

# UNDERWRITING GUIDELINES

**Committed to complete and  
professional risk selection**



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PR-1147 R6 4/11





## Underwriting Overview

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North American Company uses a common sense approach to underwriting to ensure that our decisions are fair to the proposed insured, deliverable by the Producer, and profitable for the company. Our staff of highly skilled Underwriters are dedicated to making it as easy as possible to do business with North American.

To accomplish our objectives, North American New Business and Underwriting offer the following:

- **Accessibility of our Underwriting and New Business:**

- By phone, email, or fax
- All paperwork (other than 1035 Exchange forms and premium remittance) will be processed using fax copies

- **A partnership approach to serving your business:**

- Dedicated one-on-one relationships with your Underwriter, Case Manager, and New Business team
- Personalized service that is customized to fit your communication needs
- Open communication between our Underwriters and Distribution Partners
- Strong relationships that result in more predictable case outcomes

- **Highly skilled Underwriting and Medical expertise**

- **A holistic approach to evaluating impairments:**

- We use common sense
- Favorable and unfavorable risk factors are balanced on a case-by-case basis to deliver the best risk class possible

- **Competitive time service:**

- An average of 30 calendar days from receipt of application to approval
- An average of less than one day turnaround from time of last requirement to approval

- **Specialized Underwriting for large cases:**

- A dedicated Special Risk Unit for applications of \$5,000,000 and up

The information in this guide is accurate at the time of print. For the most current underwriting information please refer to our Producer's InfoNet® website, at [www.producersinfonet.com](http://www.producersinfonet.com).

## Contact Information by Department

Company business hours are Monday –Thursday, 7:30am - 5:00pm CT; Friday, 7:30am -12:30pm CT

Department	Telephone/Fax/Email	Regular Mail	Overnight Mail
<i>New Business /Underwriting</i>			
Gold Team	800-669-9100 Fax 800-951-9430 nbgold@sfgmembers.com	North American Company P.O. Box 5089 Sioux Falls, SD 57117-5089	North American Company One Sammons Plaza Sioux Falls, SD 57193-0001
Purple Team	866-606-2943 Fax 800-978-7959 nbpurple@sfgmembers.com	North American Company P.O. Box 5089 Sioux Falls, SD 57117-5089	North American Company One Sammons Plaza Sioux Falls, SD 57193-0001
Administrative Office	877-872-0757	North American Company P.O. Box 5089 Sioux Falls, SD 57117-5089	North American Company One Sammons Plaza Sioux Falls, SD 57193-0001

## Approved Paramed Facilities

Use an approved paramedical service for traditional applications. These approved paramedical services provide a full range of services throughout the United States.

Facility	Telephone	Website
APPS	800-727-2999	<a href="http://www.appsnational.com">www.appsnational.com</a>
EMSI	800-872-3674	<a href="http://www.emsinet.com">www.emsinet.com</a>
Portamedic	866-335-5575	<a href="http://www.portamedic.com">www.portamedic.com</a>
Superior Mobile Medics, Inc.	800-898-3926	<a href="http://www.superiormobilemedics.com">www.superiormobilemedics.com</a>
<i>For Laboratory Services</i>		
CRL	800-882-1922	<a href="http://www.crlcorp.com">www.crlcorp.com</a>
<i>For APSs and PHI's</i>		
GIS	800-447-0798	<a href="http://www.geninfo.com">www.geninfo.com</a>

## Connect 24/7 with Our Secure Producer's Website

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Access our Producer's InfoNet, at [www.producerinfonet.com](http://www.producerinfonet.com), for the most up-to-date information on your cases. Paperless Pending provides hourly updates on your pending cases and Policy Data Center provides daily updates on your in-force business. Forms Factory will provide you with the most current state required forms for policy application and policy changes, which can be completed on-line and printed from your computer.

## Helpful Tips

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When completing a life application with your client, the plan of insurance section should include only the insurance plan name, not the rate classification. For example, plan of insurance should be listed as Custom Guarantee® universal life insurance, not Custom Guarantee Super Preferred Non-Tobacco.

North American will automatically underwrite each case for the best possible rate classification. Inclusion of the rate classification on the policy application, which the applicant may or may not qualify for, may result in the issue of a policy amendment. To avoid the issuance of a policy amendment, which requires the client's signature, please do not include the rate classification on the policy application.

## Traditional Underwriting Requirements\*

Face Amount	Ages 16-45	Ages 46-55	Ages 56-70	Ages 71-75	Ages 76+
\$0 to \$99,999	Physical Measurements Blood/HOS MVR	Physical Measurements Blood/HOS	Paramed Blood/HOS	Paramed Functional Capacity Exam Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS MVR
\$100,000 to \$250,000	Physical Measurements Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR
\$250,001 to \$500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR
\$500,001 to \$999,999	Paramed Blood/HOS MVR	Paramed Blood/HOS EKG MVR	Paramed Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR
\$1,000,000 to \$2,000,000	Paramed Blood/HOS PHI MVR	Paramed Blood/HOS EKG PHI MVR	Paramed Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire
\$2,000,001 to \$5,000,000	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire
\$5,000,001 to \$10,000,000	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report
\$10,000,001 and up	M.D. Exam Blood/HOS EKG PHI MVR Third Party Financial Report	M.D. Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report	M.D. Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report

\* Prescription report may also be reviewed.

Medical evidence for Ages 0-15:	
0-\$250,000	Fully completed application with medical questions completed by agent
\$250,001 & up	Individual consideration. Contact Underwriting for requirements

Age & Amount Attending Physician Statement (APS) Guidelines*:	
Ages 16-50	<b>Risk Amounts \$2,000,001 &amp; up:</b> APS required if M.D. consulted within past year
Ages 51-60	<b>Risk Amounts \$1,000,001 &amp; up:</b> APS required if M.D. consulted within past year
Ages 61-70	<b>Risk Amounts \$250,001 - \$2,000,000:</b> APS required if M.D. consulted within past year
	<b>Risk Amounts \$2,000,001 &amp; up:</b> APS required if M.D. consulted within past two years
Ages 71 & up	<b>All amounts,</b> APS required

\* Attending Physician Statements may be requested on any risk amount and any age at the underwriter's discretion.

## Requirement Substitutions

- Any stress testing completed within the past 12 months may be substituted in lieu of a current Treadmill EKG
- If a health assessment has been completed by the primary care physician within the past six months, a Paramed exam may be used in lieu of a M.D. exam

## Definition of Requirements

Blood/HOS	Blood Profile and Home Office Specimen
EKG	A 12-lead resting electrocardiogram (without interpretation).
Financial Questionnaire	A financial statement on the proposed insured, completed by the agent.
Functional Capacity Exam	Cognitive testing that is completed by the paramedical examiner. Must be scheduled with an approved paramedical service.
IBU	Interview by underwriter. A phone interview conducted by an experienced life insurance underwriter. Initiated by the Administrative Office, these questionnaires are requested in lieu of the APS for moderate impairment cases.
M.D. Exam	North American's preferred vendors can help arrange for M.D. exams in most areas. Any physician, except the proposed insureds personal physician, may perform M.D. examinations.
MVR	Motor Vehicle Report obtained through the Administrative Office
Paramed	Paramed Report
PHI	Personal History Interview
Physical Measurements	Height, weight, blood pressure, and pulse reading secured by a paramedical examiner.
AdvancedApp Interview	Part 2 completed by Professional Call Center interview
Third Party Financial Report	Certified Public Accountant prepared net income statement and balance sheet.
Treadmill	Treadmill Stress Test (without interpretation)

## AdvancedApp Underwriting Requirements\*

Face Amount	Ages 18-45	Ages 46-55	Ages 56-70
<i>\$0 to \$99,999</i>	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS	AdvancedApp Interview Physical Measurements Blood/HOS
<i>\$100,000 to \$250,000</i>	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS MVR
<i>\$250,001 to \$500,000</i>	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR
<i>\$500,001 to \$999,999</i>	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR
<i>\$1,000,000 to \$2,000,000</i>	AdvancedApp Interview Physical Measurements Blood/HOS MVR	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR
<i>\$2,000,001 to \$3,000,000</i>	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Financial Questionnaire	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Financial Questionnaire	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Financial Questionnaire
<i>\$3,000,001 to \$5,000,000</i>	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Financial Questionnaire	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Financial Questionnaire	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Financial Questionnaire
<i>\$5,000,001 and up</i>	AdvancedApp Interview Physical Measurements Blood/HOS EKG MVR Third Party Financial Report	AdvancedApp Interview Physical Measurements Blood/HOS Treadmill MVR Third Party Financial Report	AdvancedApp Interview Physical Measurements Blood/HOS Treadmill MVR Third Party Financial Report

\* Prescription report may also be reviewed. AdvancedApp is not available beyond age 70.



AdvancedApp Part 1 is a life application process (form L-3197 series with state variations) that may be used in place of our current general life application. It does not replace the general life application (form L-3182 series with state variations). AdvancedApp helps simplify the application process both for you and your clients and can be used with all North American products.

- AdvancedApp is available on all products for applicants ages 18-70 on any face amount within the product's general guidelines.
- Before using AdvancedApp, gain your client's approval to use the AdvancedApp Part 2 process, which uses a **recorded voice authorization**. Inform the client that our Call Center will be contacting him or her to complete the medical history portion of the application. If the client does not wish to proceed, please use the general life application. The recorded interview and voice authorization is securely stored, destroyed after seven years, and will not be used for any other purpose than to validate the medical information that the client provided. A copy can only be requested by the agent on behalf of the client. If your client makes this request, please contact your North American New Business team. Once a copy is requested, it will be delivered to your client via a burned CD and sent securely through regular mail.

### AdvancedApp Process

1. Download AdvancedApp Part 1 (form L-3197 series with state variations) from the illustration software or from Forms Factory on the Producer's InfoNet®, at [www.producersinfonet.com](http://www.producersinfonet.com).
2. With your client, complete AdvancedApp Part 1 with the applicant's personal and insurance information, and answer ONE medical question on the application. If the medical question is answered YES due to medical history, circle the specific history within the question and note a physician's name, address, and phone number in the "Special Requests or Details" box. This information will allow us to order medical records upfront.
3. **Obtain the proposed insured's signature and the signature of the owner** (if different) on the AdvancedApp Part 1 application. Complete the agent section.
4. Mail or fax the New Business package (application, underwriting forms such as the Financial Supplement and Replacement forms), and any state-required forms to the Administrative Office.
5. When New Business receives the AdvancedApp Part 1 your client will be contacted by our Call Center within 24 hours to complete the necessary medical history (AdvancedApp Part 2). You can track status on Paperless Pending.
6. If our Call Center is unable to reach your client they will reattempt to contact him or her. Each time a contact attempt is made a call status will be added to the policy, these statuses will display with the policy information on Paperless Pending. If your client cannot be reached, or has questions regarding his or her application, New Business will send a general agent (GA) Memo to advise you and ask for instructions on how to proceed.
7. When the Call Center has had your client complete the necessary medical history the AdvancedApp Part 2 is validated by your client with a recorded voice authorization.
8. Our Call Center will set up an appointment for an examiner to visit your client and collect the required samples and physical measurements. This eliminates the need for you to schedule a Paramedical Exam visit, but you will have access to the exam information.
9. The examiner sends the information to Clinical Reference Laboratory for processing and the results are then sent to North American for review.
10. Once the AdvancedApp Part 2 application is complete, the underwriter will review the application and follow the normal underwriting procedure to assess the risk.
11. A printed copy of the completed AdvancedApp Part 1 and 2 and other required form(s) become part of the policy upon issue.

Age & Amount APS Guidelines:	
<i>Ages 18-50</i>	<b>Risk Amounts \$2,000,001 &amp; up:</b> APS required if M.D. consulted within past year
<i>Ages 51-60</i>	<b>Risk Amounts \$1,000,001 &amp; up:</b> APS required if M.D. consulted within past year
<i>Ages 61-70</i>	<b>Risk Amounts \$250,001 - \$2,000,000:</b> APS required if M.D. consulted within past year
	<b>Risk Amounts \$2,000,001 &amp; up:</b> APS required if M.D. consulted within past two years

## Requirement Substitutions

- Any stress testing completed within the past 12 months may be substituted in lieu of a current Treadmill EKG



## Rate Classification Guidelines

These rate classification guidelines apply to North American's product portfolio. Please refer to our Producer's InfoNet® site, at [www.producersinfonet.com](http://www.producersinfonet.com), for the most up-to-date underwriting guidelines.

### Build Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications for Builder IUL®, Custom Accumulator®, Custom Growth CV®, Custom TermGUL®, Guarantee Builder IUL®, Rapid Builder IUL®, and Survivorship GIUL

Super Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71 +	Female Ages 70 & Under	Female Ages 71 +	Male/ Female 70 & Under Minimum	Male/ Female 71 + Minimum
4'10"	137	143	127	134	91	100
4'11"	141	148	131	138	94	104
5'0"	146	153	136	143	97	107
5'1"	151	158	140	148	100	111
5'2"	156	164	145	153	104	115
5'3"	161	169	149	158	107	118
5'4"	166	174	154	163	110	122
5'5"	171	180	159	168	114	126
5'6"	176	186	164	173	118	130
5'7"	181	191	169	178	121	134
5'8"	187	197	174	184	125	138
5'9"	192	203	179	189	128	142
5'10"	198	209	184	195	132	146
5'11"	203	215	189	200	136	150
6'0"	209	221	194	206	140	154
6'1"	215	227	200	212	144	158
6'2"	221	233	205	218	148	163
6'3"	227	240	211	224	152	168
6'4"	233	246	216	230	156	172
6'5"	239	253	222	236	160	176

For ages 71 and greater, weight must be stable the past two years.

Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71 +	Female Ages 70 & Under	Female Ages 71 +	Male/ Female 70 & Under Minimum	Male/ Female 71 + Minimum
4'10"	146	153	137	143	91	100
4'11"	151	158	141	148	94	104
5'0"	156	163	146	153	97	107
5'1"	161	169	151	158	100	111
5'2"	167	175	156	164	104	115
5'3"	172	180	161	169	107	118
5'4"	177	186	166	174	110	122
5'5"	183	192	171	180	114	126
5'6"	189	198	176	186	118	130
5'7"	194	204	181	191	121	134
5'8"	200	210	187	197	125	138
5'9"	206	216	192	203	128	142
5'10"	212	222	198	209	132	146
5'11"	218	229	203	215	136	150
6'0"	224	235	209	221	140	154
6'1"	230	242	215	227	144	158
6'2"	236	249	221	233	148	163
6'3"	243	256	227	240	152	168
6'4"	249	263	233	246	156	172
6'5"	256	270	239	253	160	176

For ages 71 and greater, weight must be stable the past two years.

### Build Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications for ADDvantage® and Custom Guarantee®

Super Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71 +	Female Ages 70 & Under	Female Ages 71 +	Male/ Female 70 & Under Minimum	Male/ Female 71 + Minimum
4'10"	134	143	124	134	91	100
4'11"	138	148	128	138	94	104
5'0"	143	153	133	143	97	107
5'1"	148	158	137	148	100	111
5'2"	153	164	142	153	104	115
5'3"	158	169	146	158	107	118
5'4"	163	174	151	163	110	122
5'5"	168	180	156	168	114	126
5'6"	173	186	161	173	118	130
5'7"	178	191	166	178	121	134
5'8"	184	197	171	184	125	138
5'9"	189	203	176	189	128	142
5'10"	195	209	181	195	132	146
5'11"	200	215	186	200	136	150
6'0"	206	221	191	206	140	154
6'1"	212	227	197	212	144	158
6'2"	218	233	202	218	148	163
6'3"	224	240	208	224	152	168
6'4"	230	246	213	230	156	172
6'5"	236	253	219	236	160	176

For ages 71 and greater, weight must be stable the past two years.

Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71 +	Female Ages 70 & Under	Female Ages 71 +	Male/ Female 70 & Under Minimum	Male/ Female 71 + Minimum
4'10"	143	153	134	143	91	100
4'11"	148	158	138	148	94	104
5'0"	153	163	143	153	97	107
5'1"	158	169	148	158	100	111
5'2"	164	175	153	164	104	115
5'3"	169	180	158	169	107	118
5'4"	174	186	163	174	110	122
5'5"	180	192	168	180	114	126
5'6"	186	198	173	186	118	130
5'7"	191	204	178	191	121	134
5'8"	197	210	184	197	125	138
5'9"	203	216	189	203	128	142
5'10"	209	222	195	209	132	146
5'11"	215	229	200	215	136	150
6'0"	221	235	206	221	140	154
6'1"	227	242	212	227	144	158
6'2"	233	249	218	233	148	163
6'3"	240	256	224	240	152	168
6'4"	246	263	230	246	156	172
6'5"	253	270	236	253	160	176

Substandard Build Chart for all North American Products

TABLE RATINGS FOR BUILD																
Male and Female																
Height	Table 1 Weight		Table 2 Weight		Table 3 Weight		Table 4 Weight		Table 5 Weight		Table 6 Weight		Table 8 Weight		Table 10 Weight	
	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+	Ages 70 & Under	Ages 70+
4'10"	172	177	187	187	196	196	201	201	206	206	211	211	215	215	220	220
4'11"	178	183	193	193	203	203	208	208	213	213	218	218	223	223	228	228
5'0"	184	189	200	200	210	210	215	215	220	220	225	225	230	230	236	236
5'1"	191	195	206	206	217	217	222	222	228	228	233	233	238	238	244	244
5'2"	197	202	213	213	224	224	230	230	235	235	241	241	246	246	252	252
5'3"	203	208	220	220	231	231	237	237	243	243	248	248	254	254	260	260
5'4"	210	215	227	227	239	239	245	245	251	251	256	256	262	262	268	268
5'5"	216	222	234	234	246	246	252	252	258	258	264	264	270	270	277	277
5'6"	223	229	242	242	254	254	260	260	266	266	273	273	279	279	285	285
5'7"	230	236	249	249	262	262	268	268	275	275	281	281	287	287	294	294
5'8"	237	243	256	256	270	270	276	276	283	283	289	289	296	296	303	303
5'9"	244	250	264	264	278	278	284	284	291	291	298	298	305	305	312	312
5'10"	251	257	272	272	286	286	293	293	300	300	307	307	314	314	321	321
5'11"	258	265	280	280	294	294	301	301	308	308	315	315	323	323	330	330
6'0"	265	272	288	288	302	302	310	310	317	317	324	324	332	332	339	339
6'1"	273	280	296	296	311	311	318	318	326	326	334	334	341	341	349	349
6'2"	280	287	304	304	319	319	327	327	335	335	343	343	350	350	358	358
6'3"	288	295	312	312	328	328	336	336	344	344	352	352	360	360	368	368
6'4"	296	304	320	320	337	337	345	345	353	353	361	361	370	370	378	378
6'5"	304	313	329	329	346	346	354	354	363	363	371	371	379	379	388	388

## Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications

	Super Preferred Non-Tobacco		Preferred Non-Tobacco	
	<i>Builder IUL, Custom Accumulator, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL</i>	<i>ADDvantage and Custom Guarantee</i>	<i>Builder IUL, Custom Accumulator, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL</i>	<i>ADDvantage and Custom Guarantee</i>
<i>Aviation</i>	<p><b>Ages 70 and under:</b> Private pilots (ages 27-65) may qualify with 300+ hours, IFR, 50-150 flight hours per year, and all flights within the USA.</p> <p><b>Ages 71 and over:</b> No participation in the last 12 months or with plans to participate in the future.</p>	<p><b>Ages 70 and under:</b> Non-ratable pilots for major airlines only, or with the Aviation Exclusion Rider.</p> <p><b>Ages 71 and over:</b> No participation in the last 12 months or with plans to participate in the future.</p>	<p><b>Ages 70 and under:</b> Flat extra allowed for aviation.</p> <p><b>Ages 71 and over:</b> No participation in the last 12 months or with plans to participate in the future.</p>	<p><b>Ages 70 and under:</b> Non-ratable commercial and private pilots are acceptable.</p> <p><b>Ages 71 and over:</b> No participation in the last 12 months or with plans to participate in the future.</p>
<i>Blood Pressure</i>	<p><b>Ages 50 and below:</b> Has blood pressure that is 140/85 or better, without treatment from all sources.</p> <p><b>Ages 51-60:</b> Has blood pressure that is 145/85 or better, without treatment from all sources.</p> <p><b>Ages 61-70:</b> Has blood pressure that is 150/85 or better without treatment from all sources.</p> <p><b>Ages 71 and over:</b> Has blood pressure that is 150/85 or better, without treatment from all sources and no pulse pressure greater than 75.</p>	<p><b>Ages 50 and below:</b> Has blood pressure that is 135/85 or better, without treatment from all sources.</p> <p><b>Ages 51-60:</b> Has blood pressure that is 140/85 or better, without treatment from all sources.</p> <p><b>Ages 61-70:</b> Has blood pressure that is 145/85 or better without treatment from all sources.</p> <p><b>Ages 71 and over:</b> Has blood pressure that is 150/85 or better, without treatment from all sources and no pulse pressure greater than 75.</p>	<p><b>Ages 50 and below:</b> Has blood pressure that is 140/90 or better with or without treatment from all sources.</p> <p><b>Ages 51-60:</b> Has blood pressure that is 145/90 or better with or without treatment from all sources.</p> <p><b>Ages 61-70:</b> Has blood pressure that is 150/90 or better with or without treatment from all sources.</p> <p><b>Ages 71 and over:</b> Has blood pressure that is 150/90 or better, with or without treatment from all sources and no pulse pressure greater than 75.</p>	<p><b>Ages 50 and below:</b> Has blood pressure that is 140/85 or better with or without treatment from all sources.</p> <p><b>Ages 51-60:</b> Has blood pressure that is 145/85 or better with or without treatment from all sources.</p> <p><b>Ages 61-70:</b> Has blood pressure that is 145/90 or better with or without treatment from all sources.</p> <p><b>Ages 71 and over:</b> Has blood pressure that is 150/90 or better, with or without treatment from all sources and no pulse pressure greater than 75.</p>
<i>Cholesterol</i>	<p><b>Ages 70 and under:</b> Has a cholesterol count, with or without treatment, of 220 or less, with a total cholesterol/HDL ratio of 5.0 or less.</p> <p><b>Ages 71 and over:</b> Has a cholesterol count, with or without treatment, of 150-250, with a HDL of at least 45.</p>	<p><b>Ages 70 and under:</b> Has a cholesterol count, with or without treatment, of 220 or less, with a total cholesterol/HDL ratio of 4.5 or less.</p> <p><b>Ages 71 and over:</b> Has a cholesterol count, with or without treatment, of 150-250, with a HDL of at least 45.</p>		<p><b>Ages 70 and under:</b> Has a cholesterol count, with or without treatment, of 240 or less, with a total cholesterol/HDL ratio of 5.5 or less.</p> <p><b>Ages 71 and over:</b> Has a cholesterol count, with or without treatment, of 150-260, with a HDL of at least 40.</p>
<i>Citizenship</i>	Is a US citizen or has had a permanent resident status for at least 2 years			

## Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications

	Super Preferred Non-Tobacco		Preferred Non-Tobacco	
	<i>Builder IUL, Custom Accumulator, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL</i>	<i>ADDvantage and Custom Guarantee</i>	<i>Builder IUL, Custom Accumulator, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL</i>	<i>ADDvantage and Custom Guarantee</i>
<i>Driving</i>	Has not had more than 1 moving violation in the past 3 years, or a DWI, DUI, reckless driving conviction, or non-administrative license suspension in the past 5 years.		Has not had more than 2 moving violations in the past 3 years, or a DWI, DUI, reckless driving conviction, or non-administrative license suspension in the past 5 years.	
<i>Drug / Alcohol</i>	No history of drug or alcohol abuse or treatment within the past 10 years.			
<i>Family History</i> <i>(not applicable for age 71 &amp; older)</i>	Has not had a natural parent or sibling diagnosed with or die from coronary artery disease or cancer prior to age 60.		Has not had a natural parent die from coronary artery disease or cancer prior to age 60.	
<i>Foreign Travel</i>	Travel to countries or areas considered hazardous by North American may be excluded (may vary by state).			
<i>Military</i>	Not an active duty military risk.			
<i>Personal History</i>	<b>Ages 70 and under:</b> No history of cancer (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, coronary artery disease, or other significant health problems. <b>Ages 71 and over:</b> Attending physician statement demonstrating regular health care. Must be a standard risk before credits. No history of chronic or recurring mental illness or depression. No history of cancer (excluding non-melanoma skin cancers), heart disease or stroke.			
<i>Recreation</i>	No participation in hazardous sports within the past 2 years with no future plans to participate in hazardous sports. Non-technical scuba diving with max. depth of 50 ft. is acceptable.		Non-ratable hazardous sports (e.g. racing, scuba diving, skydiving) are acceptable.	
<i>Tobacco</i>	<b>Ages 70 and under:</b> Has not used tobacco or nicotine, in any form, in the past 3 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine by-products. <b>Ages 71 and over:</b> Has not used tobacco or nicotine, in any form, in the past 5 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine by-products.	<b>All ages:</b> Has not used tobacco or nicotine, in any form, in the past 5 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine by-products.	<b>Ages 70 and under:</b> Has not used tobacco or nicotine, in any form, in the past 2 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine by-products. <b>Ages 71 and over:</b> Has not used tobacco or nicotine, in any form, in the past 3 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine by-products.	<b>All ages:</b> Has not used tobacco or nicotine, in any form, in the past 3 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine by-products.

# Additional Requirements Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications for Ages 71 and Over

	Super Preferred Non-Tobacco		Preferred Non-Tobacco	
	<i>Builder IUL, Custom Accumulator, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL</i>	<i>ADDvantage and Custom Guarantee</i>	<i>Builder IUL, Custom Accumulator, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL</i>	<i>ADDvantage and Custom Guarantee</i>
<i>Cognitive Function</i>	No evidence of cognitive impairment.			
<i>Falls</i>	No history of falls within the past five years.			
<i>Kidney Function</i>	Has an estimated glomerular filtration rate (eGFR) that is greater than 70.		Has an estimated glomerular filtration rate (eGFR) that is greater than 60.	
<i>Physical/Social Activity</i>	Physically active including, but not limited to, travel, exercise, and social activities. Independent in all Activities of Daily Living and Instrumental Activities of Daily Living.			
<i>Serum Albumin</i>	Level greater than 3.9 g/dl.		Level greater than 3.8 g/dl.	

## Requirements for Tobacco Underwriting Classifications

*ADDvantage, Builder IUL, Custom Accumulator, Custom GrowthCV, Custom Guarantee, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL*

### Preferred Tobacco

- All requirements needed for the Preferred Non-Tobacco class for the appropriate issue age.
- Tobacco Usage: Tobacco use allowed.
- No diagnosis of chronic bronchitis.
- No diagnosis of chronic obstructive pulmonary disease.
- No diagnosis of arteriosclerotic vascular disease.

### Standard Tobacco

- All requirements needed for the Standard Non-Tobacco class for the appropriate issue age.
- Tobacco Usage: Tobacco use allowed.



## Substandard

Table ratings are available for both medical and non-medical reasons and vary by product and issue age. Please refer to the product marketing guide for issue ages, underwriting classifications and table ratings.

- **Non-medical flat extras (all products)**

- May be applied to all rate classes except Super Preferred NT, Preferred NT ages 71+, and Preferred TB ages 71+ (and Standard NT and Standard TB for ages 86+ on Survivorship GIUL).

- **Medical flat extras (all products)**

- May be applied to the Standard Non-Tobacco and Standard Tobacco rates (except for ages 86+ on Survivorship GIUL).

- Temporary flat extras are non-commissionable

## Special Considerations

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- **Foreign Nationals** - U.S. residence for at least the past two years with intent to remain in the U.S. permanently is required in order to be considered for coverage. We require that the proposed insured have either a Green Card or hold one of the following temporary visas: H1B/Specialty Worker, L1/Intracompany Transferee, or TN-1/NAFTA Visa. We also require a social security number due to the U.S. Patriot Act. In addition, we also require that coverage amounts be supported by U.S. income or assets.
- **Foreign Residence & Travel** - U.S. citizens making short trips out of the country for business, pleasure, or educational purposes to non-hazardous areas are usually acceptable risks. Contact Underwriting for those making longer trips or who may be residing outside of the U.S. If an offer can be considered, facultative reinsurance may be required.
- **Medical Examinations** - All medicals must be performed by approved paramedical facilities providing both paramedic and MD exam services. Under special circumstances, exceptions can be made by the underwriting team. Refer to the list of approved paramedical facilities, assigned according to your underwriting office.
- **Multiple Occupations** - List all occupations on the application. The occupation involving the greatest hazard will determine the classification.
- **Non-Medical** - Non-medical insurance is only available for ages 0 through 15 with face amounts of \$250,000 or less. For amounts above \$250,000 contact Underwriting for medical requirements.



### Personal Insurance

Personal insurance includes coverage meant to be income replacement and/or to maintain an estate. Purposes of Personal Insurance include mortgage redemption, debt repayment, funds for final expenses and burial, family maintenance, estate preservation, estate and inheritance taxes, educational funds and charitable bequests.

#### Income Replacement

Application intended to cover income replacement needs may be considered according to the age and amount guidelines listed below. Earned income includes salary, wages, tips, regular bonus, regular commission, deferred compensation, and other employee benefits that are the direct result of the proposed insured's effort and abilities that will cease at their death. Where income fluctuates from year to year, use a three year average.

Ages	Income Multiples*
20-30	30 x
31-40	25 x
41-50	20 x
51-60	15 x
61-70	10 x
71+	5 x
* Factor multiplied by earned income.	

#### Requirements:

- For risk amounts of \$2,000,001 + a Financial Questionnaire (L-3124A).
- For risk amounts of \$5,000,001 + a Third Party Financial Report.

#### Estate Preservation

Use this estate preservation formula to determine amounts that will generally be underwritten on the basis of net worth.

*Formula: (Estate value appreciation at interest rate of 7.5%)  
x (½ of life expectancy) x (maximum tax rate of 50%)*

#### Requirements:

- Cover letter explaining the purpose of the insurance, the reason for the amount applied for and how the proposed insurance solution will meet the client's needs.
- A Financial Questionnaire (L-3124A).
- For risk amounts of \$5,000,001 + a Third Party Financial Report.

### **Juvenile Coverage**

Coverage may equal up to 50% of the amount of personal coverage on the insured juvenile's parent or guardian's life. North American will provide individual financial consideration for coverage amounts above \$500,000.

#### *Requirements:*

- All children in the family should be insured for similar amounts. If not, an explanation is required.
- An agent cover letter is required for amounts greater than \$100,000 which explains the need and purpose of the coverage, how the amount was determined, and lists the coverage amounts on parents and any siblings.
- Applications for minors must be signed by the parent or guardian with whom the child lives on a regular basis.

## **Business Insurance**

### **Key Person Coverage**

Coverage amount may be up to 10 times the annual income derived from the business covered. Coverage amount is dependent upon the type of business and applicant's duties.

#### *Requirements:*

- Financial Questionnaire (L-3124A) demonstrating income derived from the business being covered.
- List of other key persons and their coverage in favor of the business.
- For risk amounts of \$5,000,001+ a copy of business financials.

### **Buy/Sell or Stock Repurchase Coverage**

Use this formula to determine the appropriate coverage amount.

*Formula: (Ownership %) x (Value of the Company)*

#### *Requirements:*

- Cover letter explaining the purpose of the insurance and how the amount applied for was determined.
- Details of buy/sell agreement and percentage of ownership in the business.
- Market value of the business with supporting corporate financials.





ADDvantage is issued on policy form series LS143AMP; Builder IUL is issued on policy form series LS172; Custom Accumulator is issued on policy form series LS165B; Custom GrowthCV is issued on policy form series LS166; Custom Guarantee is issued on policy form series LS170; Custom TermGUL is issued on policy form series LS167; Guarantee Builder IUL is issued on policy forms series LS164A; Rapid Builder IUL is issued on policy form series LS169; Survivorship GIUL is issued on policy form series LS171, by North American Company for Life and Health Insurance, Executive Office, Chicago, IL. 60607. Products, features, riders, issue ages, and endorsements may not be available in all jurisdictions. Limitations or restrictions may apply.



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