

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

FAMILY LIFE INSURANCE COMPANY

New Business and Underwriting Guidelines

TABLE OF CONTENTS

MEDICAL REQUIREMENTSPage 3-16

SUBMITTING THE FLIC APPLICATION.....Page 17-22

UNDERWRITING THE APPLICATION.....Page 23-26

PREFERRED UNDERWRITING.....Page 27-29

PRODUCT INFORMATION..... Page 30

INDEX Page 31

NOTES Page 32

Revisions	06/2013
REVISIONS TO THESE GUIDELINES WILL BE COMMUNICATED THROUGH NEW BUSINESS/UNDERWRITING.	



FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MEDICAL REQUIREMENTS BY AGE AND AMOUNT

FOR USE WITH FAMILY LIFE SIMPLIFIED ISSUE PRODUCTS

(MCI GOLD, FAMILY PROTECTION EZ, VIVA LIFE, PROTECTION PLUS, CRITICAL PROTECTION PLUS AND ROP FOR WORKSITE)

ISSUE AGE	\$10,000 TO \$100,000	\$100,001 TO \$250,000	\$250,001 TO \$499,999	\$500,000 TO \$999,999	\$1,000,000 TO \$2,999,999	\$3,000,000 AND OVER
0 - 17	NON-MED	MAXIMUM FACE AMOUNT ON A JUVENILE IS \$150,000 CONTACT YOUR UNDERWRITER FOR MORE INFORMATION				
18 - 39	NON-MED	NON-MED	PARA, BS HOS	PARA, BS HOS	M.D. EXAM, BS, HOS, EKG	M.D. EXAM, BS, HOS, EKG
40 - 49	NON-MED	NON-MED	PARA, BS HOS	PARA, BS HOS, EKG	M.D. EXAM, BS, HOS, EKG	M.D. EXAM, BS, HOS, TMST
50 - 60	NON-MED	NON-MED	PARA, BS HOS, EKG	PARA, BS HOS, EKG	M.D. EXAM, BS, HOS, EKG	M.D. EXAM, BS, HOS, TMST, CXR
61 & OLDER	PARA, HOS	PARA, BS HOS, EKG	M.D. EXAM, BS, HOS, EKG	M.D. EXAM, BS, HOS, EKG	M.D. EXAM, BS, HOS, TMST, CXR	

CHART KEY:

PARA - Paramed Exam

BS - Full Blood Profile

HOS - Urine Specimen

M.D. EXAM - Medical Doctor Exam

CXR - Chest X-Ray

EKG - Electrocardiogram

TMST - Treadmill

Simplified issue products require MIB and Prescription Drug checks for face amounts up to \$250,000.

BLOOD SCREENING REQUIREMENTS:

Full blood profile is required. Blood should be drawn in a 12 hour fasting state for best results.

All blood and urine specimens must be sent to:

CRL
P.O. Box 802273
Kansas City, MO 64180-2273

An inspection report is required at amounts of \$500,000 and over.

Approved Paramedical Examiners:

- Examination Management Services, Inc. (EMSI)
- Portamedic
- APPS

Do not use attending physicians for exams.

The Underwriting Department reserves the right to order studies or tests that they deem necessary.

For questions concerning requirements, please contact the Underwriting Department.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MEDICAL REQUIREMENTS BY AGE AND AMOUNT
(FOR USE WITH FAMILY PROTECTION SELECT AND FAMILY PROTECTION PREMIER)

Face Amount

ISSUE AGE	\$25,000 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,000 +
0 - 17	NON-MED	NON-MED \$150,000 MAX	N/A	N/A	N/A
18 - 40	SALIVA FLUID WITH HIV	SALIVA FLUID WITH HIV *PREFERRED CLASS: \$150,000 + PARAMED, HOS, AND FULL BLOOD.	PARAMED, HOS, AND BS	PARAMED, HOS, BS AND **IR	M.D. EXAM, HOS, BS, RESTING EKG AND **IR
41 - 60	PARAMED, SALIVA FLUID WITH HIV	PARAMED, HOS, AND BS	PARAMED, HOS, AND BS	M.D. EXAM, HOS, BS, RESTING EKG AND **IR	M.D. EXAM, HOS, BS, RESTING EKG AND **IR
61 AND OLDER	PARAMED, HOS AND BS	M.D. EXAM, HOS, AND BS	M.D. EXAM, HOS, BS AND RESTING EKG	M.D. EXAM, HOS, BS, RESTING EKG AND **IR	M.D. EXAM, HOS, BS, RESTING EKG AND **IR

CHART KEY:

PARAMED - Paramed Exam

M.D. EXAM - Medical Doctor Exam

EKG - Electrocardiogram

BS - Full Blood Profile

CXR - Chest X-Ray

TMST - Treadmill

HOS - Urine Specimen

IR - Inspection Report

- ***Preferred Class:** Minimum face amount is \$150,000.
- ****INSPECTION REPORTS** are needed for amounts of \$1,000,000 and above. The Company reserves the right to request an inspection report for lesser amounts if it deems it necessary.
- **PERSONAL FINANCIAL STATEMENTS** required for amounts of \$2,000,000 and up.
- **TREADMILL EKG'S REQUIRED:**
 - ~ For ages 40 for amounts \$5,000,000 and up
 - ~ For ages 41-50 for amounts \$3,000,000 and up
 - ~ For ages 51 +for amounts of \$2,000,000 and up
- **UNDERWRITING:** The Company reserves the right to request additional information if deemed necessary for the completion of their underwriting process.
 - ~ Driving History no more than two moving violations in the last three years and no DUI/DWI/reckless driving in the last 10 years.
 - ~ Residency Insured must be a permanent U.S. resident.
 - ~ Foreign Travel Insured must not have any foreign travel planned to a country where a State Department Advisory has been issued.
 - ~ Juvenile Parents of the Insured must have 2X the face amount of the juvenile... maximum \$150,000

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

UNDERWRITING GUIDE

PARAMEDICAL COMPANIES

The following paramedical companies have been approved to perform paramedical examinations for Family Life. You may call them or use the Internet to contact them:

- APPS-American Para Professional Systems, Inc.
www.appsnational.com 800-635-1677
- EMSI-Examination Management Services, Inc.
www.emsinet.com
Exam Customer Service: 800-872-3674
- Portamedic: 800-782-7373
www.portamedic.com

APS's (medical records), inspections, and motor vehicle reports are all ordered by the home office. Occasionally, the fee for medical records is excessive or the doctor may require a special authorization to be signed by the applicant. In these cases, we will add a requirement to your pending report asking you

to contact the applicant to expedite the request.

COMPLETING INSPECTION REPORTS

Portamedic/ Infolink
800-695-3926

MISCELLANEOUS

Please note that different products have different medical requirements.

**Mail your completed applications to:
New Business Department
10777 Northwest Freeway
Houston, TX 77092**

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MCI Gold
SINGLE IMPAIRMENT GUIDELINES

SIMPLIFIED ISSUE

This plan is offered on a simplified underwriting basis. The following are the requirements that must be met:

- Complete and submit application to the Home Office
- Normal weight, within standard guidelines.
- Refer to the single impairment guide that follows for probable underwriting action.

IMPAIRMENT	DESCRIPTION		ACTION
Alcohol Abuse	Greater than 10 years		Accept
	Within 10 - no blood needed		APS
Amputation	Due to accident/no residuals indicated		Accept
	Due to Disease		Refer to disease
Anemia	Iron deficiency		Accept
	Sickle Cell TRAIT on app		Accept
	All other Anemia's		Based on type may APS
Aneurysm			APS
Angina or Angina pectoris			APS
Angioplasty			APS
Arthritis	Rheumatoid	On immune suppressants, steroids	Reject
		Other	APS
	Other	If not disabled	Accept
		Disabled	APS
Asthma	To ER in last 6 months, oral steroid use		APS
	Others		Accept
Attention Deficit Disorder			Accept
Bells Palsy	Recovered		Accept
Benign Prostate Hypertrophy (BPH)			Accept
Breast Disease	Fibrocystic Breast Disease		Accept
	Breast Cyst		Accept
	Breast Lump	1 Negative Biopsy	Accept
		1 Other	APS
	Cancer		APS

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

IMPAIRMENT	DESCRIPTION	ACTION	
Cancer	Skin	See Underwriter	
	Within 2 Years	See Underwriter	
	More than 2 Years	APS	
	Pre-Cancer-Uterus treated/ surgery/ laser	Accept	
	All other	APS	
Carotid Surgery		APS	
Cerebral Palsy		APS	
Chemical Imbalance		APS	
Chest Pain	If reason given		See Impairment
	No reason given	No additional Info	APS
		Up to age 35 noncardiac indicated	Accept
		Over age 35 noncardiac indicated	APS
	Medication indicated	If medication for GERD	Accept
	Other Medication	APS	
Cholesterol		Accept	
Colitis	Nonspecific	Accept	
	No Medication	Accept	
	Build normal	Accept	
	Ulcerative, others	APS	
Congestive Heart Failure	Single Episode Recovered	APS	
	Reason given other than cardiac	APS	
	Ongoing and/or taking medication	Decline	
Crohn's Disease	All	APS	
Cysts	External or skin	Accept	
	Uterus	Accept	
	Internal Organs	See Underwriter	
Degenerative Joint Disease (DJD)	Disabled	APS	
	Not Disabled	Accept	
Depression	One Medication	Accept	
	Situational	Accept	
	History of Suicide attempt	APS	
	3 or More Medications	APS	
	Manic Depression	APS	
	Post Traumatic Stress Disorder (PTSD)	APS	
	With Hospitalization or Disability	APS	
	Taking Lithium	APS	
Others	APS		

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

IMPAIRMENT	DESCRIPTION		ACTION
Diabetes	Non-insulin up to age 45		APS
	Non-insulin age 46 and up, weight normal	No other impairments	Accept
	Insulin		APS
Dialysis-Kidney			Decline
Disabled (no DIR)	Reason Given		See Impairment
Dizziness	Reason Given		See Impairment
Epilepsy/Seizure Disorder	Type Unspecified	Up to 2 Medications less than 1/qtr., not dis.	Accept
		No Details	APS
	Granmal		APS
Fibromyalgia			See Underwriter
Gallbladder Removed	No Cancer		APS
GERD (Gastroesophageal Reflux Disease)			Accept
Hashimotos Disease	No Symptoms Indicated		Accept
	With Symptoms		APS
Heart Attack	Under age 35 when Occurred		Decline
	Within 6 Months		Decline
	After 6 Months		APS
Heart Disease			APS
Heart Surgery (stent, bypass)	Under age 40 when Occurred		Decline
	Within 1 Month		Postpone
	1 to 6 Months		APS
	After 6 Months		APS
Heart Murmur	No Symptoms/ No Medication		Accept
	Mitral Valve Prolapse	No Symptoms	Accept
		With Symptoms	APS
Headaches	Over the Counter Medications		Accept
	Migraines		Accept
Hysterectomy	No indication of Cancer, over age 30		Accept
	Under age 30		Agent Memo for Reason
Hypertension	If diagnosed within the first year		APS
	2-3 Medications with No Exam		APS
	No Medications given-control indicated, normal build		Accept
	No Medications given- no control indicated		2 BP Checks
IBS (Irritable Bowel Syndrome)			Accept

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

IMPAIRMENT	DESCRIPTION	ACTION
Kidney Disorders		See Underwriter
	Dialysis	Decline
Kidney Infections		Accept
Kidney Stones		Accept
Liver Disease		See Underwriter
Lung Disorders		See Underwriter
Lupus	Discoid Indicated on App	Accept
	Lupus (generic)	APS
Meniere's Disease		Accept
Migraines		Accept
Mitral Valve Prolapse	No Medications	Accept
	On Medications	APS
Mood Disorders		See Underwriter
Moving Violations	Up to 3 last 3 years	Accept
	More than 4 last 3 years	MVR
	DUI	MVR
	License Suspended	MVR
Murmur	No Medications	Accept
	On Medications	APS
	Symptoms	APS
Organ Transplant	Any Type	Decline
Pancreatitis	Over 5 years no problems indicated	Accept
	1-5 Years	Blood Test
	Within One Year	APS
Paralysis	On Disability	APS
	Wheelchair	Decline
	Others	APS
Polyps	Nasal	Accept
	Internal over 5 years no problems indicated	Accept
	Internal 5 years or less	APS
Prostate	BPH (Benign Prostatic Hypertrophy)	Accept
	Cancer	APS
	Prostatectomy	APS
Retirement	Prior to age 55	Reason for early retirement
Sarcoidosis		APS
Scleroderma		APS
Scuba Diving	Up to 75 feet	Accept
	Up to 75 feet	Scuba Questionnaire

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

IMPAIRMENT	DESCRIPTION		ACTION
Skin Cancer			See Underwriter
Sleep Apnea			APS
Stroke	Within One Year		Decline
	After One Year		APS
Thyroid	Hypo/hyper on RX		Accept
	No Cancer Indicated		Accept
	Cancer		APS
TIA(Transient Ischemic Attack)	Within One Year - Postpone		APS
Transplant	Any Organ		Decline
Tuberculosis	Lung	Current	Postpone
		Recovered	Accept

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

**UNDERWRITING GUIDE
BUILD CHART**

Maximum weights by height and table ratings

Height	TABLE RATINGS						
	STD	2	3	4	6	8	10
4'8"	150	161	171	182	193	203	214
4'9"	155	167	178	189	200	211	222
4'10"	161	173	184	196	207	219	230
4'11"	167	179	190	202	214	226	238
5'0"	173	185	197	209	221	234	246
5'1"	181	194	206	219	232	245	258
5'2"	189	203	216	230	243	257	270
5'3"	197	212	226	240	254	268	282
5'4"	206	221	235	250	265	279	294
5'5"	214	230	245	260	275	291	306
5'6"	223	239	254	270	286	302	318
5'7"	231	248	264	281	297	314	330
5'8"	239	257	274	291	308	325	342
5'9"	248	266	283	301	319	336	354
5'10"	256	275	293	311	329	348	366
5'11"	265	284	302	321	340	359	378
6'0"	273	293	312	332	351	371	390
6'1"	280	300	320	340	360	380	400
6'2"	287	308	328	349	369	390	410
6'3"	294	315	336	357	378	399	420
6'4"	301	323	344	36	387	409	430
6'5"	308	330	352	374	396	418	440
6'6"	315	338	360	383	405	428	450

1. Preferred Underwriting criteria please refer to your product guides.
2. The Table 4 weight column is the maximum weight for MCI Gold to be considered standard, however other medical history may be combined with the build to cause the applicant to be rated a higher rate.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

UNDERWRITING GUIDE

This guide is not meant to suggest in detail underwriting action for the variety of impairments an applicant may have experienced that would affect insurability. Each applicant is considered individually, and two persons with similar impairments may be rated differently depending upon the seriousness of the condition, the degree of recovery, and the nature of any complications. The following suggested ratings for commonly encountered impairments are intended as a general guide only, and deviations from these should be expected. It is important to remember that the probable action indicated in this guide is for each individual impairment. Multiple health histories or combinations such as heart disorders and diabetes will result in a decline. Other considerations can also cause a single impairment to become a decline or to be rated higher. Diabetes with poor control, alcohol abuse, and abnormal liver readings fall into this category.

MEDICAL HISTORY	FIELD UNDERWRITING	PROBABLE HOME OFFICE U/W REQUIREMENTS	PROBABLE UNDERWRITING ACTION
AIDS, AIDS-related conditions, Pre-AIDS HIV Infection	Cannot be considered.	If suspected: APS, exam, inspection, special AIDS questions and blood profile.	Decline
Alcoholism	Details of any treatments. Inpatient more than once, probable decline. Since treatment, total abstinence, attending AA Meetings, no reoccurrence.	APS, inspection, exam, motor vehicle report (MVR).	Within 5 years: Decline. 5-6 years: T-6 to T-4. 7-8 years: T-3 to STD.
Amputation	Determine if from disease or accident, and physical and mental adjustment.	May order APS and/or exam.	STD, if not due to disease; otherwise rate for cause.
Anemia	Give type and cause, if known.	APS possible	Iron deficiency: STD unless chronic. Pernicious anemia: STD if recovered. Sickle cell disease: Decline Sickle cell trait: STD
Angina Pectoris	40 and up at onset, consider only after 6 months from diagnosis. Under age 40, decline	APS possible EKG	T-4 to decline dependent on single episode or recurrent attacks.
Arthritis	Give type, joints involved, type of medication if on steroids.	APS	Depending on degree of impairment and rheumatoid related, STD to decline.
Asthma	Give severity of attacks, frequency and duration; whether controlled by medication, sprays, or steroids; and dates of any hospitalizations.	APS	If seasonal: STD If more serious: T-4 or higher.
Atrial Fibrillation	Chronic, acute, medication.	APS	Depending on control and cause, STD to decline.
Bypass, Heart	Will consider after 6 months, give details such as was there a heart attack, current activity, and current chest pain.	APS	T-4 to decline, depending on severity. Decline if under age 40 at time of surgery. Chest pain after surgery, probably a decline.
Bypass Intestinal (for weight loss)	Give dates, type of surgery, current weight and weight loss.	APS, Exam	Within 6 months: Decline 6 months, 2 years: T-4 plus rating of current build. 2 years, 4 years: T-2 to STD

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MEDICAL HISTORY	FIELD UNDERWRITING	PROBABLE HOME OFFICE U/W REQUIREMENTS	PROBABLE UNDERWRITING ACTION
Cancer	Give type, date discovered, specific surgery performed or if chemo or radiation therapy, date of last treatment. Obtaining pathology report provides accurate underwriting opinion. Please note that metastatic tumors (those that have spread from the initial site to lymph nodes or other organs), recurring tumors (a second occurrence of a previous cancer), leukemia's and lymphomas will generally be disqualified for at least 10 years.	APS	Internal Cancer disqualifies an applicant until at least two years following surgery. Thereafter, the extent of the rating depends upon the type of malignancy and elapsed time since treatment. Most skin cancer, with the exception of malignant melanomas, do not require as serious a rating as internal growths, and applications may be submitted at standard rates if recovery has been complete. Some lesser forms of cancer such as non-invasive cancer of the cervix, completely removed by hysterectomy, qualify an applicant for standard life consideration. ADB is given individual consideration. Benign internal tumors of organs are ratable within a three year period from date of surgery.
Cardiomyopathy		APS	Usually a decline
Cerebral Palsy	Specify severity including mental and physical impairment. Does the applicant work, are they self-sufficient?	APS	No significant mental impairment and mild physical impairment: STD. Mild mental impairment, moderate physical impairment: Age 0-15: Decline Age 16-21: T-4 Over 21, self-sufficient, and fully employed: May be standard
Chest Pain	Specify muscular, cardiac, or unknown origin. Specify length of hospitalization, disability, and medication	APS	Depends completely on cause
Colitis	Indicate type of spastic, mucous, or ulcerative. Also give severity, number of stools per day, type of treatment, number of attacks, and current medications.	APS	Functional: Usually STD. Ulcerative: Depends on duration, response to treatment, and age. Postpone the 1st year all cases. Mild: STD to T-3 Moderate: STD to T-6 Severe: T-6 to Decline.
Collagen Disease (Lupus, Scleroderma, Polymyositis)	Give type, duration, medication, complications, and whether or not disease has stabilized. Consider 3 months after recovery.	APS	T-2 to decline depending on age, stability, severity, and complications.
Collapsed Lung (Pneumothorax)	Give cause, number of occurrences, date and whether or not both lungs were involved.	APS	Recovered for 3 months, usually STD. If still smoking, Decline.
Congestive Heart Failure	Give details, if recovered.	APS	Decline.
COPD (Chronic Obstructive Pulmonary Disease)	Specify severity and whether it interferes with activity.	APS	Mild bronchitis: STD Moderate to severe: T-4 to Decline.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MEDICAL HISTORY	FIELD UNDERWRITING	PROBABLE HOME OFFICE U/W REQUIREMENTS	PROBABLE UNDERWRITING ACTION
Diabetes	List date diagnosed, how often visits doctor; and treatment (diet only, oral medication, or insulin). Condition must be under control. Include any complications such as neuropathy, retinopathy, and kidney disorders.	APS, possible exam, blood, and HOS.	Age at diagnosis 0-16: Decline Age 17-20: Table 10 Age 21-25: Table 8 Age 26-30: Table 6 Age 31-35: Table 4 Age 36-50: Table 3 Age 51 and up: Table 2 Note weight, blood sugar control and other factors may change the probable action.
Diverticulitis	Give dates, number of attacks and treatment.	APS	STD if no symptoms for more than 2 years. T-2 to T-4 if recent or more than one attack. T-2 and up with recent surgery.
Epilepsy	State type, if known, how many attacks, and when was last attack.	APS, possible MVR	Based on age, duration since onset, and last seizure: STD - Decline, depending on control. ADB is not available. If on medication, but rare seizures, usually standard.
Gall Bladder	Specify number and dates of attacks, medical or surgical treatment, and stones found.	May order APS if recent onset, or if gall bladder not removed.	Usually STD if removed and fully recovered. ADB is available.
Gout	Indicate if found with symptoms or elevated uric acid only, and dates of attacks and treatment.	APS	Usually STD to T-2 ADB is available
Head Injury	Give type, symptoms, dates, duration of unconsciousness.	APS, possible inspection	STD for minor injury. T-4 to T-8 for injuries involving long periods of unconsciousness, surgery, bleeding or continuing complications.
Heart Attack	Consider only after 6 months from attack. Under age 40- decline.	APS	T-4- Decline
Heart Murmur	Specify diagnosis (i.e.: mitral insufficiency instead of heart murmur); indicate if congenital or acquired.	APS	STD to decline, depending on whether murmur is functional or organic type.
Heart Transplant	N/A	N/A	Decline
Hypertension	Give duration of treatment and type of medication.	APS, Exam	History of hypertension admitted, blood pressure now normal, usually STD. If blood pressure not in control, can be STD to decline depending upon recent blood pressure readings. ADB is available if standard.
Huntington's Disease (Huntington's Chorea)	Determine if a diagnosis has been made or if positive genetic testing has occurred	N/A	Decline

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MEDICAL HISTORY	FIELD UNDERWRITING	PROBABLE HOME OFFICE U/W REQUIREMENTS	PROBABLE UNDERWRITING ACTION
Ileitis (Chron's Disease, Regional Enteritis)	Give dates and number of attacks, symptoms, whether surgery was performed, and medications.	APS	Within 1 year: Decline Thereafter mild to moderate disease: T-2 to Decline. If severe type, Decline
Kidney Disorder	Give specific disorders such as pyelitis, pyelonephritis, nephritis, and stones. List medical treatment or operation, number of attacks and date of last attack, and which kidney is involved.	APS,HOS	STD following recovery from single episode. If chronic condition, coverage may not be available. One or two attacks of kidney stones usually STD, more severe cases, or with stones currently present postpone until recovery.
Kidney Transplant	N/A	N/A	Decline
Liver Disease	Determine diagnosis and possible cause.	May order APS and/or exam, inspection, blood profile.	Cirrhosis: Decline Hepatitis: STD if fully recovered. If chronic or persistent: T-4 to Decline.
Lupus	See Collagen Disease		
Mental Illness	Specify type, medications, any hospitalizations, any disability, and cause if situational.	APS	Major psychosis such as schizophrenia or paranoia: Decline for 2 years after recovery, then consider at a rating.
Mental Retardation	Specify if applicant can care for self and if employable.	APS, Inspection	If self-supporting, no significant complications, mild cases: STD
Muscular Dystrophy (MD)	N/A	N/A	Decline
MVP (Mitral Valve Prolapse}	Any symptoms or on any medications? How discovered?	APS	Without symptoms: STD
Nephrectomy (Loss of a Kidney)	Give reason for removal and if on any medication. If kidney transplants are involved: Decline	APS, HOS	If removal is for donation or injury, usually standard. Otherwise, rate for cause.
Pacemaker	Reason, how long since inserted, and any medications.	APS	First 3 months from implant: Decline. Thereafter depends on age and cause: T-2: Decline. Underlying heart disease as well: Probably Decline
Pancreatitis	Give number of episodes, and if known, whether it was related to excessive use of alcohol.	APS, Inspection, possible blood profile.	Single attack and complete recovery: Up to 6 months: Postpone. 6 months, 2 years: T-3 After 2 years: STD If chronic or more than 3 attacks" Minimum

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

MEDICAL HISTORY	FIELD UNDERWRITING	PROBABLE HOME OFFICE U/W REQUIREMENTS	PROBABLE UNDERWRITING ACTION
Paralysis	Give a good description of applicant to include where paralyzed and if bowel and bladder function normally.	APS, possible inspection	If paralyzed in both legs, normal bowel and bladder function (not progressive), and self-supporting: minimum T-4 Complete paralysis: Decline
Pulse Irregularity	Give type, frequency, and medication.	APS	STD to Decline. Check with home office.
Sarcoidosis	Indicate how and when initially detected, date of recovery, and when last chest x-ray was done.	APS	No symptoms and complete recovery: STD after 1 year. Otherwise T-2 to T-8 depending on x-ray results
Stroke	Give date of stroke. State if more than one episode and if any residual weakness. How treated? Was surgery performed?	APS	Mild cases: T-4 after 1 year, if no residuals. Others: T-8 and up.
Thyroid Disorder	Determine if thyroid is overactive (hyper) or under active (hypo)	Possible APS	If under active, STD. If over active, and on medication, possible T-2. Usually STD 6 months after recovery.
Tuberculosis (Pulmonary)	Give date of treatment and arrest (usually date returned to work). Specify whether medical or surgical treatment.	APS	Usually available at STD for mild cases. More severe cases will be a minimum of T-3. ADB is usually available.
Ulcer	Specify whether duodenal or gastric, number of attacks, any bleeding or form of black stools or vomiting blood. Indicate special studies done or surgery performed.	APS, possible inspection	One to two minimal attacks usually STD. Repeated or recent episodes or history of internal bleeding: minimum of T-2.
Valvular Surgery/ Replacement	Give date of surgery. How discovered? If replaced, what type of valve was used (cadaver, mechanical, porcine)?	APS	Depends on valve replaced, residual complications, and age at time of surgery: Decline first 6 months, then T-3: Decline depending on age and severity.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

SUBMITTING THE APPLICATION

NEW BUSINESS FORMS SUBMISSION

Submit the following forms with each new business application:

Complete:

- Application
- New Business Transmittal
- HIV Form C-270 (General)
- Illustration to include mode of premium, amount of premium, indicating the same premium as the application.
- Initial premium- client's personal check is drawn against a U.S. bank or credit card information.
- Medical requirements following medical requirements chart.
- Credit Card authorization if applicable
- 1035 documents if applicable
- Replacement forms if applicable
- HIPAA Authorization

Agents Replies to Underwriting Requests or Outstanding Requirements

Occasionally, during the Underwriting process, the Underwriter will be required to request additional information or require follow up information on outstanding requirements. Communication efforts will be processed through the agency.

In order to expedite processing of applications, it is important to obtain requested information in a timely fashion. Your prompt attention will ensure timely processing.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

FOREIGN NATIONAL VERIFICATION GUIDELINES

Family Life is pleased to consider life insurance coverage on a Foreign National that meets the following guidelines:

1. The Primary Insured must have a Social Security Number or an Individual Taxpayer Identification Number (ITIN).
2. The Additional Insured must be a legal spouse of the Primary Insured.
3. Both the Primary Insured and the Additional Insured must have been a permanent resident in the United States for at least one year.
4. The Additional Insured must submit with the application an active government issued photo ID.
5. The Additional Insured must complete an saliva specimen which has been ordered by the agent through an approved Paramedical Company.
6. A completed and signed Foreign National Verification form must be submitted with the application.
 - A Foreign National will only be offered coverage under the Additional Insured Rider and the maximum amount of coverage will be \$100,000.
 - Children ages 0-17 will only be offered coverage under the Children's Insurance Benefit Rider and the maximum amount of coverage will be \$10,000.

1. Name of Primary Insured: _____

2. Social Security# or ITIN for the Primary Insured: _____

3. Name of Additional Insured: _____

4. Is the Additional Insured a legal spouse of the Primary Insured?

Yes _____ No _____

Marriage License Attached

Common Law

5. Residency in the United states for at lest 1 year?

Yes

No (if no, how long) _____

6. Photo ID Attached:

Driver's License

Passport

Matricula

Signature of Primary Insured: _____

Signature of Additional Insured: _____

Date Signed: _____

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

SUBMITTING THE APPLICATION

Application Completion

It is essential for the agent to complete the application recording answers to all medical and non-medical questions in the space provided on the application. Complete FLIC Application. Record all answers and print clearly using black ink. Any corrections made to the application require initials by the agent and client. Do not leave a question blank or write "not applicable." Please pay special attention to the following questions:

- **Occupation, Duties and Employer**

Provide occupation, name of employer and specific duties the proposed insured performs. If the individuals are self-employed, elaborate on the type of business and the job duties.

- **Beneficiaries**

Provide name(s) of the primary and contingent beneficiaries. Include the percent or share of proceeds for each beneficiary. The total percent to the primary or contingent beneficiaries must equal 100%. Remember that all beneficiaries must have an insurable interest. If business coverage, state purpose of coverage such as key person. If coverage is to cover a loan, please provide amount of loan terms and duration in years.

- **Nicotine I Smoking Question**

It is extremely important for the agent to ask this question of the proposed insured or spouse and record the appropriate answer. Do not assume, the proposed insured does not smoke cigarettes, or use tobacco in another form. In every case, ask if they smoke cigarettes or use nicotine in any form. Underwriting decisions will be based on original results. Non-nicotine rates are not available with any tobacco usage or tobacco usage within the past 12 months.

- **Foreign Residence and Travel**

If this question is answered yes, refer to foreign residence and travel section of the guidelines and complete a foreign residency and travel questionnaire.

- **Page Two Application**

Provide complete details to any "yes" answer.

- **Insurance In force**

Always provide the amount of insurance in force for all proposed insured's. If there is no insurance in force, indicate by writing none. Provide the amount of in force coverage.

- **Replacement Question**

The replacement question must be answered yes or no. If yes, indicate the insurance coverage to be replaced. The total amount of insurance in force must be financially justified in every case. Always provide a clear picture of the total amount of in force coverage and amount to be replaced. * Submit appropriate replacement forms as required by the residence state of the applicant.

- **Special Request**

Provide details of any special requests on the application, such as effective date or dating the policy to save age. Special requests may also be indicated on the application transmittal.

- **Signature Page**

Every application must be signed and dated by the agent, all proposed insured's and owner, if applicable.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

Aviation Risks

- **Private Aviation**

Complete and submit Supplemental Questionnaire C-10 if the proposed insured has flown or contemplates flying other than as a fare-paying passenger. Aviation risks will be considered on a modified basis with a minimum offer of \$2.50 extra per thousand or an aviation exclusion rider, if desired. Commercial pilots flying regularly scheduled passenger planes are offered coverage at standard rates.

- **Aviation Paid**

Complete an aviation questionnaire for occupations involving paid aviation such as crop dusters, experimental flying or helicopter pilots and submit it with the application. FLIC must submit paid aviation occupations to our reinsurance companies for facultative consideration on an individual application basis.

- **Preferred Rates**

Private aviation will be considered for preferred rates only with an aviation exclusion rider.

Cash With Application (CWA)

A conditional receipt is delivered by the agent to the proposed insured or purchaser if (1) the first full modal premium is paid; or (2) if the contingency is not met, then the conditional receipt should remain attached to the application.

- **Fast Track Policy Issue**

- ~ Answer all questions on application. Double-check before submission.
- ~ Print clearly using black ink.
- ~ Check for correct signatures, proper dating and agent number.
- ~ Submit all required forms.
- ~ Detach conditional receipt and leave with applicant, if applicable.
- ~ Note special requests such as policy date, date to save age, or issue family member or partners together.

Foreign Travel

- **Foreign Travel Questionnaire**

The proposed insured must complete the Supplemental Questionnaire C-10 when either foreign travel or residence is indicated. Complete FLIC form providing details regarding previous and future travel including the nature of the travel or residence (i.e. exact location, length of stay, purpose of trip and duties while there). The questionnaire must be signed and dated by the proposed insured.

If there is any question regarding foreign travel or residence due to the destination, it is recommended that you receive prior approval by underwriting before medical requirements are requested.

Illustrations

A Copy of the illustrations should be submitted with each FLIC application and signed by the proposed insured. The illustration provides the new business processing unit and underwriter with the name of your client, plan of insurance, age, face amount of insurance, benefits, riders, mode of payment and the initial premium which is extremely important information in establishing the policy record.

Medical Information Bureau (MIB)

The standard industry notification (MIB) must be delivered to every proposed insured (or owner, if the proposed insured is a minor) at the time the application is taken.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

Trial Applications

FLIC will consider trial applications whereby the agent secures a formal application and Attending Physician Statement (APS) information at no expense to the company. The underwriter will evaluate this information and provide a tentative non-binding underwriting appraisal. The agent should not submit age and face amount medical requirements or the initial premium. Trial applications will receive a lower priority and it should be noted that lengthy medical documents may require additional time to evaluate. Coronary Artery Disease (CAD) applications cannot be evaluated without surgical reports and cardiac studies. There must be a record of periodic follow-up exams to consider an individual with CAD. Onset of coronary artery disease prior to age 40 should not be submitted. A combination of coronary artery disease and insulin dependent diabetes will also not be considered. It is requested that trial applications be submitted on a limited basis only.

- **Additional Underwriting Forms**

- ~ Alcohol Questionnaire: FL-AUQ
- ~ Aviation Questionnaire: C-10
- ~ Drug Usage Questionnaire: FL-DUQ
- ~ Foreign Residence and Travel Questionnaire-C-10
- ~ New Business Transmittal
- ~ Sports Activity Questionnaire-C-10
- ~ Diabetes Questionnaire
- ~ Depression Questionnaire

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

The Agent's Role and Responsibilities

- **Customer identification "Know Your Customer"**

The agent should obtain the following identifying information for the primary insured, owner if other than the insured, and the payor if other than the insured or owner:

~ Full name, residence address, business address, date of birth, place of birth, Social Security or tax identification number, occupation and telephone number

Please request this information and maintain in your record. If a client is unwilling to provide you with such information, it may be an indication that the client is trying to hide something. You should explain that this information is required to assure compliance with federal law.

- **Payments**

FLIC will not conduct business involving illegal funds. Care must be taken to identify the ownership and source of the payment. Therefore, the following form of payment will not be accepted,

1. Checks not payable to the insurance company (third party checks).
2. Checks drawn on the personal or business account of someone other than the insured, owner or payor without a written explanation as to the relationship of the account holder to our customer.
3. Checks or wire transfers from a foreign bank without prior approval of Compliance.
4. Cash equivalents such as money orders, bank drafts, cashier's checks, traveler's checks without a written explanation of the source of funds. In no event, will a cash equivalent for more than \$5,000 be accepted without prior approval from Compliance.
5. Checks from the Agent or Agency.

- **Suspicious Actions - "Red Flags"**

It is your responsibility to report any suspicious actions that arise during the application process or thereafter. Some red flags to watch for:

1. The applicant is reluctant to provide normal information when applying for a policy or provides minimal or fictitious information.
2. Transactions that involve a party that has no apparent relationship to the customer.
3. The customer is not concerned with the expected performance of the policy but instead focuses on penalties associated with early withdrawals.
4. The customer provides a substantial premium with the application but then fails to cooperate with the agent and company to secure the necessary requirement to issue the policy. This lack of cooperation then leads to a not taken or withdrawn application and refund of premiums submitted.
5. The applicant purchases policies in amounts that are not proportionate to income or needs.

- **Reporting Suspicious Transactions**

If you have questions regarding Anti-Money Laundering Program or have some suspicions about a transaction, contact Family Life Insurance Company.

Your support of these guidelines will enable FLIC to conduct an effective anti-money laundering program and will provide support to the ongoing war against terrorism.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

UNDERWRITING THE APPLICATION

- **Application Processing**

As new applications are received, they are immediately forwarded to the New Business Unit for data entry and then routed to the Underwriter for initial review. The Underwriters will evaluate all applications.

Within 24 hours pending information by agent will be available for review.

Log on to website manhattaninsurancegroup.com for review

- **Attending Physician Statements (APS)**

Attending Physician Statements are medical history reports generated by an attending physician or medical facility documenting a proposed insured's medical history. They are a valuable source of underwriting and risk appraisal information. Reports may be ordered at the discretion of the underwriter, but in general will be ordered based on the amount of insurance, age, medical history, medical examination findings or MIB results. It is important to remember that medical records are confidential.

- **Medical Check-Ups**

Whether the medical check-up is for periodic wellness exams or symptomatic in nature, it is important to provide complete details on the application. The agent should list the reason for the exam, date and results of the check-up for all proposed insured's. Always provide the name, address and telephone number of the attending physician or medical facility.

- **Unacceptable Risks**

- | | | |
|-------------------------------|--------------------------------|-----------------------------|
| ~ AIDS | ~ Drug Abuse | ~ Muscular Dystrophies |
| ~ Alcoholism or Alcohol Abuse | ~ Endocarditis, Emphysema. | ~ Parkinson's Disease |
| ~ Alzheimer's Disease | ~ Heart Valve Replacement | ~ Polycystic Kidney Disease |
| ~ Cancer with Metastasis | ~ Hemophilia | ~ Psychosis |
| ~ Cirrhosis of the Liver | ~ Hepatitis | ~ Quadriplegia |
| ~ Congestive Heart Failure | ~ Hodgkin's Disease | ~ Renal Failure |
| ~ Cystic Fibrosis | ~ Leukemia in Any Form | ~ Respiratory Failure |
| ~ Dementia in Any Form | ~ Lupus Erythematosus-Systemic | ~ Schizophrenia |
| ~ Down's Syndrome | ~ Multiple Sclerosis | |

- **Declined or Postponed Applications**

In the event coverage is declined or postponed, the underwriter will e-mail the agent or marketing organization to communicate the company's decision.

- **Health Changes During Underwriting**

Any change in health of a person to be insured which occurs after the original application date, but before coverage becomes effective, must be reported to the FLIC Underwriting Department. Contact the Family Life Insurance Company and provide detailed information regarding the health change.

- **Inspection Reports**

Inspection reports are requested if the amount applied for and in force with FLIC exceeds \$500,000 for term. Inspection reports may also be requested at the discretion of the underwriter based on confidential information or information provided in the application. FLIC uses Portamedic/Infolink to conduct the phone interview with the proposed insured. It is very important that the writing agent inform the proposed insured an inspection report is required so that he/she will expect a phone call to complete the report.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

- **Insurable Interest/Beneficiaries**

The first aspect of assessing life insurance risks is the establishment of insurable interest, which must be determined before the life insurance policy is issued. An insurable interest exists when the beneficiary is likely to benefit if the insured continues to live and is likely to suffer some financial loss or detriment if the insured dies.

Personal relationships that have insurable interest include:

- ~ Spouse
- ~ Fiance
- ~ Parent (of minor children)
- ~ Child
- ~ Brother
- ~ Sister
- ~ Grandparent

Financial relationships considered to have insurable interest include:

- ~ Creditor (The amount of insurance must not exceed the indebtedness.)
- ~ Key Person (The general rule for the amount of insurance is no more than five times the proposed insured's annual income.)
- ~ Principal stockholders
- ~ Employer to key employee
- ~ Business partnerships

- **Modified Offers**

If it is not possible to offer coverage as applied for, the underwriter will notify the agent that a modified or rated offer is required. Modified offers will be extended through Table 8. The agent should advise the underwriting department if the offer is acceptable, and whether an adjustment is desired in the face amount or premium. In the event we do not hear from you in 10 business days, the application will be closed as not taken.

- **Large Face Amount New Business**

For applications in excess of \$2,000,000, it is recommended that the agent contact Family Life Insurance Company before the application is written or medical requirements completed and provide the following information:

- ~ Name
- ~ Date of Birth
- ~ Occupation and Duties
- ~ In force Insurance
- ~ Income and Net Worth
- ~ Need and Purpose of Coverage

- **Sports Activity**

The Sports Activity Questionnaire- Supplemental Questionnaire C-10 should be completed if the proposed insured participates in the following sports:

- ~ Hang gliding
- ~ Racing
- ~ SCUBA diving
- ~ Skydiving or parachuting

- **Withdrawals**

In order to withdraw an application prior to the underwriting decision, notify Family Life Insurance Company the decision to withdraw the application.

FINANCIAL UNDERWRITING GUIDELINES

Type of Coverage	Guidelines	
Personal Coverage and Income Replacements	Age	Income Factor
Maximum Coverage Applied-For and In Force	20-24	20
	25-29	18
	30-34	17
	35-39	15
	40-44	12
	45-49	11
	50-54	9
	55-59	8
	60-64	6
	65 and over	5
	<p>Unemployed Spouses: Applications for unemployed spouses are not accepted without an equal or like amount of coverage on the employed spouse and an income that would justify coverage for both.</p> <p>*With more individuals working past age 65, individual consideration should be used and the maximum income factor should not exceed 3 to 4 times.</p>	
Buy / Sell	New Organization	
	Initial Capitalization Per Partner	
Ongoing Concern		
	Financial Statement Analysis % of Ownership	
Creditor/Loan Insurance	<ul style="list-style-type: none"> • Submit copy of loan agreement to include amount and length of loan • Short term loans of less than 5 years are unacceptable • Creditor insurance should be applied for on the principal of the business only • It is adjustable to name a personal beneficiary and have the policy collaterally assigned to the creditor 	
Juvenile Insurance	Maximum coverage on a juvenile (ages 0-17) is \$150,000. Parents must provide proof of coverage on their lives equal to 2X coverage being applied for on child. All children in the family must be covered for an equal amount. No Exceptions to the juvenile insurance guidelines.	
Key Person	New Organization - 2 to 5 X Annual Salary plus Bonus Going Concern - 5 to 10 X Annual Salary plus Bonus	

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

Personal Coverage Addendum

- **Definition**

Personal insurance needs generally fall into two categories:

- ~ Family income needed to cover future educational costs and to maintain a certain standard of living, regardless of inflation, should a breadwinner die unexpectedly.
- ~ Protection and conservation of an estate at the proposed insured's death.

- **Additional Personal Coverage Considerations:**

- ~ If the applicant's need exceeds the Income Factor as shown under Financial Underwriting Guidelines, please provide additional information for face amount justification. A cover letter of explanation and I or financial statement is recommended for consideration.
- ~ Estate creation is not acceptable for self-supporting children to apply for coverage on an elderly parent.

- **Underwriting Principles**

Determination of income is an important element of financial underwriting. This figure is in many ways the main index for determining the economic value of an individual's life and the financial loss to their heirs. It is important to remember that there are many variables that can be used in determining an individual's actual income.

The following are factors that can be used to determine coverage using reasonable projections into the future:

- ~ Earned income: Caution should be exercised with certain or new occupations with widely fluctuating incomes.
- ~ Taking an average of two or more years is advisable in such situations.
- ~ Unearned income can be considered but should not exceed 25% of the total income. The reason for factoring in unearned income is that, depending on the source of the income, it may indicate the insured's ability to manage his investments of business.
- ~ Bonuses and/or commissions can be considered if a pattern of two or more years can be established. A reasonably stable figure can usually be arrived at if several years' figures are available and, depending on the personal economic trend, a reasonable projection into the future can be made.
- ~ The average annual increase in income is 3-6%.
- ~ Value of fringe benefits received such as deferred compensation, qualified pension and 401K plans, life insurance benefits, reinvested profits and health care benefits. Any such additions to earned income should be included only when they are not exceptional for a particular year.

When personal assets and income are primarily derived from the insured's own business, we will require the agent to obtain business financial statements to adequately gauge unusual increases in worth and income.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

PREFERRED UNDERWRITING

- **Pre-qualify for Preferred**

It is recommended that the agent pre-qualify the proposed insured prior to quoting preferred rates. A preferred risk involves meeting the standard guidelines plus the following criteria that should be reviewed with the proposed insured to determine if he/she qualifies:

- ~ Height and weight Build Charts
- ~ Blood pressure
- ~ Cholesterol
- ~ Family history
- ~ Nicotine use
- ~ Driving record

Be certain to review the proposed underwriting class and its requirements prior to presenting the sales illustration. If the applicant does not qualify for preferred, the policy will be amended and will result in an increase in the premium proposed or a reduction in cash value accumulation if premium is not increased.

- **General Information**

Preferred underwriting is a means to offer the insured with better than average health a lower than average cost of insurance. A minimum face amount of \$150,000 is required to be eligible for preferred underwriting. Qualifying as a preferred risk involves meeting the standard underwriting guidelines found in the preferred underwriting criteria section of this Guideline. The applicant must be an acceptable risk and meet all requirements in each criterion to qualify for preferred underwriting. Applicants with medical histories involving diabetes, internal cancer or melanoma, coronary artery disease or alcohol/drug abuse, as borderline ratable risks are ineligible. Driving history, family history, height and weight, as well as occupation and avocations (including flying) must be identified on the application.

- **Definition of Non-Nicotine**

Non-nicotine means no use of cigarettes, cigars, pipe or chewing tobacco, nicotine gum, nicotine patches or other products containing nicotine. For Non-nicotine, there must have been no nicotine usage in the year prior to the date of the application.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

UNDERWRITING CRITERIA FOR PREFERRED

Pre-Qualify for Preferred. It is recommended that you pre-qualify the Proposed Insured prior to quoting Preferred rates. A Preferred risk involves meeting the following criteria that should be reviewed with the Proposed insured to determine if he/she qualifies. Avoid reselling and policy amendments at the time of delivery by using this checklist. Apply for Standard Non-Nicotine or Standard Nicotine if disqualified from any of the following criteria:

Underwriting Classes	Preferred Non-Nicotine and Nicotine
Nicotine Use	Nicotine and Non-Nicotine (Non-Nicotine means no usage in past 1 year)
Substandard	No substandard for any reason
Family History	No death of parent sibling prior to age 60 due to cardiovascular or cerebrovascular disease or diabetes
Personal History	No history of diabetes, internal cancer or melanoma, coronary artery disease, alcohol/ drug abuse or any ratable impairment
Blood Pressure	Age 18 -40 140/80 Age 41-75 140/85 History of treatment*
Cholesterol	Age 18-75 250 or less
HDL Cholesterol ratio	Less than or equal to 6.5
Laboratory Tests	Laboratory test results may deviate 10% of normal ranges
Aviation, Avocation, Occupation	No ratable occupation/avocation No flying - except commercial passenger/crew Private aviation will be considered with an aviation Exclusion Rider
Height/Weight	See Build Charts on next page.
*Individuals being treated for hypertension whose blood pressure average the past 12 months does not exceed 140/80 ages 18-40 and 140/85 ages 41-75 are eligible for Preferred Consideration.	

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

Height and Weight Chart

US STANDARD MEASUREMENTS		
Height	Male Weight	Female Weight
4'8"	90 - 125	78 - 125
4'9"	93 - 130	81 - 130
4'10"	96 - 135	83 - 135
4'11"	100 - 140	86 - 138
5'0"	104 - 150	90 - 141
5'1"	106 - 155	93 - 145
5'2"	111 - 160	96 - 148
5'3"	115 - 165	99 - 153
5'4"	118 - 170	102 - 157
5'5"	122 - 175	105 - 162
5'6"	125 - 180	108 - 166
5'7"	128 - 185	111 - 171
5'8"	131 - 190	224 - 175
5'9"	135 - 195	117 - 180
5'10"	138 - 200	120 - 184
5'11"	142 - 205	123 - 189
6'0"	146 - 215	126 - 194
6'1"	149 - 220	129 - 199
6'2"	153 - 225	133 - 204
6'3"	157 - 230	136 - 209
6'4"	161 - 235	139 - 214
6'5"	164 - 240	142 - 219
6'6"	169 - 250	146 - 225
6'7"	173 - 255	150 - 231

If all other underwriting standards are met, add 20 Pounds (9Kg) to the maximum weight limit for preferred rates.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

PRODUCT INFORMATION

- **Product Information**

Several FLIC products have specific Underwriting Guidelines, which will be highlighted for easy reference. Those products include the Family Protection Select and Family Protection Premier

- **Underwriting Classes**

Preferred Non-Nicotine, Standard Non-Nicotine, and Standard Nicotine

Non-nicotine is defined as no nicotine (cigarettes, cigars, pipe or chewing tobacco, nicotine gum, nicotine patches or any other products containing nicotine) of any kind in the last 12 months.

- **Modified Offers**

In the event it is necessary to modify the coverage due to not qualifying for preferred rates or health impairment, the offer will be made based on the circumstances at the time of the underwriting evaluation.

- **Examples**

- ~ Preferred non-nicotine class not available due to lab results would be issued based on insurability. If the individual qualified for the standard non-nicotine, that class would be issued.
- ~ Standard nicotine class not available due to a table 2 evaluation for obesity would be issued standard nicotine + table 2.
- ~ Standard non-nicotine class not available due to a table 3 evaluation for ECG changes would be issued standard non-nicotine + table 3.

- **Policy Amendment for Modified Offers**

In the event it is necessary to modify coverage and change the underwriting class, the policy will be issued with the appropriate amendment, which requires the insured's signature to place the policy in force.

- **Age Calculation**

All policy premiums are based on "age last birthday". Follow the age calculation guidelines when completing the illustration.

FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, Texas 77092

INDEX

Agents Responsibility	22
Application Completion	19
Application Submission.	17
Attending Physician Statements	23
Aviation Risks	20
Build Chart	11
Cash With Application	20
Declined or Postponed	23
Financial Underwriting Guidelines.	25
Foreign National Guidelines.	18
Foreign Residence and Travel	20
Health Changes during Underwriting	23
Illustrations	20
Inspection Reports	23
Insurable Interest I Beneficiaries.	24
Insurance In force	19
Juvenile Insurance	25
Large Insurance Amounts	24
Marketing Organization Procedures.	25
Medical Check Ups	23
Medical Requirements	3
Medical Information Bureau (MIS)	20
Modified Offers	24
New Business Submission Forms	17
Personal Insurance Addendum.	26
• Additional Personal Coverage	
• Definition	
• Underwriting Principals	
Policy Issue- Fast Track	20
Preferred Underwriting	27
• Build Chart	
• Check List	
• Criteria For Preferred	
• General Information	
• Non Nicotine Definition	
• Pre-Qualify for Preferred	
Product Information	30
• Age Calculation	
• Amendments for Modified Offers	
• Modified Offers	
• Non Nicotine Definition	
Replacement Coverage	19
Replies to Underwriting Requests	17
Single Impairment and Underwriting Guide	12
Special Requests	19
Sport Activity	21
Submitting The Application	19
Table of Contents	2
Treadmill EGG's	3
Trial Applications	21
Unacceptable Medical Risks.	23
Underwriting the Application.	23
Underwriting Forms	21
Underwriting Guide	5
Withdrawals	24

