268-286	287-310	311-351	282	283-351
6'11"	273	274-293	294-318	319-360	289	290-360

SUBSTANDARD BUILD CHART

HT	RATING								
	50 DEBITS	75 DEBITS	100 DEBITS	125 DEBITS	150 DEBITS	175 DEBITS	200 DEBITS	250 DEBITS	300 DEBITS
4'8"	165-170	171-178	179-185	186-192	193-199	200-206	207-210	211-216	217+
4'9"	171-176	177-185	186-191	192-199	200-206	207-214	215-218	219-224	225+
4'10"	177-182	183-191	192-198	199-206	207-213	214-221	222-225	226-232	233+
4'11"	183-189	190-198	199-205	206-213	214-221	222-229	230-233	234-240	241+
5'0"	189-195	196-205	206-212	213-220	221-228	229-236	237-241	242-248	249+
5'1"	195-201	202-211	212-219	220-228	229-236	237-244	245-250	251-256	257+
5'2"	201-208	209-218	219-227	228-235	236-244	245-252	253-258	259-265	266+
5'3"	208-215	216-226	227-234	235-243	244-252	253-261	262-266	267-274	275+
5'4"	214-222	223-233	234-242	243-250	251-259	260-269	270-275	276-282	283+
5'5"	221-229	230-240	241-249	250-258	259-268	269-277	278-283	284-291	292+
5'6"	227-236	237-247	248-256	257-266	267-276	277-286	287-292	293-300	301+
5'7"	235-243	244-255	256-264	265-274	275-284	285-295	296-301	302-310	311+
5'8"	242-250	251-263	264-272	273-282	283-293	294-303	304-310	311-319	320+
5'9"	249-258	259-270	271-280	281-291	292-302	303-313	314-319	320-328	329+
5'10"	256-266	267-278	279-288	289-299	300-310	311-322	323-329	330-338	339+
5'11"	264-273	274-286	287-296	297-308	309-319	320-331	332-338	339-347	348+
6'0"	272-280	281-294	295-305	306-317	318-329	330-341	342-348	349-357	358+
6'1"	280-289	290-304	305-314	315-326	327-338	339-350	351-358	359-367	368+
6'2"	287-297	298-311	312-322	323-335	336-347	348-360	361-367	368-377	378+
6'3"	295-305	306-320	321-331	332-343	344-357	358-370	371-377	378-388	389+
6'4"	303-313	314-329	330-340	341-353	354-365	366-379	380-387	388-398	399+
6'5"	310-321	322-337	338-349	350-363	364-376	377-390	391-397	398-409	410+
6'6"	319-330	331-346	347-358	359-372	373-386	387-400	401-408	409-420	421+
6'7"	327-338	339-355	356-368	369-382	383-396	397-410	411-418	419-431	432+
6'8"	335-347	348-364	365-377	378-391	392-406	407-421	422-429	430-442	443+
6'9"	344-356	357-373	374-386	387-401	402-416	417-431	432-440	441-453	454+
6'10"	352-364	365-383	384-396	397-411	412-427	428-442	443-450	451-464	465+
6'11"	361-373	374-392	393-406	407-421	422-437	438-453	454-462	463-475	476+

FINANCIAL UNDERWRITING GUIDELINES AND TIPS

The purpose of financial underwriting is to determine whether the amount of coverage applied for and in force bears a reasonable relationship to an untimely loss. The amount of insurance applied for and in-force should be compatible with the established needs. Since needs often change as we age, a detailed cover letter that provides information regarding the sales design, source of premium and the ultimate total line of coverage your client plans to have, with all carriers, will help expedite the underwriting process.

The Financial Application Supplement (AM-26.1) is available and should be completed on applications in excess of \$1,000,000 (Applied for and In-Force).

The SBLI Underwriting team makes every effort to obtain the necessary information with the published age/amount requirements. Preparing your client at the time of sale with the type of financial questions to anticipate will help us secure the necessary information to provide the quickest assessment possible. Third party financial documentation (tax returns, itemized and signed financial statements from CPA or attorney on their letterhead, brokerage statements, etc.) may be required for cases when we cannot adequately develop the necessary information with routine requirements.

Income Replacement and Estate Conservation

Income replacement coverage establishes security against loss by providing funds to repay personal debt and continue an income stream for dependent family members. In effect, the goal is to determine an amount that maintains the existing lifestyle. Traditionally, this value is calculated using a multiple of earned income approach. Income in this context would include salaries, wages, and

bonuses. Up to half of unearned income (investment income) can be considered, in addition to earned income, in certain circumstances. Lower multiplier formulas should be considered in those instances where reported income figures may be difficult to verify, sources may not be knowledgeable, the applicant is new to the occupation, changes occupation frequently, or the occupation itself has little potential for growth.

Ages	Multiple of Income
To age 30	30
31-40	25
41-50	20
51-60	15
61-65	10
66-70	7
71 & over	IC

Homemakers: Coverage up to \$2,000,000 considered, if spouse has similar coverage.

Estate Conservation

Estate conservation often becomes the financial goal for clients seeking asset protection and estate tax planning. Life insurance proceeds are used to satisfy the potentially significant costs associated with estate transfer, thereby avoiding a forced sale of assets at death. In some instances, income replacement and estate conservation needs may be considered concurrently.

Estate growth is not always justified. SBLI will use the lesser of Life Expectancy or the chart below to calculate the projected future value of client's current net worth.

Ages	40 % (tax rate) of Projected Net Worth
To age 60	6% for lesser of 10 years or LE (multiply by 1.8)
61-65	6% for lesser of 8 years or LE (multiply by 1.6)
66-70	6% for lesser of 6 years or LE (multiply by 1.4)
71 & over	IC

Example: 65 year old female with current net worth of \$7,000,000

$\$7,000,000 \times 1.6 = \$11,200,000$ (projected future value net worth at 6%) - \$5,000,000 (approx. estate tax exemption) = \$6,200,000 x 40 % (tax rate) = \$2,480,000 of life insurance estate protection need.

Personal Creditor Insurance/Loan Protection

- Provide the amount, purpose, and terms of loan (should be minimum of 5 years)
- Generally, we will insure 80% of the loan
- Collateral assignment form is required

Personal Bankruptcy (Chapter 13 or Chapter 7)

- Generally, cases involving bankruptcies will not be considered until the bankruptcy has been resolved/discharged for at least 2 years.
- Underwriting may ask for copies of the bankruptcy petition and/or final discharge papers.

Juvenile Insurance

- There should be a relationship between the amount applied for and the parent's insurance program.

- Limit this amount to the lesser of 50% of the breadwinner's insurance amount. Individual consideration for higher amounts.
- Insurable interest is generally limited to parents and grandparents.
- All juvenile siblings should have similar amounts of coverage.

Charitable Giving

- The use of life insurance in charitable giving is most often simply an attempt to provide an uninterrupted continuation of an existing pattern of giving.
- Generally, an average of the most recent 3 years of gifts to the charity annual contribution x 10 years (or remaining life expectancy) = charitable amount of life insurance.

Business Continuity

To maintain the same financial position that existed prior to the loss, not to enhance the financial position of the organization. Among the forms business insurance covers, the more common are:

- Buy/Sell: Designed to indemnify surviving owners against financial loss due to the shifting of control at the time of death of an owner.
- Key Employee (a.k.a. Key Man) Designed to indemnify the business against loss of particular employees who make significant contributions to the profitability of a business and cannot be easily replaced. Provides capital and/or cash flow in the event of a premature death. There is no benefit to the insured's heirs with this design.
- Business loan (creditor) insurance.

Buy/Sell

- Identification of major owners and their respective ownership positions are required.
- Partners or owners may be insured in proportion to their percentage ownership.
- Valuation of the company generally equals 5-15X of net earnings, depending on the industry.
- If a valuation other than a multiple of net earnings or ownership % of the value of the business was used, please provide details of the formula used in the needs analysis.

Key Employee (Key Man)

- To determine a suitable value, we generally use a multiple of salary (5-10X) based on skill, industry, experience, etc.
- Possesses a special skill or is a source of business for the firm.
- Holds a patent in his/her name.
- His/her name and personal reputation in the industry carrier a value for the company.
- Holds partial ownership in the business
- Highly paid individuals.

Business Loan (Creditor) Insurance

- Lenders may insist on coverage of owners to pay outstanding principle balance due to owner's premature death.
- Underwriting may ask for documentation of the loan (should be minimum of 5 years).
- Collateral assignment form is required.

FOREIGN RESIDENCY

Non-US citizens living in the US who have the intention of permanently residing in the US will be considered. However, parameters outlining specific temporary visa types and conditions are usually given, such as:

1. Permanent resident with temporary visa types E 1-2, H-1B, H-4, K 1-4, L-1A, L-1B, L-2
2. Applicants with student visas will not be considered
3. Intent to remain in the US permanently
4. Minimum 2-5 years of US residency

MILITARY PERSONNEL

Applicants in the military service can be considered for coverage with certain specifications:

- Amounts should bear a reasonable relationship to the risk from a financial standpoint, taking age, rank, family status and military duty assignments into consideration. No amount limitations for pay grades have been specified; each set of circumstances will receive individual consideration.

- Applicants involved in the following military special forces will not be considered for insurance:

1. Army Rangers
2. Delta Force
3. U. S. Army Special Forces (a.k.a. The Green Berets)
4. Navy SEALs or Navy Special Warfare Development Group
5. Air Force Special Forces

***It is suggested that on any military applicant, a questionnaire be completed and submitted to the home office for consideration.**

The Military Sales Disclosure Form A-77 (DA-77 in CT) is **required** to be given to all applicants of life insurance policies and annuity contracts if they are active military personnel (or military dependents in ND, OH and WA) regardless of the sale location. Producers are to direct the applicant to sign the disclosure form and return the original with their signed applications.