

# Underwriting Guide



PLAG.2807 (02.16)

For Financial Professional Use Only.  
Not for Use With Consumers.

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- **AAPS/Portamedic**  
800.488.3541 • [www.aapsportamedic.com](http://www.aapsportamedic.com)
- **Examination Management Services, Inc. (EMSI)**  
800.872.3674 • [www.emsinet.com](http://www.emsinet.com)
- **ExamOne**  
877.933.9261 • [www.examone.com](http://www.examone.com)
- **Superior Mobile Insurance Solutions**  
800.898.3926 • [www.smminsurance.com](http://www.smminsurance.com)

Only approved Para-Medical Providers should be used when ordering exams for prospective clients. Exams completed by unapproved providers are not eligible for reimbursement, and may require a repeat examination by an approved provider. The Company will not pay for tests or requirements that we do not request, or for any test or requirements where we do not have a signed, formal application.

### Physician Information

Name, address, and phone number of personal physician(s) will expedite underwriting. Attending Physician Statement may be required.

# Underwriting Requirements

NON-MEDICAL and MEDICAL REQUIREMENTS are determined by total “inforce” and “applied for” insurance with Protective Life, Protective Life and Annuity and any Protective subsidiary.

**\*\*\*IMPORTANT: Select Preferred, Preferred, and Preferred Tobacco risk applications require PM, HOS, and full BP in addition to other requirements.**

Abbreviation	Description (all ordered from field unless otherwise noted)
BP	Blood Profile
EKG	Electrocardiogram
HOS	Home Office Specimen
MCAS <sup>4</sup>	Minnesota Cognitive Acuity Screen - <i>Ordered by Home Office</i>
NMD	Non-Medical Declaration - <i>Requires completion of the Part 1A, Supplemental Application-Medical Declarations Form ICC12-402.</i>
PM	ParaMed
TEKG	Treadmill Electrocardiogram
AODL <sup>4</sup>	Part II, Supplemental Underwriting Application (Form PL-226)
LDCT	Landmark Drawing Copy Test
NT-ProBNP*	N-Terminal Pro-B Type Natriuretic Peptide

## Rider Underwriting Requirement Calculation

Rider	Percentage to multiply by rider benefit to determine requirements
Accidental Death Benefit Rider	N/A
Covered Insured Rider-base insured <sup>1</sup>	100%
Covered Insured Rider-base insured <sup>2</sup>	100%
Children's Term Rider <sup>2</sup>	100%
Chronic Illness Accelerated Death Benefit (CIADB) Rider <sup>2</sup>	N/A
Disability Benefit Rider	N/A
Death Benefit Plus Rider	Maximum benefit amount
Enhanced Cash Surrender Value Rider	N/A
ExtendCare Accelerated Death Benefit Rider <sup>4</sup>	N/A
Income Provider Option	Total payout amount
Protected Insurability Rider <sup>1,3</sup>	50%
Return of Substandard Charges Option (ROSCO) Rider	N/A
Waiver of Premium Rider	N/A
Estate Protection Endorsement	122%

<sup>1</sup> If the rider insured is on the base insured, the adjusted rider benefit is added to the base face amount to determine the requirements.

<sup>2</sup> If the rider insured is another individual (*spouse or child*), the adjusted rider benefit is used for the requirements table.

<sup>3</sup> PIR benefit amount is the total for all option dates.

<sup>4</sup> CIADB and *ExtendCare* riders require AODL and MCAS at ages 65 and above, all amounts. AODL will not be completed automatically for ages 65 - 70 and must be added to the exam order.

# Underwriting Requirements

## Senior Underwriting

- At ages **71 & above**, a Part II, Supplemental Underwriting Application (Form ICC13-P226) and the Landmark Drawing Copy Test will be secured by the insurance medical examiner.

## CIADB & ExtendCare Underwriting Requirements (Ages 65 & Above)

- Part II, Supplemental Underwriting Application (Form ICC13-P226) to be completed by the insurance medical examiner. Please note this will not be completed automatically for ages 65 – 70 and must be added to the exam order.
- Minnesota Cognitive Acuity Screen (MCAS), administered by LTCG, will be ordered by the Home Office.

## Motor Vehicle Report

A Motor Vehicle Report (MVR) is required at ages 18 – 29 and over age 70 for all face amounts. At all other ages, MVR is required at \$500,000 and above. MVR will be ordered by the Home Office.

## Inspection Report

An Inspection Report is required at the following face amounts and ages:

- \$5 million and up for ages 0 – 64
- \$2 million and up for ages 65 – 70
- \$1 million and up for ages 71 – 75
- All face amounts for ages 76 – 85

Inspection Report will be ordered by the Home Office.

## NTProBNP Testing Parameters:

- Applicants ages 51-64, amounts exceeding \$10,000,000
- Applicants ages 65 & over, all face amounts

# Medical Underwriting Requirements\*\* – (Excludes SPVUL)

Refer to page 4 for requirement abbreviations and page 5 for motor vehicle and inspection requirements.

FACE AMOUNT	AGES NEAREST BIRTHDAY	AGES 0–15	AGES 16–35	AGES 36–40	AGES 41–50	AGES 51–60	AGES 61–70	AGES 71 AND OVER		
	\$0 to \$49,999	NMD	NMD HOS	NMD HOS	NMD HOS	NMD HOS	PM HOS	PM HOS	PM BP LDCT	HOS AODL
	\$50,000 to \$99,999	NMD	NMD HOS BP	NMD HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM BP LDCT	HOS AODL	
	\$100,000 to \$150,000	NMD	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM BP LDCT	HOS AODL	
	\$150,001 to \$250,000	NMD	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM BP AODL	HOS EKG LDCT	
	\$250,001 to \$500,000	NMD HOS	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM BP AODL	HOS EKG LDCT	
	\$500,001 to \$1,000,000	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	PM BP AODL	HOS EKG LDCT	
	\$1,000,001 to \$2,000,000	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM BP AODL	HOS EKG LDCT	
	\$2,000,001 to \$3,000,000	PM HOS BP	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM BP AODL	HOS EKG* LDCT	
	\$3,000,001 to \$5,000,000	PM HOS BP	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM BP AODL	HOS EKG* LDCT	
\$5,000,001 to \$10,000,000	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM BP AODL	HOS EKG* LDCT		
\$10,000,001 and up	PM HOS BP	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG	PM HOS BP EKG*	PM BP AODL	HOS EKG* LDCT		

\* Treadmill EKG may be requested by Home Office

\*\* BOLI is based on net amount at risk (NAAR).

Underwriting Requirements are current as of October 2015 and are subject to change. Does not include Worksite products.

# Underwriting Criteria

## Select Preferred Guidelines

### \*Proposed Insureds Through Age 70\*

<b>Nicotine</b>	No nicotine use for the past 5 years ( <i>urine nicotine negative</i> ). Will allow up to 6 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine.
<b>Driving</b>	No more than one moving violation in the last three years. No DUI or reckless driving in the last five years.
<b>Family History</b>	No history of or death from cancer*, heart disease, or any cardiac-related condition, of either natural parent or sibling prior to age 60. Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.  *Family history cancers are limited to those types that clearly demonstrate a genetic predisposition, i.e. breast, colon, prostate, ovarian, melanoma, lung cancer.
<b>Basic Insurability</b>	Standard risk medically and no ratable occupational hazard. No other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Average from current medical exam and history readings within the last year do not exceed 135/85 through age 60 or 140/85 for ages 61 – 70. Treated blood pressure must have been controlled for one year with favorable APS readings throughout the year.
<b>Cholesterol</b>	Total Cholesterol not greater than 275 including treated cholesterol and Cholesterol/HDL Ratio is 4.5 or less.
<b>Hazardous Sports</b>	No hazardous sports or avocations, such as hang gliding, ballooning, motorized racing, parachuting, or SCUBA diving within the last three years. Recreational SCUBA diving up to depths of 75 feet is acceptable. Exclusions will be permitted for qualification, where jurisdiction approved.
<b>Aviation</b>	Not a private pilot or participant in aviation activities. Pilot and crew members on regularly scheduled passenger flights on major airlines are acceptable if not engaged in any other flying activities. Exclusions will be permitted for qualification, where jurisdiction approved.
<b>Residence</b>	Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds does not exceed limit shown on the chart below ( <i>male or female</i> ):

Height/Weight	Height/Weight	Height/Weight			
4-7	120	5-5	168	6-3	224
4-8	125	5-6	173	6-4	230
4-9	129	5-7	179	6-5	236
4-10	134	5-8	184	6-6	242
4-11	139	5-9	190	6-7	249
5-0	143	5-10	195	6-8	255
5-1	148	5-11	201	6-9	261
5-2	153	6-0	206	6-10	268
5-3	158	6-1	212	6-11	274
5-4	163	6-2	218		

## Preferred Guidelines

### \*Proposed Insureds Through Age 70\*

<b>Nicotine</b>	No nicotine use of any kind during the last 24 months ( <i>urine specimen negative</i> ). Will allow up to 12 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine.
<b>Driving</b>	No more than two moving violations in the last three years. No DUI or reckless driving in the last five years.
<b>Family History</b>	No death from cancer*, heart disease, or any cardiac-related condition, of either natural parent or sibling prior to age 60. Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.  *Family history cancers are limited to those types that clearly demonstrate a genetic predisposition, i.e. breast, colon, prostate, ovarian, melanoma, lung cancer.
<b>Basic Insurability</b>	Standard risk medically and no ratable occupational hazard. No other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Average from current medical exam and history readings within the last year do not exceed 140/90 through age 60 or 150/90 for ages 61 – 70. Treated blood pressure must have been controlled for one year with favorable APS readings throughout the year.
<b>Cholesterol</b>	Total Cholesterol not greater than 275 including treated cholesterol and Cholesterol/HDL Ratio is 5.5 or less.
<b>Hazardous Sports</b>	No hazardous sports or avocations, such as hang gliding, ballooning, motorized racing, parachuting, or SCUBA diving within the last three years. Recreational SCUBA diving up to depths of 75 feet is acceptable. Exclusions will be permitted for qualification, where jurisdiction approved.
<b>Aviation</b>	Pilot and crewmembers on regularly scheduled passenger flights on major airlines are acceptable if not engaged in any other flying activities. Private pilots acceptable if the following requirements are met: <ul style="list-style-type: none"> <li>• Ages 27 – 65</li> <li>• 26-200 hours annually</li> <li>• Possesses IFR or ATR</li> <li>• No abnormal liver function tests</li> <li>• 400 solo hours</li> <li>• Flying in the US and Canada Only</li> <li>• Clean MVR</li> </ul> Exclusions will be permitted for qualification, where jurisdiction approved.
<b>Residence</b>	Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds does not exceed limit shown on the chart below ( <i>male or female</i> ):

Height/Weight	Height/Weight	Height/Weight			
4-7	129	5-5	180	6-3	240
4-8	134	5-6	186	6-4	246
4-9	139	5-7	192	6-5	253
4-10	144	5-8	197	6-6	260
4-11	149	5-9	203	6-7	266
5-0	154	5-10	209	6-8	273
5-1	159	5-11	215	6-9	280
5-2	164	6-0	221	6-10	287
5-3	169	6-1	227	6-11	294
5-4	175	6-2	234		

# Underwriting Criteria

## Select Preferred Guidelines

### \*Proposed Insureds Over Age 70\*

<b>Nicotine</b>	No nicotine for 5 years ( <i>urine negative</i> ). Will allow up to 6 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine.
<b>Driving</b>	No more than one moving violation in the last three years. No DUI or reckless driving in the last five years.
<b>Basic Insurability</b>	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Average from exam and readings within the last year may not exceed 150/90. Treated blood pressure must have been controlled for one year with favorable APS readings throughout the year.
<b>Cholesterol</b>	Total Cholesterol may not be lower than 130 untreated and may not exceed 275 with or without treatment. Cholesterol/HDL Ratio may not exceed 4.5.
<b>Aviation</b>	Exclusions will be permitted for qualification, where jurisdiction approved.
<b>Residence</b>	Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

Height	Min	Max	Height	Min	Max
4-7	95	129	5-10	153	209
4-8	98	134	5-11	158	215
4-9	102	139	6-0	162	221
4-10	105	144	6-1	167	227
4-11	109	149	6-2	171	234
5-0	113	154	6-3	176	240
5-1	116	159	6-4	181	246
5-2	120	164	6-5	186	253
5-3	124	169	6-6	190	260
5-4	128	175	6-7	195	266
5-5	132	180	6-8	200	273
5-6	136	186	6-9	205	280
5-7	140	192	6-10	210	287
5-8	145	197	6-11	216	294
5-9	149	203			

## Preferred Guidelines

### \*Proposed Insureds Over Age 70\*

<b>Nicotine</b>	No nicotine use of any kind during the last 24 months ( <i>urine specimen negative</i> ). Will allow up to 12 celebratory cigars over the past 12 months if usage is admitted on the application and/or medical examination and the current urine specimen is negative for nicotine.
<b>Driving</b>	No more than two moving violations in the last three years. No DUI or reckless driving in the last five years.
<b>Basic Insurability</b>	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Average from exam and readings within the last year may not exceed 160/95. Treated blood pressure must have been controlled for one year with favorable APS readings throughout the year.
<b>Cholesterol</b>	Total Cholesterol may not be lower than 130 untreated and may not exceed 275 with or without treatment. Cholesterol/HDL Ratio may not exceed 5.5.
<b>Aviation</b>	Exclusions will be permitted for qualification, where jurisdiction approved.
<b>Residence</b>	Citizen of U.S. ( <i>including Puerto Rico</i> ) or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below:

Height	Min	Max	Height	Min	Max
4-7	86	142	5-10	139	230
4-8	89	147	5-11	143	237
4-9	92	152	6-0	147	243
4-10	96	158	6-1	152	250
4-11	99	163	6-2	156	257
5-0	102	169	6-3	160	264
5-1	106	175	6-4	164	271
5-2	109	180	6-5	169	278
5-3	113	186	6-6	173	286
5-4	117	192	6-7	178	293
5-5	120	198	6-8	182	300
5-6	124	204	6-9	187	308
5-7	128	211	6-10	191	316
5-8	132	217	6-11	196	323
5-9	135	223			

The purpose of the coverage should be included in a cover memo or stated in the remarks section of the application.

## Personal Coverage

- **Income replacement** – use the income multiples below to determine maximum face amount.
  - Verification of income may be required if the amount appears excessive in relationship to the overall financial picture.
  - Spouse/homemaker face amount is generally limited to 50% of working spouse coverage up to a maximum of \$1 million. An equal amount of coverage up to \$1 million can be considered for mortgage protection, young families or other needs.

Ages	Income Multiples
To age 40	30x
41 – 50	20x
51 – 60	15x
61 – 65	10x
66 and over	6x

- **Estate Tax/Liquidity** – traditional estate tax and liquidity planning sales
  - Third-party verification of assets and income required.
- **Asset Maximization** (IRA Maximization/Legacy/Asset and Wealth Transfer Sales)
  - The maximum total line with all companies is based on only the value of the investment assets (mutual funds, stock, bonds, IRA, cash, etc.) and value of equity in the personal residence. See underwriting guideline below.
  - **The last quarterly statements for all investment assets should be included with the application along with a cover letter outlining the sales concept and purpose for the coverage.**
    - **Maximum Face Amount Guidelines** –
    - Asset Value = investment assets + market value of personal residence
    - Asset value x 50% – in-force coverage = maximum face amount for Asset Maximization sales
- **Charitable Sales** – the amount of coverage is generally based on a documented pattern of giving, but when there are significant investment assets, the Asset Maximization guidelines may apply as well.

## Business Coverage

- **Key-Man Coverage** – the face amount allowed is based on the income of the key person being insured and is generally limited to 5x – 10x salary.
  - Verification of income may be required.
- **Buy-Sell Coverage** – the face amount should reflect the insured's percentage ownership in the business and be in line with the market value of the business.
- **Collateral Assignment for Loan** – the percentage of the loan that will be covered may be limited to 70% of the loan amount for corporate coverage.
  - Personal coverage for up to 100% of the loan amount may be allowed for small business loans, but loans backed by the SBA for new startup businesses are generally limited to the loan amount up to a maximum face amount of \$500,000.
  - A copy of the loan agreement is required for all loan collateral assignment cases.

## Confidential Financial Statement (CFS)

- A CFS should be submitted for all Estate Tax/Liquidity, Asset Maximization and Charitable Giving cases.
- A CFS is required for Income Replacement cases of \$3 million and higher.
- A CFS is required for applicants with a personal history of bankruptcy in the past five years. Applicants cannot be considered until one to two years from the date the bankruptcy is discharged (Chapter 7) or the date the court approves the reorganization of debt and payment schedule (Chapter 13). Please contact the Sales Desk or Underwriting for individual case consideration.

## Third-Party Verification of Assets

- Third-party verification of assets is required for all face amounts of \$5 million or higher and may be required for face amounts under \$5 million depending on the purpose of the coverage. Asset verification may include CPA statements, quarterly investment statements, tax returns, public record checks, etc.

## Applies To All Fully Underwritten Products

This crediting program allows consideration for a preferred non-tobacco rate classification when an applicant is disqualified due solely to only one of the following cardiovascular risk factors:

- Blood pressure
- Build
- Total cholesterol
- Cholesterol/HDL ratio
- Family history (*heart disease*)

Eligibility for this upgrade will depend on the extent of the single deviation as well as the remaining cardiovascular risk factors.

This program applies only to new business cases.

The Protected Insurability Rider is not allowed with this program.

## Attending Physician's Statement Guidelines

Order an APS if the proposed insured has been seen by a health care professional for a complete physical exam or non-routine visit within the time frames indicated below. If the consultation included significant diagnostic testing (stress test, echocardiogram, MRI, CT scan, biopsy, etc.) an APS will likely be required.

Age	\$50,000 to \$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 to \$3,000,000	\$3,000,001 to \$5,000,000	\$5,000,001 and up
0-39	2 weeks	1 month	1 month	6 months	1 year	Any
40-49	1 month	3 months	3 months	6 months	1 year	Any
50-60	2 months	3 months	1 year	2 years	2 years	Any
61+	Any	Any	Any	Any	Any	Any

For ages 60 and below, an APS is generally not required for normal/routine employment exams, FAA exams, gynecological check-ups, pregnancy/delivery, school physicals or consultations for minor complaints like allergies, colds, minor injuries, etc.

Please note an APS will be required for all proposed insureds over the age of 60, regardless of the face amount and the proposed insured must receive age-appropriate routine health care in order to be considered for life insurance. Foreign risks will generally require an APS from a U.S. physician.

For all TeleLife cases, the Home Office will order the APS.

## Foreign Travel Guidelines

The Swiss Re Life Guide will be our primary resource for underwriting risks related to foreign travel. These guidelines address the country(ies) being visited, as well as other risk factors such as the specific region with the country, purpose of the travel, occupation, frequency and and total duration. After consideration of all risk factors, short duration travel may be eligible for more favorable rate classes. In addition to the information provided on the application, a foreign travel questionnaire may also be required.

Additional Considerations Include:

- Purpose for and specific location of the travel
- Short term travel is defined as 8 weeks or less annually. Durations of up to 6 months annually will be considered as "travel" under these guidelines. For our purposes, travel durations of more than 6 months annually will be considered as foreign "residence."
- All benefits and riders will be individually underwritten.

## Foreign National Guidelines

Effective for applications received July 1, 2015 and after.

### Category 1

Non-U.S citizen with a Permanent Visa (Green Card) who is legally residing in the U.S. on a permanent basis.

Requirements	Insured	Owner
Applications, medical exams, labs and tests must be completed in the U.S.	x	
Foreign National Questionnaire	x	x
Must comprehend the English language. (Spanish speaking applicant must go through the TeleLife Interview Process.)	x	x
Required APS - Medical records must be available in English. (Protective will not pay for translation.)	x	
Tax ID: SSN	x	x
Tax ID: Required for business ownership and U.S. trust ownership		x
Copy of Green Card	x	x



## Category 2

Non-U.S. Citizen in the U.S. on an acceptable temporary visa

Requirements	Insured	Owner
Issue ages: 18 - 70	x	
All solicitation & delivery must occur in the U.S.	x	x
Foreign National Questionnaire	x	x
Must be legally residing in the U.S. for a continuous period of 1 year	x	x
Applications, medical exams, labs and tests must be completed in the U.S.	x	
Required APS - Medical records must be available in English. (Protective will not pay for translation)	x	
Tax ID: SSN*	x	x
Tax ID: Required for business ownership and U.S. trust ownership		x
Cover letter from writing agent explaining need and purpose of coverage		x
Premiums must be paid in U.S. dollars and billed to a U.S. bank. (Bank account must be opened for more than 6 months.		x
Must have significant, legitimate interests in the U.S., including property or business ownership as well as an established U.S. bank account.		x
Must comprehend the English language. (Spanish speaking applicant must go through the TeleLife Interview Process.)	x	x
Must hold a visa from the specified list of visa types: E – Treaty/Traders/Investors H1 (B or C) – Temporary workers with special merit/ability I – Information media representative K – Family member or fiancé of U.S. citizen L – Intra-company transfer O – Worker with extraordinary ability TN – Mexican professionals under NAFTA TD - Mexican professionals under NAFTA	x	x
Copy of Visa	x	x
Copy of Passport	x	x
Complete copy of U.S. Trust (if applicable)		x

\*For VISA Types: K, L2 and O2, an ITIN may be acceptable

Must be a citizen of a country in the country listing table:

Antilles, Netherlands	French Polynesia	Norway
Argentina	Germany	Qatar
Aruba	Gibraltar	Panama
Australia	Greece	Paraguay
Austria	Greenland	Peru
Azores Islands	Grenada	Philippines (Manila only)
Bahamas	Grenadines	Poland
Bahrain	Guadeloupe	Portugal
Barbados	Guatemala	Samoa
Barbuda	Guernsey Island	San Marino
Belgium	Holland	Sardinia
Belize	Honduras	Scotland
Bermuda	Hong Kong	Sicily
Bonaire	Hungary	Singapore
Brazil	Iceland	Slovakia
Britain	India – major cities	Slovenia
British Virgin Islands	Ireland	South Korea
Brunei	Italy	Spain
Bulgaria	Jamaica	St. Christopher
Canary Islands	Japan	St. Kitts and Nevis
Cayman Islands	Jersey Island	St. Lucia
Channel Islands	Korea, South	St. Maarten
Chile	Luxembourg	St. Martin
China (Major cities)	Macau	St. Pierre and Miquelon
China (Taiwan)	Madeira	St. Vincent & the Grenadines
Corsica	Malaysia (Kuala Lumpur only)	Sweden
Costa Rica	Malta	Switzerland
Croatia	Martinique	Taiwan
Curacao	Mexico	Tasmania
Cyprus (Greek part)	Miquelon	Thailand (Bangkok)
Czech Republic	Monaco	Trinidad and Tobago
Dutch Antilles	Montserrat	Turkey (Major Cities)
Ecuador	Netherlands	Turks and Caicos Islands
El Salvador	Netherlands Antilles	United Arab Emirates
England	Nevis	United Kingdom
Estonia	New Caledonia	Uruguay
Falklands Islands	New Zealand	Vatican City
Finland	Nicaragua	Virgin Islands UK
France	Northern Ireland	Wales
French Antilles	Northern Mariana Islands	

## Category 3

Canadian citizens who do not have temporary or permanent U.S. visas and reside permanently in Canada\*.

Requirements	Insured	Owner
All solicitation & delivery must occur in the U.S.	x	x
Foreign National Questionnaire	x	x
Issue ages 18-70	x	
Minimum face amount - \$500,000	x	x
Applications, medical exams, labs and tests must be completed in the U.S.	x	
Inspection Report and Motor Vehicle Report through First Financial will be required. (Note: Canadian Public Record checks are not currently available.)	x	
Required APS - Medical records must be available in English. (Protective will not pay for translation)	x	
Tax ID: Canadian SSN	x	x
Tax ID: Required for business ownership and U.S. trust ownership		x
Cover letter from writing agent explaining the need and purpose of coverage required		x
Premiums must be paid in U.S. dollars and billed to a U.S. bank (Bank account must be opened for more than 6 months.)		x
Must have significant, legitimate interests in the U.S. including property or business ownership as well as an established U.S. bank account		x
Must comprehend English language. (Spanish speaking applicants must go through the TeleLife interview process.)	x	x
Must be a citizen of Canada and currently reside in Canada	x	x
Copy of Passport	x	x
Copy of Driver's License	x	x
Complete copy of U.S. trust (if applicable)		x

\*Permissible Provinces: Ontario, Saskatchewan.

\*With underwriting & compliance prior approval: Newfoundland, Nunavut, Northwest Territories.

Non-permissible Provinces: Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, Quebec, Yukon.

Protective Life Insurance Company  
 Protective Life and Annuity Insurance Company  
 2801 Highway 280 South  
 Birmingham, AL 35223  
 Toll Free: 800.366.9378  
 Policy Holder Services: 800.866.9933

**For underwriting status requests contact:**

### Resource Center

E-mail: [resourcecenter@protective.com](mailto:resourcecenter@protective.com)  
 Phone: 800.366.9378

### Protective Life Mailing Address

P. O. Box 830619  
 Birmingham, AL 35283-0619

Protective Life refers to Protective Life Insurance Company and its affiliates, including Protective Life & Annuity Insurance Company. Insurance products are issued by Protective Life Insurance Company in all states except New York and in New York by Protective Life & Annuity Insurance Company. Both companies are located in Birmingham, AL. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues.



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