



LIFE INSURANCE **Field Underwriting Guide**

APRIL 10, 2019

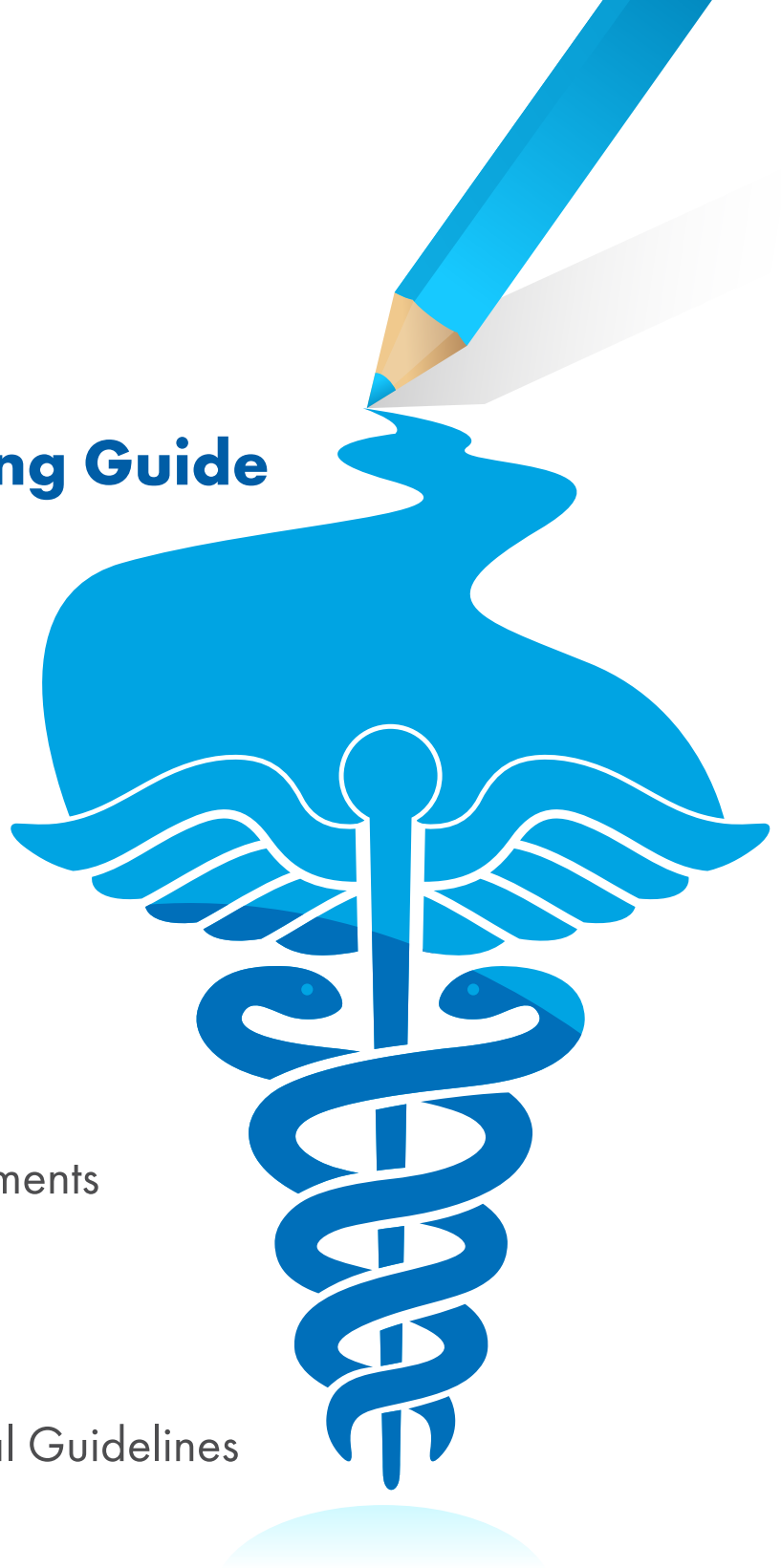
Replaces the version dated
November 16, 2018

Age and Amount Requirements

Preferred Class Criteria

APS Ordering Guidelines

Financial and Nonmedical Guidelines



What's New in this Field Underwriting Guide

Added Credit Report requirement
for all face amounts and ages
above 25 for Term products

(page 4)

Added Credit Report requirement
for all face amounts and ages
above 25 for Permanent products

(page 5)

Removed reference to
Standard class
from Family History section

(page 6)

This guide is just that – a guide.

We will always view applicants as a whole – meaning we will consider other factors such as finance, profession and background. We won't rely solely on medical history when making an underwriting decision.

We will also practice a debit/credit approach, because we know that even though someone may have a health issue, favorable factors can help reduce the extra risk associated with it.

We have the utmost respect for the agent/client relationship and are committed to underwriting practices that strengthen that relationship. We know you have choices when deciding where to place your business, so we believe earning your business requires differentiating ourselves through the service and treatment we deliver to every producer and client.

We are committed to:

- Attracting and retaining well-trained medical and underwriting professionals
- Consistently updating our underwriting guidelines to reflect medical advancements
- Continually monitoring mortality trends
- Updating our debit/credit system to acknowledge favorable factors such as family history, lipids, EKG, recent testing and smoking status
- Embracing and adopting emerging technologies, submission methods and communication tools to improve customer and agent experience

NOTE: The information contained within this Field Underwriting Guide may be updated at any time throughout the year. To view the most current version of this guide, please refer to the electronic document published on our website at: eStation.americangeneral.com.

The charts on the following pages represent underwriting requirements for American General Life Insurance Company and The United States Life Insurance Company in the City of New York. Each company has the right to order any additional requirements deemed necessary to properly evaluate risk, regardless of age or amount.

What's New in this Field Underwriting Guide	2
Age and Amount Requirements Term Products.	4
Age and Amount Requirements Permanent Products.	5
Preferred Underwriting Class Guidelines	6
Select Height/Weight Chart.	7
Competitive Underwriting Programs.	8
Lab Scoring	8
Attending Physician Statement (APS) ordering guidelines	9
– Impairments Usually Requiring an APS	9
– Impairments That Are Usually Declined	10
Health Statement	10
Expiration of Underwriting Requirements	10
Selected Nonmedical Risks.	11
– Motor Vehicle	11
– Aviation	11
– Foreign Residence and Travel.	11
– Criminal Activity.	11
– Scuba	12
– Military.	12
General Financial Underwriting Guidelines.	13
Personal Insurance	13
– Non Working Spouse Guidelines	13
– Juveniles	13
Business Insurance	14
Bankruptcy	14
Retention and Reinsurance Limits.	15
Cigar Smokers	15
Marijuana Use	15
Opioid Use	15

Age¹ and Amount Underwriting Requirements²

TERM PRODUCTS ONLY

Not all products are available at all ages, amounts or rate classes. Consult product guides for availability.

Face Amount	AGES								
	0-19	20-39	40-44	45-49	50-55	56-59	60-66	67-70	71+*
\$100,000 to 249,999	N/A	PM, B/U, MVR, CR ⁵	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, AC, CR	PM, B/U ⁴ , FT, EKG, MVR, 71IR, AC, CR
\$250,000	N/A	PM, B/U, MVR, CR ⁵	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, AC, CR	PM, B/U ⁴ , FT, EKG, MVR, 71IR, AC, ES, CR
\$250,001 to \$500,000	N/A	PM, B/U, MVR, CR ⁵	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, AC, CR	PM, B/U ⁴ , FT, EKG, MVR, 71IR, AC, ES, CR
\$500,001 to 1 million	N/A	PM, B/U, MVR, CR ⁵	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , FQ, MVR, AC, CR	PM, B/U ⁴ , FT, EKG, MVR, FQ, 71IR, AC, ES, CR
\$1,000,001 to 1.5 million	N/A	PM, B/U, MVR, CR ⁵	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, CR	PM, B/U ⁴ , MVR, FQ, AC, CR	PM, B/U ⁴ , FT, EKG, MVR, FQ, 71IR, AC, ES, CR
\$1,500,001 to 3 million ³	N/A	PM, B/U, MVR, CR ⁵	PM, B/U ⁴ , CR, MVR	PM, B/U ⁴ , CR, MVR	PM, B/U ⁴ , CR, MVR	PM, B/U ⁴ , CR, MVR	PM, B/U ⁴ , CR, MVR	PM, B/U ⁴ , CR, MVR, FQ, AC	MD or PM, B/U ⁴ , FT, EKG, MVR, FQ, 71IR, AC, ES, CR
\$3,000,001 to 5 million ³	N/A	PM, B/U, MVR, FQ, ES, CR ⁵	PM, B/U ⁴ , MVR, FQ, ES, CR	PM, B/U ⁴ , MVR, FQ, ES, CR	PM, B/U ⁴ , MVR, FQ, ES, CR	PM, B/U ⁴ , MVR, FQ, ES, CR	PM, B/U ⁴ , MVR, FQ, ES, CR	PM, B/U ⁴ , MVR, FQ, TPF, AC, ES, CR	MD, B/U ⁴ , FT, EKG, MVR, FQ, TPF, 71IR, AC, ES, CR
\$5,000,001 to \$10 million ³	N/A	PM, B/U ⁴ , IR, MVR, FQ, ES, TT, CR ⁵	PM, B/U ⁴ , IR, MVR, FQ, ES, TT, CR	PM, B/U ⁴ , IR, MVR, FQ, ES, TT, CR	PM, B/U ⁴ , MVR, FQ, ES, TT, CR	PM, B/U ⁴ , MVR, FQ, TPF, ES, TT, CR	PM, B/U ⁴ , MVR, FQ, CR, TPF, ES, TT	PM, B/U ⁴ , MVR, FQ, TPF, AC, ES, TT, CR	MD, B/U ⁴ , FT, EKG, MVR, FQ, TPF, 71IR, AC, ES, TT, CR
Greater than \$10 million	N/A	PM, B/U, EKG, IR, MVR, FQ, TPF, ES, TT, CR ⁵	PM, B/U, EKG, IR, MVR, FQ, TPF, ES, TT, CR	PM, B/U, EKG, IR, MVR, FQ, TPF, ES, TT, CR	PM, B/U ⁴ , CR, EKG, IR, MVR, FQ, TPF, ES, TT	PM, B/U ⁴ , CR, EKG, IR, MVR, FQ, TPF, ES, TT	PM, B/U ⁴ , CR, EKG, IR, MVR, FQ, TPF, ES, TT	PM, B/U ⁴ , EKG, IR, MVR, FQ, TPF, AC, ES, TT	MD, B/U ⁴ , FT, EKG, MVR, FQ, TPF, 71IR, AC, ES, TT, CR

* 71+ amounts over our retention require MD Exam. See page 15

A HIPAA authorization is required for all ages and amounts.

Face amount is based on the total amount of coverage issued and placed in-force by AGL and US Life within the past 12 months.

Street inspection interviews are completed for ages 18-70, over \$25 million.

¹ Use age nearest

² Home Office may order additional database checks. (This may include an Rx Database Check, property verification, Internet report, MIB, or other research deemed necessary by the Home Office Underwriting Department.)

³ Inspection Report required for any non-resident alien living outside the United States applying for more than \$1,500,000.

⁴ Lab testing includes NT pro-BNP at these ages and amounts.

⁵ Credit Report required at age 25 and up

AC	Agent Certification form
B/U	Full blood profile and urinalysis
CR*	Credit Report
EKG	Resting EKG
ES*	Electronic Records Search
FQ	Financial questionnaire
FT	Functional Tests conducted with PM/MD. These include a gait test to assess the applicant's ability to walk at a normal pace and a test to assess the applicant's ability to rise from a seated position unassisted.
IC	Individual consideration
IR*	Inspection report
MD	Exam by physician
MVR*	Motor vehicle report
PM	Paramedical exam to include height/weight, blood pressure and pulse
TPF	Third-party financials provided by CPA with first-hand knowledge of client's finances (examples include: Statement of Assets and Liabilities; Profit and Loss Statement; Cash Flow Statement; Balance Sheet)
TT*	Tax Transcript (Client must provide Request for Transcript of Tax Return, form 4506T-EZ, find on Forms Depot)
VCPB	Agent-Completed Part A and a Vendor-Completed Part B non-medical interview required
71IR*	Expanded Inspection Report to include Cognitive Tests. The EMST portion is an enhanced mental skills test that helps assess the applicant's cognitive skills. This test takes approximately 15 minutes.

*Home Office-ordered requirement

Age¹ and Amount Underwriting Requirements² PERMANENT PRODUCTS ONLY

Chronic Illness Rider: see footnote 3 below, and details on page 8.

Face Amount ⁸	AGES								
	0-15	16-17	18-39	40-44	45-49	50-55	56-66 ³	67-70 ³	71+ ^{3,7}
NON-MEDICAL UNDERWRITTEN* UP TO \$499,999** (Available only to U.S. citizens or permanent resident green-card holders) Max Accumulator+, QoL Max Accumulator+, AG Platinum Choice VUL 2 For these products greater than \$499,999, or for other UL products, see Fully Underwritten below.									
	NM*** or VCPB***	NM or VCPB***, MVR	NM or VCPB***, MVR	NM or VCPB***, MVR	NM or VCPB***, MVR	=Age 50 NM or VCPB***, MVR >Age 50 see Fully Underwritten below	See Fully Underwritten below	See Fully Underwritten below	See Fully Underwritten below
FULLY UNDERWRITTEN - UL, SUL, VUL, IUL, Whole Life Products									
\$50,000 to \$250,000	NM	NM, MVR	PM, B/U, MVR, CR ¹⁰	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁹ , MVR, CR	PM, B/U ⁶ , MVR, AC, CR	PM, B/U ⁶ , FT, EKG, MVR, 71IR, AC, CR
\$250,001 to \$500,000	NM	NM, MVR	PM, B/U, MVR, CR ¹⁰	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, AC, CR	PM, B/U ⁶ , FT, CR, AC, EKG, MVR, 71IR, ES
\$500,001 to \$1 million	IC, FQ	IC, MVR, FQ	PM, B/U, MVR, CR ¹⁰	PM, B/U, MVR, CR	PM, B/U, MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, AC, CR	PM, B/U ⁶ , FT, CR, AC, EKG, MVR, 71IR, ES
\$1,000,001 to \$1.5 million	IC, FQ	IC, MVR, FQ	PM, B/U, MVR, CR ¹⁰	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , CR MVR, FQ, AC	PM, B/U ⁶ , FT, EKG, CR, MVR, FQ, 71IR, AC, ES
\$1,500,001 to \$3 million ⁵	IC, FQ	IC, MVR, FQ	PM, B/U, MVR, CR ¹⁰	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , MVR, CR	PM, B/U ⁶ , CR MVR, FQ, AC	PM, B/U ⁶ , FT, EKG, MVR, FQ, 71IR, AC, ES, CR
\$3,000,001 to \$5 million ⁵	IC, FQ	IC, MVR, FQ	PM, B/U, MVR, FQ, ES, CR ¹⁰	PM, B/U ⁶ , MVR, FQ, ES, CR	PM, B/U ⁶ , MVR, FQ, ES, CR	PM, B/U ⁶ , MVR, FQ, ES, CR	PM, B/U ⁶ , MVR, FQ, ES ³ , CR	PM, B/U ⁶ , MVR, FQ, TPF, AC, ES ³ , CR	PM, B/U ⁶ , FT, EKG, MVR, FQ, TPF, 71IR, AC, ES, CR
\$5,000,001 to \$10 million ⁵	IC, FQ, TPF	IC, MVR, FQ, TPF	PM, B/U ⁶ , MVR, FQ, ES, TT, CR ¹⁰	PM, B/U ⁶ , MVR, FQ, ES, TT, CR	PM, B/U ⁶ , MVR, FQ, ES, TT, CR	PM, B/U ⁶ , MVR, FQ, ES, TT, CR	PM, B/U ⁶ , MVR, FQ, TPF, ES ³ , TT, CR	PM, B/U ⁶ , CR MVR, FQ, TPF, AC, ES ³ , TT	MD or PM ⁴ , B/U ⁶ , FT, EKG, MVR, FQ, TPF, 71IR, AC, ES, TT, CR
Greater than \$10 million ⁵	IC, FQ, TPF	IC, MVR, FQ, TPF	PM, B/U, CR ¹⁰ , EKG, IR, MVR, FQ, TPF, ES, TT	PM, B/U, CR, EKG, IR, MVR, FQ, TPF, ES, TT	PM, B/U, CR, EKG, IR, MVR, FQ, TPF, ES, TT	PM, B/U ⁶ , EKG, IR, MVR, FQ, TPF, ES, TT, CR	PM, B/U ⁶ , EKG, IR ³ , MVR, FQ, TPF, ES, TT, CR	PM, B/U ⁶ , EKG, IR ³ , MVR, FQ, TPF, AC, ES, TT, CR	MD ⁴ , B/U ⁶ , FT, EKG, MVR, FQ, TPF, 71IR, AC, ES, TT, CR

* If American General is unable to make an underwriting decision based on information available via the Non-Medical Underwriting process, you will be given the option to move to the full underwriting process which may include a paramedical examination and labs.

** Total inforce and applied with AIG in the last 12 months must be within this range.

*** Medical records generally will not be used to evaluate these risks.

A HIPAA authorization is required for all ages and amounts.

Face amount is based on the total amount of coverage issued and placed in-force by AGL and US Life within the past 12 months.

Street inspection interviews are completed for ages 18-70, over \$25 million.

¹ Use age nearest

² Additional database checks may be ordered from the Home Office. (This may include an Rx Database Check, property verification, Internet report, MIB, or other research deemed necessary by the Home Office Underwriting Department.)

³ Accelerated Access Solution (Chronic Illness) Rider: if applied, 71IR required for age 61 and up.

⁴ Maximum retention over age 80: \$4,000,000

⁵ Inspection Report required for any non-resident alien living outside the United States applying for more than \$1,500,000.

⁶ Lab testing includes NT pro-BNP.

⁷ 71+ amounts over our retention require MD Exam. See page 15.

⁸ Survivorship Plans - use full amount applied for each life. If one life is "uninsurable," that applicant will only need an application Part A, an agent-completed Part B and an APS.

⁹ Lab testing includes NT pro-BNP starting at \$100,000

¹⁰ Credit Report required at age 25 and up

AC Agent Certification form

B/U Full blood profile and urinalysis

EKG Resting EKG

ES* Electronic Records Search

FQ Financial questionnaire

FT Functional Tests conducted with PM/MD. These include a gait test to assess the applicant's ability to walk at a normal pace and a test to assess the applicant's ability to rise from a seated position unassisted.

IC Individual consideration

IR* Inspection report

MD Exam by physician

MVR* Motor vehicle report

NM Nonmedical(agent-complete Part B)

PM Paramedical exam to include height, weight, blood pressure and pulse

TPF Third-party financials provided by CPA with first-hand knowledge of client's finances (examples include: Statement of Assets and Liabilities; Profit and Loss Statement; Cash Flow Statement; Balance Sheet)

TT* Tax Transcript (Client must provide Request for Transcript of Tax Return, form 4506T-EZ on Forms Depot)

VCPB Agent-Completed Part A and a Vendor-Completed Part B non-medical interview required

71IR* Expanded Inspection Report to include Cognitive Tests. The EMST portion is an enhanced mental skills test that helps assess the applicant's cognitive skills. This test takes approximately 15 minutes.

* Home Office-ordered requirement

Preferred Underwriting Class Guidelines for Term, UL, WL, VUL

	Preferred Plus	Preferred Nontobacco	Standard Plus ¹ (Term only)	Preferred Tobacco
Lab scoring	Used for rate class evaluation; see page 8 for additional details			
No tobacco (years)	5	3	1	–
Aviation or hazardous avocation	No	No	Yes ²	No
Cholesterol/HDL ratio, total cholesterol	If ratio ≤5.0, 215 If ratio ≤4.5, 300	If ratio ≤6.0, 245 If ratio ≤5.5, 300	If ratio ≤7.0, 260 If ratio ≤6.5, 300	If ratio ≤6.0, 245 If ratio ≤5.5, 300
Blood pressure	TERM: 0-60: 135/85 61+: 140/85 PERMANENT: 0-60: 140/85 61+: 150/85 Blood Pressure Treatment OK ³	TERM: 0-60: 140/85 61+: 150/85 PERMANENT: 0-60: 145/88 61+: 155/88 Blood Pressure Treatment OK	TERM & PERMANENT: 0-60: 145/88 61+: 155/88 Blood Pressure Treatment OK	TERM: 0-60: 140/85 61+: 150/85 PERMANENT: 60: 145/88 61+: 155/88 Blood Pressure Treatment OK
Build	See current select height/weight chart			
MVR*	No DUI, reckless, revocation, suspension within 7 years	No DUI, reckless, revocation, suspension within 6 years	No DUI, reckless, revocation, suspension within 5 years	No DUI, reckless, revocation, suspension within 6 years
Family History	No coronary artery disease or cancer prior to age 60 (parents only).	No death due to coronary artery disease or cancer prior to age 60 (parents only).	One coronary artery disease or cancer death prior to age 60 (parents only).	No death due to coronary artery disease or cancer prior to age 60 (parents only).
	Ignore family history for PI age ≥ 65 and gender-specific cancers at all ages. Disregard family history that is adopted or unknown; disregard cervical and non-melanoma skin cancer.			
Personal history	No history of cancer or rateable impairment. No medical flat-extra premium, no debits for build, cholesterol or blood pressure. May disregard history of non-melanoma skin cancer, cervical cancer, stage 1 seminoma, papillary thyroid cancer and remote history of melanoma situ.			

¹ Where applicable by plan and state approval. If "Standard Plus" is not available for the plan, the client must meet PNT guidelines to qualify for better than Standard rates.

² Will be considered with appropriate rating.

³ With evidence of blood pressure control in the Preferred Plus range for six months or more.

* A rating may apply due to overall driving history.

Select Height/Weight Charts for Term, UL, WL, VUL

MALE							
Height		Preferred Plus*		Preferred NT Preferred T		Standard Plus*	
Feet	In	Low	High	Low	High	Low	High
4	8	83	131	82	141	81	147
4	9	85	136	84	146	83	153
4	10	88	141	87	151	86	158
4	11	92	146	91	156	90	164
5	0	96	151	95	161	94	169
5	1	99	156	98	167	97	175
5	2	103	161	102	172	101	180
5	3	107	166	106	177	105	186
5	4	110	172	109	183	108	192
5	5	114	177	112	189	111	198
5	6	117	183	116	195	114	204
5	7	121	188	119	200	118	210
5	8	123	194	122	206	120	217
5	9	128	200	126	212	125	223
5	10	130	205	129	219	127	229
5	11	134	211	132	225	131	236
6	0	137	217	136	231	134	242
6	1	142	223	140	237	138	249
6	2	145	230	144	244	142	256
6	3	149	236	147	251	145	263
6	4	152	242	151	257	149	270
6	5	157	249	155	264	153	277
6	6	161	255	159	271	157	284
6	7	165	262	164	278	162	291
6	8	169	269	168	285	167	299
6	9	174	275	173	292	172	305

FEMALE							
Height		Preferred Plus*		Preferred NT Preferred T		Standard Plus*	
Feet	In	Low	High	Low	High	Low	High
4	8	82	129	81	139	80	143
4	9	84	134	84	143	83	148
4	10	87	139	86	148	85	153
4	11	90	143	89	153	88	158
5	0	92	148	91	159	90	164
5	1	94	153	93	164	92	169
5	2	97	158	96	169	95	175
5	3	99	163	97	175	96	180
5	4	101	169	100	180	99	186
5	5	103	174	102	186	101	192
5	6	106	180	104	191	103	198
5	7	107	185	106	197	105	204
5	8	111	191	110	203	108	210
5	9	114	196	112	209	111	217
5	10	117	202	116	215	114	223
5	11	120	208	118	221	117	229
6	0	122	214	121	227	120	236
6	1	126	220	124	234	123	242
6	2	128	226	127	240	126	249
6	3	132	232	131	246	129	256
6	4	136	238	134	253	132	263
6	5	139	245	137	260	136	270
6	6	143	251	141	266	139	277
6	7	145	257	144	272	142	284

* Where applicable by plan and state approval.



Competitive Underwriting Programs

These programs allow underwriters to take certain Preferred or rated classes and improve them in situations where an applicant wouldn't normally qualify for a better class¹. These competitive programs are reviewed by the underwriter on each application, therefore, no special request is needed.

Here is a brief summary of each of these underwriting programs:

Preferred Credits

- Available on all products, applicant ages 18-70
- Ability to improve or "offset" one preferred class for unfavorable build, family history, or cholesterol

Healthy Credits

- Available on all products, applicants ages 41-70
- Ability to improve one preferred class or one table rating for medical impairments only
- Based on qualifying for four or more "healthy" factors reviewed by underwriting in the labs and/or medical records

Better Choice Preferred

- Available on all products and all ages
- Clients may receive a "better choice" by being considered for Preferred class rather than Standard on certain medical impairments that were previously no better than Standard

Expanded Standard

- Available on permanent products (where state approved), applicants age 18-70
- Allows product pricing to encompass Table 1 and 2 under the Standard class

Questions about these programs may be directed to your Underwriting Team.

Lab Scoring

AGL and US Life use a lab scoring methodology to determine preferred rate classes for Term applications, and overall acceptability. Applicants with favorable lab scoring results, in addition to our established preferred criteria, are eligible to receive our best offers. The vast majority of applicants who previously met Preferred Plus, Preferred Non Tobacco, Standard Plus, or Preferred Tobacco rate class criteria continue to do so.

Accelerated Access Solution (AAS) Chronic Illness Rider

- Currently available only on certain permanent plans, and is only available at issue; cannot be added to coverage at time of conversion (see product specific documents for complete details)
- Chronic Illness Supplemental Application required at the time of application (available on Forms Depot)
- 71+IR required for all amounts, ages 61 and older, when this rider is requested. This inspection report must be ordered from the home office and includes an EMST (Enhanced Mental Skills Test)
- Rider coverage is not available:
 - If rated Table E or higher, or
 - If rated with medical or non-medical flat extras, or
 - With a history of certain other impairments, see the stand alone Accelerated Access Solution (Chronic Illness) Rider agent documents for more details.

Trust Certificate

A Certificate of Trust (form AGLC2239COT) must be submitted prior to underwriting approval whenever a trust is listed as policy owner. An Acknowledgement and Release Form (form AGLC 2239AR) is required whenever an agent is named as trustee.

¹ Where applicable by plan and state approval. If "Standard Plus" is not available for the plan, the client must meet PNT guidelines to qualify for better than Standard rates.



Attending Physician Statement (APS) ordering guidelines

A routine physical exam (PE) APS should be ordered in these circumstances:

AGE AND AMOUNT APS ORDERING GUIDELINES*

AGE	Face Amount
6-17	Exceeds \$3,500,000 and PE within 5 years
18-39	Exceeds \$2 million and PE within 2 years
18-39	Exceeds \$3,500,000 and PE within 5 years
40-59	Exceeds \$1,500,000 and PE within 3 years
40-59	Exceeds \$3,500,000 and PE within 5 years
60-70	All amounts & PE within 5 yrs ⁺ See older age guidelines below
71-80	All amounts & PE within 2 yrs ⁺ See older age guidelines below
81+	All amounts & PE within 1 yr ⁺ See older age guidelines below

AGE	+ Older Age Guidelines
60-70	Standard if no complete PE within 2 years
71-80	Decline if no complete PE within 2 years
81+	Decline if no complete PE within 1 year; Preferred Plus not available over age 80

A complete physical exam (PE), for ages 60 and up, is defined as a full exam with a personal physician, including a history, physical and labs. A brief blood pressure check or prescription refill would not satisfy this definition.

Impairments Usually Requiring an APS

- Abnormal cardiac test (or other abnormal testing)
- Barrett's Esophagus
- Cancer or Malignant Tumor (not Basal Cell or Squamous Cell)
- Cardiomyopathy (Congestive Heart Failure)
- Carotid Artery Disease/Stenosis
- Cerebrovascular Disease
- Cerebral Aneurysm
- Connective Tissue Disorder
- Coagulation Disorder
- Collagen Disease
- Congenital Heart Disease
- Coronary Artery Disease

- Crohn's Disease*
- Diabetes Type I
- Eating Disorder
- GI Hemorrhage
- Hemochromatosis
- Idiopathic Thrombocytopenic Purpura (ITP)
- Liver Disorder
- Lymph Node Disorder
- Medicinal Marijuana (assessment will be based on disorder requiring this therapy)
- Multiple Sclerosis
- Muscular Dystrophy
- Narcolepsy
- Osteomyelitis
- Pancreatic Disorder
- Parkinson's Disease
- Polycystic Kidney Disease
- PSA Abnormality
- Psychiatric Illness (significant) – includes Bipolar disorder, Psychotic disorder, and Schizophrenia
- Renal Failure (Chronic Kidney Disease)
- Respiratory Disorder (significant) – includes COPD, Pulmonary Embolism and Pulmonary Nodules
- Rheumatoid Disorders including Rheumatoid Arthritis and Lupus*
- Stroke or TIA
- Suicide Attempt
- Ulcerative Colitis (and similar disorders)*
- Valvular Heart Disease – includes Mitral Regurgitation, Mitral Stenosis, Aortic Regurgitation, Aortic Stenosis, Pulmonary Insufficiency, Pulmonary Stenosis, Tricuspid Insufficiency and Tricuspid Stenosis
- Vasculitis
- Additional situations where an APS is needed:
 - Any impairment that's rated Table D or greater
 - Recent consultation for someone who has no pattern of regular medical care, but has consulted a physician in the last 90 days

Ordering an unnecessary APS may delay a decision on the case while that APS is reviewed. **There is no need to order an APS for impairments that are usually declined, or for impairments that do not appear on the list of those usually requiring an APS.**



This list reflects some of the more common disorders seen, but does not limit the ordering of an APS for situations of concern that the underwriter might identify.

* The underwriter may elect to use a Personal Health Interview (PHI) initially, in lieu of ordering an APS in certain circumstances



Impairments That Are Usually Declined – Do Not Routinely Order an APS

- Abdominal Aortic Aneurysm surgically corrected in the last 6 months
- Alcohol treatment in the last 2 years
- Automatic Defibrillator (ACID) implanted with history of Cardiac Arrest
- Alzheimer’s disease or Dementia
- Blood Pressure exceeding 185/100
- Cancer treatment (current)
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling)
- CVA (stroke) within 1 year
- Diabetes if significantly complicated (i.e. amputation, etc.) or very poor control
- Drug use (other than marijuana) in the last 3 years
- Gastric/Intestinal Bypass within 6 months
- Grand Mal Seizures within 1 year of diagnosis
- HIV Positive
- Juvenile Onset Diabetes, younger than age 20
- Kidney Dialysis
- Mental Disorder (including anxiety or depression requiring hospitalization or disability in last year)
- Medical testing advised but not yet completed
- MI/heart attack in the last 6 months
- Myelodysplastic Syndrome
- Organ Transplant (awaiting or recipient) (except kidney - contact your underwriter)
- Pregnant (current) with Gestational Diabetes, toxemia, eclampsia, pre-eclampsia
- Quadriplegia
- Suicide attempt in the last year
- Suicide attempts (more than one) if the last one was within the last 2 years
- Surgery (major) advised but not yet completed
- Term Insurance, age > 70 & rated over Table D or with a flat extra
- Valve replacement within 6 months

Health Statement

Underwriting reserves the right to request more information. A health statement is required for:

- Ages 0–70 when the exam is within 2 weeks of 90 days, or older
- Ages 71+ when the exam is within 2 weeks of 60 days, or older
- Withdrawn or incompleting case that’s re-opened, regardless of the age of the exam
- A face amount increase requested after the initial review, regardless of the age of the exam

Expiration of Underwriting Requirements

Paperwork and exams are only valid for a limited period of time. Below are guidelines for acceptable age of underwriting requirements.

TEST	AGE 0-70	AGE 71+
Application	1 year	1 year
Exam	1 year	6 months
Blood and urine	1 year	6 months
EKG, inspection, MVR	1 year	1 year
71+ inspection, cognitive test	1 year	1 year
Functional test	NA	6 months

Selected Nonmedical Risks

Following are guidelines for a few of the most common nonmedical underwriting topics for which agents seek advice. Note: When in doubt, or the topic is not on this list, send a quote request to our QuickQuote desk.

Motor Vehicle*

High risk circumstances:

- DUIs - two or more in last 5 years, decline
- More than 3 moving violations in the last 3 years, no DUI history—add \$2.50 per \$1,000 or more
- More than 3 moving violations in the last 3 years, with single DUI history, age 35 and up—add \$3.50 per \$1,000 or more, decline if over age 65
- Single DUI > 3 years ago, no other violations, possible standard (with no other related history)
- Single DUI > 7 years ago, no other violations, possible preferred plus (with no other related history)

* A rating may apply based on age and/or overall driving history.

Aviation

Common circumstances (also see Underwriting Class Guidelines section). Pilots for major airlines flying in the US and Canada only and no other aviation exposure – Preferred Plus

Other aviation

- Aviation Exclusion Rider (AER) will apply if driving history is rated
- Corporate pilots—plane is company-owned, maintained at same standards as commercial aircraft, pilot with ATR or commercial license with IFR, flying in US and Canada only—Preferred Plus
- Private pilots (flying in US and Canada ONLY)
 - Students pilots, at best Standard Plus with additional \$3.50 per \$1,000
 - Licensed pilots with over 100 hours solo hours—Standard Plus
 - Flying more than 200 hours per year—likely \$2.50 per \$1,000
 - Flying into Mexico—\$2.50 per \$1,000
- Flying other than in the US or Canada (including Bermuda or Bahamas) or Mexico—AER, or IC with facultative reinsurance

- Best rates with an AER:
 - Within our retention:
 - ✓ Best rates otherwise qualified
 - Over our retention:
 - ✓ Permanent plans, STD+ (Standard NT if STD+ not available)
 - ✓ Term plans, STD+

Foreign Residence and Travel

This is a constantly changing topic and is not applicable in all states. For our current guidelines, check our website at: eStation.americangeneral.com

Criminal Activity

Applicants who are in jail, awaiting trial, or who are out on probation or parole are postponed until out of jail and off probation or parole for at least 12 months.

Misdemeanors

(e.g. disorderly conduct, shoplifting) and white collar felonies (tax evasion, political graft)

1 or 2 convictions

- Off probation > 12 months; best class if otherwise qualified

> 2 convictions

- Individual consideration
- If > 2 within last 5 years, consider decline

Single felonies

(e.g. grand theft, larceny, assault, involuntary manslaughter)

- Off probation: 1–5 years standard with \$2.50 per \$1,000 extra
- Off probation: 5–7 years—standard
- Off probation: 7+ yrs—better than standard if otherwise qualified

Multiple felonies or major felonies

(e.g. murder, rape, organized crime, espionage, terrorist acts, possession with intent to deliver, traffic or manufacture drugs) convicted at any time, UNLESS overturned—decline



Selected Nonmedical Risks, Continued

Scuba

See Underwriting Class Guidelines section

Applicants who are recreational SCUBA divers are eligible for our best class (Preferred Plus) if all the following guidelines are met:

- Applicant dives to depths not exceeding 100 feet
- Participates in no more than 10 dives per year
- Dives must be in open water; applicant does not participate in wreck, salvage, cave or under-ice diving (penetration diving)
- Applicant is PADI, NAUI, or SSI certified or all dives are done with divemaster or instructor

Otherwise

- If over 100 feet, likely \$2.50 per \$1,000
- No exclusion rider available

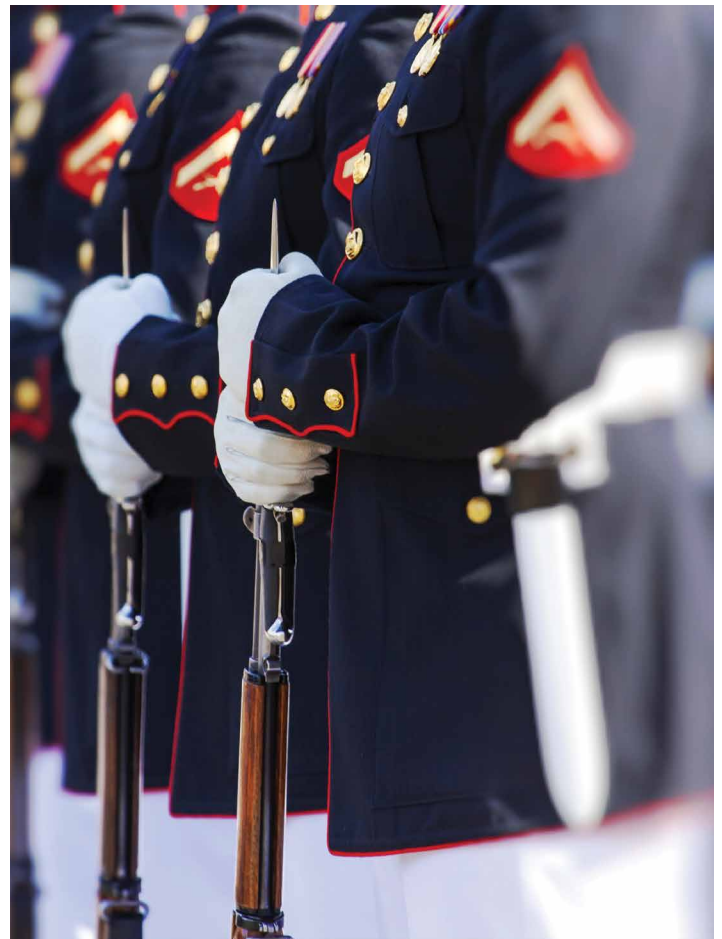


Military

All applications must comply with the NAIC regulations regarding military applicants, per procedures published by AIG Member Life Insurers.

Active military personnel

- It is acceptable for agents to write active military personnel
- No government allotment for initial submissions
- Total line must meet income replacement guidelines
- The applicant can have an alert or orders for overseas duty as long as not to a "hot spot" (if the applicant cannot disclose location, the case cannot be written) (not applicable in all states)
- No Special Forces, Rangers, SEALs, Marine Force Recon, Marine Raiders, Delta Force, Air Force Para Rescue (PJs) other similar units
- Military pilots may be rated and we will not consider for better with an AER



General Financial Underwriting Guidelines

PERSONAL INSURANCE

Personal Insurance

The Financial Underwriting section of this guide is intended to provide you with a basic overview of the most common financial situations and the methods used for calculating a justified amount of coverage.

INCOME REPLACEMENT*	
AGE	Multiply Earned Income by
≤40**	25
41-50	20
51-55	15
56-65	10
66-70	5
71+	Individual Consideration

* Income multiples for personal insurance are guidelines only. Consider the income multiple for each age range as the maximum amount for which an individual might qualify. The maximum income factor may not be appropriate for all applicants in a particular age range.

** Special consideration for an additional amount given to clients with special established occupations where income is expected to increase substantially

Non-Working Spouse, age 59 or less:

- Use household income to justify coverage through \$1,500,000, using income replacement multiples.
- Amounts over \$1,500,000 will be individually considered based on estate planning needs.

Non-Working Spouse, age 60-65

- If household income is less than \$25,000, we will allow up to 10 times the income of the working spouse.

Non-Working Spouse, over age 65:

- The amount of coverage must be justified using estate planning needs.

Secondary Earner, age 59 or less:

- We will match the coverage available for the secondary earner (spouse with lower earned income) to that applied and qualified for the primary earner (up to \$1,500,000)

Additional Personal Insurance Notes

Note: all amounts referenced are total line (in force and applied).

Additional amounts may be considered if justified.

- Estate Conservation need is based on the taxable value of the estate. Provide estate conservation analysis with the application. Maximum allowable growth rate is 6 percent up to a maximum limit of double the current gross estate.
- Final Expense coverage will be considered for a maximum of \$50,000 when limited financial justification is demonstrated. This amount includes total line with all carriers. If no financial justification is demonstrated, no coverage will be issued.

Juveniles:

Juveniles are defined as clients age 0 to 17.

Financial Requirements:

Face amounts \$0-\$500,000

(amounts requiring only a Non-Med Part B*)

- At least one parent(s)/guardian will need to have the same amount being requested (unless state specific statutes apply).
- If the other parent does not have any coverage inforce, or has coverage inforce at a lesser amount than the coverage being requested for the juvenile, the agent will need to provide a cover letter detailing the circumstances surrounding the reason for 1) either the lack of any coverage inforce, or 2) coverage inforce at an amount less than the amount being requested for the juvenile (unless one is uncovered due to un-insurability - contact your home office underwriter to discuss first)
- All siblings require equal amounts of coverage

Face amounts over \$500,000

- Individual consideration (contact your home office underwriter to discuss first)

* An APS and/or inspection may be ordered for cause. Other requirements may be necessary based upon the underwriter's judgment.

General Financial Underwriting Guidelines

BUSINESS INSURANCE

| BANKRUPTCY

Business Insurance

(Financial Questionnaire required for all Business Insurance applications)

Key Person

Coverage financially protects the company from adverse financial impact if a key employee suddenly dies. The policy would provide funds to find, recruit and train a replacement, help replace any lost profits, and strengthen the balance sheet to assure creditors the business will continue.

Maximum of 10 times total compensation. In some circumstances (e.g., age, time to retirement, industry and location, etc.), 3 to 5 times compensation will be considered as an appropriate maximum.

Buy-Sell/Business Succession/Business Continuation

Coverage is limited to the market value of the proposed insured's portion of the business as detailed in the Buy-Out or Buy-Sell agreement, or third party financials.

Business Loan Coverage

Minimum 5 years remaining on the loan, coverage limited to 75 percent of loan, prorated per each owner's percent share of the business. Business will be the owner and beneficiary with collateral assignment to the debtor. Venture capital is limited to 50 percent coverage, prorated as above.

Accidental Death Benefit

A maximum of \$250,000 per life subject to filed plan limitations. See each plan for details.

Waiver Of Premium

A maximum of \$5,000,000 per life subject to filed plan limitations. See each plan for details.

Bankruptcy

Credit report required on all cases over age 59 or over \$1,500,000; Tax Return Transcript may be required as well at the discretion of the underwriter

Term Insurance - Chapters 7, 11, 12, 13

Single Bankruptcy:

- We will not consider coverage until the bankruptcy has been discharged for at least 24 months (2 years), and financial data supports the total line of coverage to be in force.

Multiple Bankruptcies:

- We will not consider coverage until the most recent bankruptcy has been discharged for at least 60 months (5 years), and financial data supports the total line of coverage to be in force.

Permanent Insurance - Chapter 7

We can consider coverage immediately upon discharge of the bankruptcy:

- If the discharge was less than 12 months ago, the proposed insured must be employed full time and provide us with a current pay stub (or tax return) that documents an income appropriate for the amount of coverage in force and applied.
- For applicants that have had a Chapter 7 bankruptcy discharged more than 12 months ago, no current pay stub or tax return is required in most cases, however, financial justification for the amounts in force and applied will be required.

Permanent Insurance - Chapters 11, 12, 13

We will consider permanent insurance coverage for applicants currently in Chapter 11, 12, or 13 bankruptcy once the applicant is making regular debt payments and financial data supports the total line of coverage to be in-force.

- Note that we will reduce the amount of income we consider the applicant to make by the amount of the debt payment made, as per court direction.
- Copies of court papers directing repayment will be required for amounts of \$5 million and up.

Permanent Insurance

Multiple Bankruptcies

- No offer until discharged from last bankruptcy for at least 24 months and financial data supports the total line of coverage to be in-force.

General Financial Underwriting Guidelines

OTHER CONSIDERATIONS

Retention and Reinsurance Limits

RETENTION AGES	TERM	PERM
0 – 70	\$3,500,000	\$10,000,000
71 – 80	\$2,000,000*	\$6,000,000
81 – 90	n/a	\$4,000,000**
90+	n/a	n/a

For PERM products, consult specific product information for more detail.

AUTOMATIC LIMIT	TERM	PERM
Ages 0 – 70	\$41,000,000*	\$60,000,000*
71 – 75	\$15,500,000*	\$30,000,000*
76 – 80	\$7,500,000* \$10,500,000**	\$15,000,000* \$30,000,000**
81 – 85	n/a	\$15,000,000**
86 – 90	n/a	\$5,000,000**
90+	n/a	n/a

* Must be Table D or better

** Must be Standard or better for individual coverage

Cigar Smokers**

This policy will apply only to occasional cigar users and not other forms of tobacco.

Based on current mortality information, underwriting will consider cigar use a non-factor in the risk evaluation process if:

- 1) The use is admitted at the time of application/inquiry and all case data coincides with the admitted degree of usage; and
- 2) No more than one cigar per week; and
- 3) No nicotine metabolites (cotinine) are present in the urinalysis done for AGL/US Life or any other company within the past 12 months; and
- 4) There is no use of tobacco products other than occasional cigars for at least 5 years prior to the time of application or inquiry.

Tobacco Use

A Tobacco user is considered to be anyone who has used tobacco in any form in the last 12 months. This includes:

- Cigarettes
- Cigars - Only limited cigar usage may be considered for non-tobacco rates. (See "Cigar Smokers")
- Pipes
- Smokeless tobacco
- Chewing tobacco / Snuff
- Nicotine substitutes, including patches and gum
- Electronic (smokeless) cigarettes
- Vaping

Marijuana Use

- No more than twice per year: Best Class if otherwise qualified
- Up to twice a month: Standard Non Tobacco rates
- More often: Tobacco rates, and may be rated Table B or higher
- Daily use: decline
- Medicinal use: APS required (decision will be based on history requiring this prescription)

Opioid Use

In light of the opioid epidemic currently being experienced in the United States, AIG has toughened its underwriting position and will be very conservative when reviewing cases involving ongoing use of prescription or non-prescription opioid medications.

Need a complex quote?

See the American General Life Underwriter Tool on eStation



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