



The GenAmerica  
Underwriting  
Advantage

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**Your Guide to  
An Exceptional  
Financial Future**

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*For agent use only.*



# 1 Top Flight Underwriting Service

## at General American, A MetLife Affiliate

Welcome to Life Underwriting at GenAmerica Financial, an affiliate of MetLife, one of the largest financial services company in the U.S. We want GenAmerica Financial to be the first and only stop for your life insurance needs. This booklet was compiled to assist you, the financial representative, in field underwriting and to provide you with all the information you may need for submitting your business.

The GenAmerica Financial family of financial services companies markets a competitive portfolio of individual life insurance, annuity contracts, securities, and related financial services to individuals and businesses through multiple distribution channels.

At GenAmerica Financial our mission is to guide clients to exceptional financial futures through top-flight advice, products, and services. Our vision is to build the fastest growing, most productive, independent distribution organization in the financial services industry.

We are proud that the GenAmerica life companies have earned membership in the Insurance Marketplace Standards Association,

which allows us to use the IMSA symbol in our marketing and communication materials. To us, this is much more than the symbol of an organization promoting high standards of ethical market conduct in the development, sale and servicing of individual life insurance and annuity products. We believe it expresses a commitment to go beyond merely doing the right thing and subscribing to the strict letter of the law. It also speaks to the spirit of trust, faith and bedrock confidence—fundamental values that we believe lie at the very heart of the relationships between the insurance company and its agents and clients.

Our underwriters bring a wealth of knowledge and experience to the table. We will help you place your business as promptly and easily as possible. Let us be your guide.

If you sell a MetLife disability policy in conjunction with a General American Life policy, your client only needs to be examined once. Medical requirements and attending physician statements will be shared between MetLife and General American. Just indicate on the new business transmittal form that papers are to be shared. "Combo Sale" should be labeled on each application.

Underwriting guidelines also are available electronically through GenLink by clicking Submitting Business—Underwriting.



# 2 Requirements

We made it easier for you to do business with us by liberalizing our medical requirements. General American has always been a leader in progressive ways of doing business and we will continue to lead the way.

## **Medical (MD) Examiners**

Examiners licensed in the state in which he/she practices, under the age of 65, and engaged in the practice of Internal Medicine, Pediatrics, Family Practice, General Practice or Cardiology may conduct medical exams for any amount. The physician may not be the applicant's personal physician, and may not be related to the applicant, soliciting agent, or general agent, by blood or by marriage.

## **Paramedical Services**

We currently have 6 approved paramedical companies. Call their toll-free number for the branch location nearest to you.

American Para Professional Sys (APPS):  
800-635-1677

Examination Mgt. Svcs. Inc. (EMSI):  
800-872-3674

Hooper Holmes/Portamedic: 800-782-7373

Mobile Examiners: 800-423-0178

Healthmasters: 800-444-8384

Worldwide/Exam One: 877-933-9261

## **Medical Evidence**

Medical exams, paramedical exams, physical measurements, lab results, and EKGs are good for six months. We will also accept an EKG or stress test from an attending physician if it was completed within the past six months and the tracings are available.

## **Other Companies' Exams**

General American will accept medical or paramedical exams, lab results, and EKGs completed for other companies if they were completed within the past 6 months, provided we receive a current completed General American non-medical form for placement in the policy.

## **Cover Letters**

Cover letters are always encouraged and welcome! They are especially helpful for cases over \$1 million and for all COLI cases.

## **Attending Physician Statements (APS)**

An attending physician statement is one of the most important sources of information for underwriters. We will want to review medical records when there is a known history of any of the following:

- Heart disease, high blood pressure, or other circulatory disorders (records should include all EKGs, cardiac test results, laboratory test results, and blood pressure readings)

- Cancer (records should include operative and pathology reports, chemotherapy and/or radiation treatment reports, and follow up care, including laboratory test results)
- Diabetes (including all laboratory test results)
- Gastrointestinal problems such as Crohn's disease, ulcerative colitis, or colon polyps
- Asthma or other respiratory disorders (records should include any pulmonary function test results)
- Mental or nervous disorders requiring medical care or treatment within the past five years
- Drug or alcohol abuse or treatment
- Any other history of illness, treatment or injury which might indicate a potential mortality risk

If you have any questions, please call your underwriters. These are just guidelines and cannot cover every situation. An APS may be necessary on medical histories not mentioned above, and the underwriter reserves the right to request them as appropriate.

If you wish to take advantage of the Home Office ordering your client's medical records, please indicate that on your New Business Transmittal form.

#### **Joint Survivor Cases**

A separate, complete application should be completed on each party to be insured under a joint survivor contract. Medical evidence will apply to each applicant based on his/her individual age and the face amount requested.

**Evidence Requirements for Non-Teleunderwritten GA Plans**

	Ages						
	0-14	15-30	31-40	41-45	46-50	51-60	61-UP
<b>Amounts:</b>							
<b>Up to \$99,999</b>	Nonmedical	Nonmedical See note	Nonmedical See note	Nonmedical See note	Nonmedical See note	Paramedical HOS See note	Paramedical HOS See note
<b>\$100,000–\$249,999</b>	Nonmedical	Nonmedical Blood/HOS See note	Nonmedical Blood/HOS See note	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS EKG
<b>\$250,000–\$500,000</b>	Nonmedical	Nonmedical Blood/HOS See note	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS EKG	Paramedical Blood/HOS EKG
<b>\$500,001–\$999,999</b>	Nonmedical	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS	Paramedical Blood/HOS EKG	Paramedical Blood/HOS EKG
<b>\$1,000,000</b>	Nonmedical	Paramedical Blood/HOS MVR	Paramedical Blood/HOS MVR	Paramedical Blood/HOS EKG MVR	Paramedical Blood/HOS EKG MVR	Paramedical Blood/HOS EKG MVR	MD Exam Blood/HOS EKG MVR
<b>\$1,000,001–\$2,500,000</b>	Nonmedical	Paramedical Blood/HOS MVR PHI FINQ	Paramedical Blood/HOS MVR PHI FINQ	Paramedical Blood/HOS EKG MVR PHI FINQ	Paramedical Blood/HOS EKG MVR PHI FINQ	Paramedical Blood/HOS EKG MVR PHI FINQ	MD Exam Blood/HOS EKG MVR PHI FINQ
<b>\$2,500,001–\$3,000,000</b>	Nonmedical	Paramedical Blood/HOS MVR PHI FINQ	Paramedical Blood/HOS MVR PHI FINQ	MD Exam Blood/HOS EKG MVR PHI FINQ	MD Exam Blood/HOS EKG MVR PHI FINQ	MD Exam Blood/HOS EKG MVR PHI FINQ	MD Exam Blood/HOS EKG MVR PHI FINQ
<b>\$3,000,001–\$5,000,000</b>	Nonmedical	Paramedical Blood/HOS MVR Inspection	Paramedical Blood/HOS MVR Inspection	MD Exam Blood/HOS EKG MVR Inspection	MD Exam Blood/HOS EKG MVR Inspection	MD Exam Blood/HOS EKG MVR Inspection	MD Exam Blood/HOS EKG MVR Inspection
<b>\$5,000,001–\$10,000,000</b>	Nonmedical	Paramedical Blood/HOS MVR Inspection	Paramedical Blood/HOS MVR Inspection	MD Exam Blood/HOS EKG MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection
<b>Over \$10,000,000</b>	Nonmedical	MD Exam Blood/HOS EKG MVR Inspection	MD Exam Blood/HOS EKG MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection	MD Exam Blood/HOS Treadmill* MVR Inspection

NOTE: For an Elite or Preferred rating consideration at age 15 or older, a full blood study, HOS and physical measurements (height/weight/blood pressure/pulse) are required. A blood profile and HOS are required for all applicants age 15 and over who live in Maine, Vermont, Wisconsin, and Puerto Rico **regardless of the risk class applied for.**

FINQ=Personal income and net worth statement

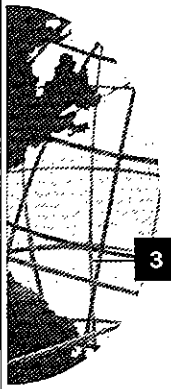
\*An EKG should be ordered in lieu of a treadmill on proposed insureds known to have had a prior history of myocardial infarction or coronary insufficiency.

**Evidence Requirements for Tele-Underwritten GA Plans**

Amounts:	Ages						
	0-14	15-30	31-40	41-45	46-50	51-60	61-UP
<b>Up to \$99,999</b>	Teleinterview	Teleinterview See note	Teleinterview See note	Teleinterview See note	Teleinterview See note	Teleinterview Phys Meas HOS See note	Teleinterview Phys Meas HOS See note
<b>\$100,000–\$249,999</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS EKG
<b>\$250,000–\$500,000</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS	Teleinterview Phys Meas Blood/HOS EKG	Teleinterview Phys Meas Blood/HOS EKG
<b>\$500,001–\$999,999</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS MVR	Teleinterview Phys Meas Blood/HOS MVR	Teleinterview Phys Meas Blood/HOS MVR	Teleinterview Phys Meas Blood/HOS MVR	Teleinterview Phys Meas Blood/HOS EKG MVR	Teleinterview Phys Meas Blood/HOS EKG MVR
<b>\$1,000,000</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS MVR	Teleinterview Phys Meas Blood/HOS MVR	Teleinterview Phys Meas Blood/HOS EKG MVR	Teleinterview Phys Meas Blood/HOS EKG MVR	Teleinterview Phys Meas Blood/HOS EKG MVR	Teleinterview MD Exam Blood/HOS EKG MVR
<b>\$1,000,001–\$2,500,000</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS MVR FINQ	Teleinterview Phys Meas Blood/HOS MVR FINQ	Teleinterview Phys Meas Blood/HOS EKG MVR FINQ	Teleinterview Phys Meas Blood/HOS EKG MVR FINQ	Teleinterview Phys Meas Blood/HOS EKG MVR FINQ	Teleinterview MD Exam Blood/HOS EKG MVR FINQ
<b>\$2,500,001–\$3,000,000</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS MVR FINQ	Teleinterview Phys Meas Blood/HOS MVR FINQ	Teleinterview MD Exam Blood/HOS EKG MVR FINQ	Teleinterview MD Exam Blood/HOS EKG MVR FINQ	Teleinterview MD Exam Blood/HOS EKG MVR FINQ	Teleinterview MD Exam Blood/HOS EKG MVR FINQ
<b>\$3,000,001–\$5,000,000</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS MVR Inspection	Teleinterview Phys Meas Blood/HOS MVR Inspection	Teleinterview MD Exam Blood/HOS EKG MVR Inspection	Teleinterview MD Exam Blood/HOS EKG MVR Inspection	Teleinterview MD Exam Blood/HOS EKG MVR Inspection	Teleinterview MD Exam Blood/HOS EKG MVR Inspection
<b>\$5,000,001–\$10,000,000</b>	Teleinterview	Teleinterview Phys Meas Blood/HOS MVR Inspection Financial Stmts	Teleinterview Phys Meas Blood/HOS MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS EKG MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts
<b>Over \$10,000,000</b>	Teleinterview	Teleinterview MD Exam Blood/HOS EKG MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS EKG MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts	Teleinterview MD Exam Blood/HOS Treadmill* MVR Inspection Financial Stmts

NOTE: For an Elite or Preferred rating consideration at age 15 or older, a full blood study, HOS and physical measurements (height/weight/blood pressure/pulse) are required. A blood profile and HOS are required for all applicants age 15 and over who live in Maine, Vermont, Wisconsin, and Puerto Rico regardless of the risk class applied for. FINQ=Personal income and net worth statement

\*An EKG should be ordered in lieu of a treadmill on proposed insureds known to have had a prior history of myocardial infarction or coronary insufficiency.



# Risk Classes

Applications for insurance are evaluated by an underwriter and may be approved on an elite (not currently available on all of our products), preferred, standard or substandard (rated) basis. It is not necessary to make specific application for an elite or preferred risk rate, as all individuals who qualify will be approved at that classification. An

elite or preferred classification is available for applicants with an above average medical history and lifestyle. To qualify, an individual must be age 15 or older and submit a blood profile, HOS and physical measurements, even though his/her age and the amount of insurance requested may fall within our normal non-medical limits.

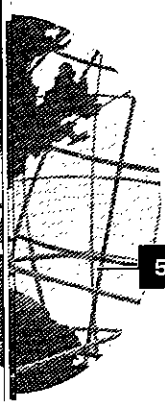
	Elite Non-Tobacco	Preferred Non-Tobacco
Tobacco	No use of nicotine in any form in the last 48 months	No use of cigarettes in the last 12 months No nicotine (cotinine) in the urine
Driving	No convictions for DUI in the last 5 years No more than 2 moving violations in the last 3 years	No convictions for DUI in the last 5 years No more than 2 moving violations in the last 3 years
Alcohol & Drugs	No history of alcohol or drug abuse or treatment	No treatment or counseling in the last 10 years
Aviation	Any type of aviation available only with exclusion rider; commercial pilots acceptable	Available with exclusion rider or appropriate rating (if necessary)
Avocation	No ratable hazardous avocations or occupations	Available but may require flat extra rating
Foreign Travel & Residence	No current or anticipated foreign residence, except Canada	Not ratable for current or anticipated foreign residence
Health	No history or treatment of diabetes, cancer (except basal cell carcinoma), cardiovascular disease, or other significant health problems	No history or treatment of diabetes (except gestational), cancer (except basal cell carcinoma), cardiovascular disease, or other significant health problems in the last 10 years
Liver Enzymes	No elevations of liver enzymes	Not ratable for any elevations
Cholesterol	Ages 15-44: 220 or less Ages 45-up: 240 or less Cholesterol/HDL ratio 5.0 or less (all ages) Treatment ok if acceptable levels maintained at least 12 months	Current reading of 250 or less Cholesterol/HDL ratio 6.0 or less Treatment ok
Blood Pressure	Ages 15-44: 140/85 or less Ages 45-up: 140/90 or less No use of medication to reduce blood pressure within 12 months	Ages 15-44: 140/90 or less Ages 45-up: 145/90 or less Treatment ok
Family History	No parent or sibling diagnosed with cardiovascular disease or diabetes prior to age 65	No parent or sibling diagnosed with cardiovascular disease or diabetes prior to age 60



# Unisex Weight Chart

Height	Elite	Pref	STD	+50 TBL B	+75 TBL C	+100 TBL D	+125 TBL E	+150 TBL F	+200 TBL H	+250 TBL J	+300 TBL L	+350 TBL N	+400 TBL P
5.0	146	158	195	205	216	227	237	246	255	264	273	283	293
5.1	149	162	201	210	221	231	241	250	259	268	277	287	297
5.2	153	166	205	214	225	235	245	254	263	272	281	291	301
5.3	157	170	210	219	230	241	251	261	271	280	289	299	309
5.4	161	175	216	225	236	247	258	268	278	288	297	307	317
5.5	166	180	222	231	244	253	264	275	285	295	304	314	324
5.6	170	185	228	237	248	259	270	281	292	302	311	321	331
5.7	174	189	234	243	254	266	277	288	300	310	319	329	339
5.8	179	194	240	250	262	274	285	296	308	318	327	337	347
5.9	183	199	246	257	270	282	294	305	317	327	336	346	356
5.10	188	204	252	264	277	289	301	313	324	335	345	355	365
5.11	193	209	258	271	284	297	309	321	332	343	353	363	373
6.0	199	216	267	279	292	305	317	329	340	351	361	371	381
6.1	203	221	274	287	300	313	325	337	348	360	370	380	390
6.2	209	227	281	295	308	321	333	345	356	369	379	389	399
6.3	214	233	288	303	316	329	341	353	365	378	388	399	409
6.4	221	240	297	311	324	337	349	361	374	387	397	407	417
6.5	227	246	304	319	332	345	357	370	383	396	406	416	426
6.6	233	253	311	326	340	353	365	379	392	405	415	425	435
6.7	240	260	320	334	348	361	373	388	401	414	424	434	444
6.8	246	266	327	342	356	369	382	397	410	420	430	443	450
6.9	252	273	335	350	364	377	391	406	419	433	448	458	468
6.10	259	280	343	358	372	385	400	416	428	438	458	468	478
6.11	266	288	355	370	385	390	410	420	433	446	463	473	483

The elite and preferred criteria and the build chart are guidelines. We will make every attempt to be as flexible as possible when applying these guidelines.



# Rated Policies

Policies may be rated for various reasons as determined during the underwriting process. The underwriter will contact the agent by telephone or GenLink to explain any decision that is different than applied for.

Ratings are eligible for review on any policy anniversary, at the request of the agent. If an examination or blood specimen/HOS is required, it may be done at the expense of General American; however, any special tests will be at the insured's expense.

Reduction or removal of a rating for any cause will not be retroactive. However, if the policy is paid in advance, reductions may produce a refund of unearned premium from the effective date of the reduction.

### Substandard Premium Calculations

The annual premiums for most life coverages are shown per \$1,000 for each risk classification. Premiums for Waiver of Premium are shown separately. To calculate the annual premium payable:

1. Multiply the face amount (in thousands) by the appropriate standard premium rate for the sex, smoking class and issue age of the applicant.
2. Multiply the result of Step 1 by the appropriate substandard rating factor at right:
3. Add the rate for WP, if applicable.
4. Add the appropriate annual policy fee.

Table Rating	Percentage Increase	Factor
A	25%	1.25
B	50%	1.50
C	75%	1.75
D	100%	2.00
E	125%	2.25
F	150%	2.50
G	175%	2.75
H	200%	3.00
I	225%	3.25
J	250%	3.50
K	275%	3.75
L	300%	4.00
P	400%	5.00



# 6 Smoking Definitions

## **Smoker/Non-Smoker Definition**

To qualify for **preferred non-smoking rates**, an applicant must not have used cigarettes within the past 12 months and must test negative for cotinine, a metabolite of nicotine.

To qualify for **elite non-smoking rates**, an applicant must not have used any tobacco, nicotine or nicotine delivery product (to include nicotine patches, gum or any inhaler system) within the past 48 months.

If the applicant uses non-cigarette tobacco/nicotine products, full and accurate disclosure is required and the non-cigarette tobacco use must be acknowledged on the application. It should not be discovered from the personal history interview or from the attending physician statement.

All cotinine measurements must be negative. In view of our higher cotinine reporting level, if positive, the applicant will be considered a smoker.

## **Requirements to Change From Smoker to Non-Smoker**

1. Submit a fully completed nonmedical application form #10677xxNM.
2. Submit a urine sample for analysis by our lab.
3. Submit a signed and dated Declaration and Authorization page. This page is a part of the "Application for Life Insurance" package.

A smoker is known to have an increased potential for development of certain impairments, such as cardiovascular, cerebrovascular and peripheral vascular diseases, cancer, and respiratory disease. If the applicant has experienced subsequent history related to their previous smoking, we will be unable to consider a request for change to non-smoker status.

NOTE: If the request to change from smoker to non-smoker is on a previously issued juvenile policy, and we receive the request within three years of the insured's 21st birthday, a 7190 smoking questionnaire will be the only item required.

# 7 Guaranteed and Simplified Issue

For policies purchased as part of an employer sponsored plan, certain products are available for guaranteed issue (GI) and simplified issue (SI) underwriting. To qualify, cases must be preapproved before they are submitted. To obtain preapproval, a census with participant names, dates of birth, sex and smoker status is required. For preapproval, please contact Executive Benefit Advisors, 800-223-9989, extension 40753.

## Criteria For Guaranteed Issue

Guaranteed issue underwriting is available for participants ages 20-70 for certain corporate sponsored plans that use variable universal life products. The maximum initial face amount for a policy will be the lesser of (A) five times the average face amount for the group, or (B) \$4 million or (C) the face amount based upon the following formula:

- \$20,000 times the number of lives for 20-29 participants
- \$25,000 times the number of lives for 30-49 participants
- \$30,000 times the number of lives for 50 plus participants

The ultimate face amount available under GI is \$6 million through face increases or riders.

Cases may qualify for GI underwriting if some or all of the following requirements are met:

- The plan is an employer sponsored benefit plan
- The minimum number of lives is 20
- The minimum participation is at least 80%
- The minimum face amount is \$50,000 or more
- All the proposed insureds are full-time employees

The above information is a guideline only. Please call Executive Benefit Advisors to discuss your case further so we can work with you to qualify your case.

## Criteria For Simplified Issue

There are two different SI underwriting programs available for employer/union sponsored plans. The appropriate program is determined according to the plan design parameters: a full participation plan or an optional plan.

### Full Participation Program Qualifications

Simplified issue underwriting is available for plans where the benefit provided is preset or formula driven. To qualify for the program, there must be a minimum of ten eligible lives and at least 90% of the eligible employees must participate.

## Initial Underwriting Requirements For a Full Participation Program

Ages	50,000- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$2,500,000	Over \$2.5 million
20-50	Nonmed**	Nonmed,** Urine	Paramed, Urine*	Paramed, Urine*	Full Underwriting
51-60	Nonmed**	Paramed, Urine*	Paramed, Urine*	Paramed, Urine,* EKG	Full Underwriting
61-70	Nonmed**	Paramed, Urine,* EKG	Paramed, Urine,* EKG	Paramed, Urine,* EKG	Full Underwriting
70+	Full Underwriting	Full Underwriting	Full Underwriting	Full Underwriting	Full Underwriting

\*Preferred Risk will only be available if all participants eligible for preferred on an age/amount basis supply blood in addition to urine.

\*\*Preferred Risk will only be available if all participants eligible for preferred on an age/amount basis supply blood in addition to urine and a Paramed.

**Criteria**

- For amounts up to \$1 million, an APS with details of a complete medical exam (comparable to an insurance examination) within the past 12 months may be substituted for a paramedical
- The urine screen should include an HIV test for face amounts starting at: \$250,000
- MVRs will be obtained for ages 20-35 for all amounts and for ages over 35 for amounts over \$500,000
- MIBs will be obtained on all applications
- Term plans are excluded, and term riders are limited to half of the face amount
- Additional underwriting requirements may be ordered for cause

**Initial Underwriting Requirements For an Optional Program**

Ages	50,000- \$99,999	\$100,000- \$500,000	\$500,001- \$1,000,000	Over \$1 million
20-50	Nonmed**	Nonmed,** Urine	Paramed, Urine*	Full Underwriting
51-60	Nonmed**	Paramed, Urine*	Paramed, Urine*	Full Underwriting
61-70	Nonmed**	Paramed, Urine,* EKG	Paramed, Urine,* EKG	Full Underwriting
70+	Full Underwriting	Full Underwriting	Full Underwriting	Full Underwriting

\*Preferred Risk will only be available if all participants eligible for preferred on an age/amount basis supply blood in addition to urine.

\*\*Preferred Risk will only be available if all participants eligible for preferred on an age/amount basis supply blood in addition to urine and a Paramed.

**Optional Participation Program Qualifications**

For those plans where participation is optional, a minimum of 25 eligible lives are required with a participation level of at least 40%. If there are 100 eligible lives, a participation level of at least 20% is required.

**Criteria**

- For amounts up to \$1 million, an APS with details of a complete medical exam (comparable to an insurance examination) within the past 12 months may be substituted for a paramedical
- The urine screen should include an HIV test for face amounts starting at: \$100,000
- MVRs will be obtained for ages 20-35 for all amounts and for ages over 35 for amounts over \$500,000
- MIBs will be obtained on all applications
- Term plans are excluded, and term riders are limited to half of the face amount
- Additional underwriting requirements may be ordered for cause



## 8 Foreign Risks

The world is becoming a global marketplace and we are well established to service your clients needs in this arena. Please contact your underwriter for information regarding the foreign risk marketplace. To expedite your request please have available the following client information:

- Name and date of birth
- Occupation and employer
- Current citizenship
- Countries traveling to, or residing in, outside of the USA
- Specific locations, departure dates, duration and purpose of each stay



## 9 Reinsurance

For term contracts, we retain 10% of the face amount applied for, up to \$1 million total retention.

For permanent contracts, including joint survivor plans, we retain 10% of the face amount applied for, up to \$2 million total retention.

We have one of the industry's highest **automatic** reinsurance capacities\*:

<b>Permanent Products</b>	<b>Term Products</b>
\$20 million single life	\$20 million
\$20 million joint life	

Our jumbo reinsurance limits are one of the highest in the industry:

<b>Permanent Products</b>	<b>Term Products</b>
\$35 million	\$35 million

\*These amounts are graded by issue age and mortality rating

We have access to MetLife retention limits for jumbo cases exceeding \$25 million.

We have experienced reinsurance specialists on staff to provide the quality service and personal attention that your business deserves.

### Shopping Program

General American will shop rated cases to the reinsurance market at \$1 million and up for term and \$250,000 and up for permanent products. We want to provide the best offer available for you to place the case with General American.



# 10 Large Case Underwriting

We are the company to take care of your large case needs!

## **What is a Large Case?**

We feel this is a relative term, but we have placed cases in excess of \$100 million and with annual premiums of over \$1,000,000. We feel we are well qualified to professionally service any large case you might have.

## **Finding Success in Large Case Underwriting**

- Large cases can be difficult so we must partner together to achieve the results we both want.
- Discuss the case when you are ready to take an application in order to set goals and avoid pitfalls.
- Have one company, General American, approach the reinsurance market for capacity.
- Advise us of any competition.
- Discuss with us the handling of special situations such as sports figures, aviation risks, foreign residence, or significant medical history.
- Share with us the complete story of your client.

# 11 Tele-underwriting

Tele-Underwriting is the 21st century's quickest, shortest route from prospecting to payday.

We are pleased to offer our tele-underwriting service to you. Our professional team offers you an alternative to the traditional application and medical information gathering process. Tele-underwriting allows you to spend more time selling and prospecting and less time on paperwork, and is available for most of the products in the General American portfolio.

You complete and fax (or mail) us a short, condensed "tele-app". The tele-underwriter will do the rest!

The tele-underwriter will conduct an interview with your client within 24 hours of receiving the application. Interviews are conducted from the hours of 7 a.m. to 9 p.m. CST, Monday through

Thursday, and on Friday from 7 a.m. to 4:30 p.m. The tele-underwriting team will order all paramedical requirements and inspection reports immediately after completing the telephone interview. APSs can be ordered as well.

The tele-underwriting team will also do follow-up every 3 to 4 days on the underwriting requirements that have been ordered. You will be able to follow the status of each application on GenLink. Once the case has been finalized, we will notify you of the risk classification and issue the policy. We will produce a professional computer-generated policy your office will be proud to deliver.

Contact the tele-underwriting team for additional information and/or questions at 1-800-223-9989.

*Tele-underwriting is currently only available to English-speaking clients.*

# Financial Guidelines

The focus of this section is to provide a summary of financial underwriting at GenAmerica covering its purpose, sources of information, requirements and maximum amounts of insurance available in various situations. This information is intended for use as a guide. Flexibility will be considered depending on documentation provided.

Financial underwriting is necessary to:

- determine that a valid insurable interest exists.
- insure a reasonable level of persistency.
- establish that the amount of insurance applied for will compensate for an economic loss because of the premature death of the life insured.

A valid financial justification must exist at the time we issue the policy. The financial considerations for each case govern the amount of coverage we can issue.

## Business Loan

### Guidelines:

The amount of business insurance provided to cover a business loan generally should not exceed 75 percent of the loan amount (insurance industry studies indicate that covering 100% of a loan leads to adverse mortality). Insurance is available for principals whose death would affect the ability of the business to repay the loan. A reasonable expectation must exist that the business can pay off the loan balance under current operating conditions. The term of the loan should be three years or more and recently applied for (three year policy persistency is needed to support pricing of commissions, expenses, etc.)

Under a sole proprietorship, 100% of the loan could be covered by insurance with the creditor as beneficiary up to the loan balance with any excess coverage paid to a personal beneficiary.

### Insurable Interest Considerations

It is a legal requirement that a valid insurable interest exists at the time a policy is issued in most states. It must be established that the death benefit will approximate the financial loss created by the untimely death of the insured.

### Generally Accepted Amounts of Insurance

Our most important consideration in issuing the amount of insurance applied for is understanding the basis of the sale. If the amount applied for exceeds the following guidelines, supporting information will help to understand the applicant's need for the insurance. To facilitate the underwriting process, we encourage the agency to discuss the case with the underwriting team prior to submission, particularly if the case has exceptional aspects that require individual consideration.

### Financial Documentation:

#### For all amounts:

Provide a cover letter indicating the proposed insured's share of ownership, the amount and terms of the loan, name of the lending institution and responsible parties obligated to repay the loan.

#### For amounts \$1 million and up:

Provide a copy of the loan agreement and business financial statements (audited if available) and tax forms for the past 2 years.

- A Personal History Interview will be completed for face amounts over \$1 million through \$3 million
- For face amounts over \$3 million, request an inspection report with a business beneficiary report from one of our vendors.



## Buy/Sell, Partnership, Stock Redemption

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### **Guidelines:**

#### **Buy/Sell and Partnership:**

We base the amount of insurance on the individual's percentage of ownership in the business multiplied by the valuation of the business. The following methods are acceptable in determining business value: book value, straight capitalization, capitalization of earnings, and "years' purchase" methods. The method you use will depend on the type of business. For example, for a service type business, two times gross sales could be used. For a sole proprietorship, all life insurance is essentially personal income and the Earned Income Replacement and Estate Planning guidelines can be used. Depreciation and amortization can be added to net income.

#### **Stock Redemption:**

We base the amount of insurance on the number of shares owned multiplied by the value per share.

In a close corporation, we would place emphasis on the valuation of the business and percentage of ownership.

#### **Financial Documentation:**

##### **For all amounts:**

Provide a cover letter explaining the purpose of the coverage and how the amount was determined.

Tell us how the business is organized, size of business (number of employees), and what the business does. Advise if all parties are applying at this time (if not, why?) and/or if other in force coverage exists elsewhere. Indicate the equity owned by the proposed insured in relation to other major stockholders. If publicly traded, advise where the stock is traded and indicate the stock symbol.

##### **For amounts up through \$1 million:**

Complete the Soliciting Agent's Certificate section of the application regarding business insurance.

##### **For amounts over \$1 million:**

Provide a copy of the Buy/Sell agreement, financial statements of the business to include balance sheet, income/expense and cash flow statements, and accountant's notes for the past three years and/or the complete business tax returns for the past three years. Provide third party verification of number of shares owned and value per share. If this verification is not available, explain why. A Personal History Interview will be completed for face amounts over \$1 million through \$3 million. For face amounts over \$3 million, request an inspection report with a business beneficiary report from one of our vendors.

## Charitable Gifting

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### Charitable Contributions

#### **Guidelines:**

Insurance will be limited to replacement of future donations expected to be made to the charity, based upon past actions. You can average contributions for past three years times life expectancy.

The following Average Life Expectancy chart is from the 1980 CSO Table for Standard risks:

Age	Male	Female
30	43	48
40	34	38
50	26	30
60	18	21
65	14	18

Other methods of valuation include using annual donation times Earned Income Replacement Factor or number of years pledged times annual donation. Total insurance will be based upon income, net worth and existing personal insurance program. Other uses of life insurance in the estate plan for granting of charitable gifts will be considered if supported by acceptable documentation and a third party verified list of assets, liabilities and income.

## Charitable Gifting (continued)

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### **Financial Documentation:**

#### **For all amounts:**

Provide a cover letter stating the contribution record of the past three years. State the purpose of the coverage and how the proceeds will be used.

#### **For amounts up through \$1 million:**

We use the income and net worth provided on the application.

#### **For amounts over \$1 million to \$3 million:**

Provide third party-verified contribution record for the past three years and tax forms, as well as a Personal Income and Net Worth statement. A Personal History Interview will be completed by the home office.

### **For amounts over \$3 million:**

Provide third party-verified contribution records for the past three years and tax forms. Arrange for an inspection report from one of our vendors.

### Charitable Remainder Trust

#### **Guidelines:**

Face amount should not exceed the value of the donated assets.

### **Financial Documentation:**

#### **For all amounts:**

Provide a cover letter explaining the purpose of the insurance and how the face amount was determined. Provide a copy of the formal trust agreement. The value of the donated assets must be determined by a third party appraiser.

Follow the financial documentation guidelines for various face amounts as stated above under Charitable Contributions.

## Deferred Compensation and Salary Continuation

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### **Guidelines:**

The amount of insurance depends on the proceeds that are necessary to finance the individual's future compensation. Usually, the maximum amount (including their personal insurance) should be within 125% of Earned Income Replacement guidelines (see below). For example: a 30 year old earning \$100,000, a maximum of \$2.5 million could be considered.

Usually, for a **SERP** or **SERB**, the maximum amount should be within 175% of Earned Income Replacement guidelines.

### **Financial Documentation:**

#### **For all amounts:**

Provide a cover letter with a full explanation of the benefit plan with any related company documentation.

### **For amounts up through \$1 million:**

The income stated on the application will be used.

### **For amounts over \$1 million to \$3 million:**

Provide third party verification of compensation. A Personal History Interview will be completed by the home office.

### **For amounts over \$3 million:**

Provide third party verification of compensation. Arrange for an inspection report from one of our vendors.

## Earned Income Replacement

### Guidelines:

Ages	Factor X Earned Income
20-40	20
41-55	15
56-65	10
66-up	5

Earned income is salary plus bonus (if consistent) for employees and/or net income before taxes if self-employed. As part of income replacement, up to 50% of net worth can be added to the amount determined by the earned income factor to provide for estate liquidity.

A Personal Needs Analysis indicating other insurance needs will be considered.

### Financial Documentation:

#### For cases up through \$1 million:

Income and net worth provided on the application will be used.

#### For cases over \$1 million up to \$3 million:

Provide the Personal Income and Net Worth Statement (included in this guidebook for your reference). A Personal History Interview will be completed by the home office.

#### For cases over \$3 million:

A cover letter and supporting documentation is essential. Provide third party verification of assets, liabilities, and net worth. Also provide accountant's statement of earned income or a copy of most recent tax return with all schedules or a copy of most recent W-2.

## Estate Planning

### Guidelines:

Current tax laws (estate, inheritance, and capital gain taxes, both federal and state) determine estate tax amounts. Reasonable growth projections applied to the current tax base (not the total estate) using 7% interest rate factor are acceptable as follows:

Ages	Yrs. Projected	Factor
Up to Age 40	15	2.759
41-60	12	2.252
61-75	7	1.606
Over 75	Individual consideration	

### Financial Documentation

#### For amounts up through \$1 million:

We will use the net worth provided on the application and project estate value using factors above and apply the appropriate tax rates under current laws.

#### For amounts over \$1 million to \$3 million:

Provide the Personal Income and Net Worth Statement (included in this guidebook). A Personal History Interview will be completed by the home office. Underwriting will calculate the estate tax using the factors as stated above.

#### For amounts over \$3 million:

Arrange for an inspection report from one of our vendors. Provide third party verification of assets and liabilities.

## Juvenile Coverage

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### **Guidelines:**

All children in a family should be insured for a similar face or premium amount. The maximum amount of insurance allowed is usually one-half of the parent's insurance coverage subject to a maximum of \$500,000. Amounts over \$500,000 should be discussed with underwriting before submission. There must be a bona fide loss to the beneficiary if the insured should die. For grandchildren, the same guidelines are used.

### **Financial Documentation:**

We will need a cover letter providing:

1. Insurance in force on parents.
2. Insurance in force or applied for on other siblings.
3. Net worth of parents.

Written consent of a parent or legal guardian is necessary when insurance is applied for by another applicant, such as a grandparent.

## Key Person

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### **Guidelines:**

As a cost of replacing the individual's worth to the company, we use a figure five times the key person's annual compensation (bonus can be included if consistent). Consideration for amounts above five times compensation will depend on the loss of the key person's contribution to the business profitability and/or competitive position that can be demonstrated.

compensation is for judgment, experience and talent? To what extent would the firm's credit standing be impaired?

### **For amounts up through \$1 million:**

We will consider five times the annual compensation as indicated on the application and your cover letter.

### **For amounts over \$1 million to \$3 million:**

A Personal History Interview will be completed by the home office. Provide the Personal Income and Net Worth Statement (included in this booklet).

### **For amounts \$3 million and up:**

Provide last year's tax return, W2, employment contract or accountant's statement to verify income. Arrange for an inspection report from one of our vendors.

### **Financial Documentation:**

#### **For all amounts:**

Provide a cover letter explaining why applicant is a key person and how the amount of insurance was determined. How much of a profit center is this key person compared to the other key employees? Provide the amount of insurance on other key employees. Is the key person engaged in any unfinished business that would impair the business? Would there be loss of customers attracted by the person's personality and ability? How much of the

## New Businesses (less than 3 years in existence)

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### **Guidelines:**

We will consider each case on an individual basis. Usually, the amount of coverage is based on the individual's amount of investment or percentage of ownership in the business multiplied by the value of the business. We will also consider up to 75% of loan obligations of the corporation if there are realistic projections of near term growth.

**It may be best to call the Underwriting Team or submit the financial statements with your cover letter for a financial underwriting opinion before taking an application. We can discuss the financial issues and decide how best to proceed.**

### **Financial Documentation:**

#### **For all amounts:**

A cover letter explaining the purpose of the insurance and how the face amount was determined. Also advise the previous track record of the proposed insured or other factors which indicate the business will succeed. Provide the balance sheet and the earnings statement of the business and also a pro forma statement for projected earnings and expenses.

## Post Retirement/Older Ages

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### **Guidelines:**

The individual must need insurance as part of estate preservation and/or earned income replacement needs. Purchases of coverage solely to pay final burial expenses (with no other demonstrated need) are not generally acceptable (premiums would have to be increased to provide the extra mortality costs of including this insurance need in our block of business). There must exist an insurable risk to justify self supporting children applying for and paying for coverage on an elderly parent.

### **Financial Documentation:**

Each case is evaluated on its own merits. Please provide a cover letter advising:

1. How was the insurable need determined.
2. The purpose of the insurance payable to the beneficiaries.
3. How the face amount was determined.

## Special Situations

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### **Bankruptcy within past 5 years:**

- Must be discharged.
- Provide cover letter and discharge statement.

### **Currently Unemployed for less than 1 year:**

- Should have reasonable prospects of future employment.
- Provide cover letter explaining the situation.

### **Lottery Winners:**

- Consideration of the future estate tax liability of Present Value of remaining lottery payments.
- Provide cover letter and verification of the lottery payment schedule.

### **Nonworking Spouse:**

- Consideration of 50% of the amount of insurance in force on the working spouse.
- Provide cover letter advising of amount of coverage in force on spouse and any other special circumstances.

## Personal Income and Net Worth Statement

**Annual Earned Income**

Salary (or Draw if Self-Employed) \$ \_\_\_\_\_

(Draw means what you actually take out of the business—which can come from depreciation and amortization besides net operating income.)

Bonus \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Other Earnings \$ \_\_\_\_\_

(value of employment benefits, perks, retirement plan contributions, deferred compensation, earnings kept in the business)

**Total Earned Income** \$ \_\_\_\_\_

**Annual Unearned Income**

Dividends \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_

Net Rentals \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total unearned income** \$ \_\_\_\_\_

**Spouse's income** \$ \_\_\_\_\_

**Assets**

Cash \$ \_\_\_\_\_

Net Cash Value of Life Insurance \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Business Equity \$ \_\_\_\_\_

Stock (not in above) \$ \_\_\_\_\_

Bonds \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**Liabilities**

Mortgages \$ \_\_\_\_\_

Personal Loans \$ \_\_\_\_\_

Liens/Judgments \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

**I declare that the above information is true and complete.**

\_\_\_\_\_  
(Proposed Insured's Signature)

\_\_\_\_\_  
Date



## 13 Preliminary Inquiries

Under certain circumstances you may prefer to submit a preliminary inquiry prior to completing a formal application. The inquiry may include a non-medical, another company's medical evidence, an APS or financial documentation. Just complete the Preliminary Inquiry Form found on page 22.

A tentative offer will be faxed or e-mailed upon

review of the information submitted.

You should also feel welcome to call an underwriter to discuss specifics of a case prior to submitting any papers, whenever you feel it is necessary.

## 14 Frequently Asked Underwriting Questions

### **1. Can we use an applicant's personal physician to complete the exam requirements?**

We prefer that you utilize an MD affiliated with one of our approved paramedical facilities. However, we can and do allow the personal physician's office staff to draw the blood and urine specimens needed for testing, as long as the specimens are sent to the insurance lab. We also accept EKGs performed at the physician's office. If the applicant prefers to use his/her personal physician, please call an underwriter to discuss the particular situation.

### **2. Can we use evidence completed for another insurance company?**

We will accept exams done within the prior six months on another company's form for underwriting purposes, but we will require a GenAmerica part II nonmedical be completed for the policy contract. We also can accept EKGs done for other companies, and can usually obtain lab results directly from the lab (if we know which lab to contact).

### **3. If a GenAmerica policy has been issued within the past 12 months and the insured applies for additional insurance, how do we determine requirements?**

We add all amounts in force and applied for within the past 12 months.

### **4. Do we combine insurance in force with other companies and amounts applied for with GenAmerica to determine the medical requirements?**

No. We will only underwrite the amount(s) applied for with GenAmerica. However, we do consider the total line (all amounts in force and applied for) for financial appropriateness.

### **5. When a trust is the beneficiary/owner, can we underwrite the applicant prior to trust completion?**

Yes, but we must have a new application with the completed trust information prior to issue. This new application must be dated after the trust document is created.

### **6. Will we underwrite an applicant if she is currently pregnant?**

Yes, as long as there are no current or prior pregnancy complications.

### **7. How far can we back date to save age?**

We can backdate policies up to six months except for variable products.

**Preliminary Inquiry**

**General American**

**NOT AN APPLICATION FOR LIFE INSURANCE**

FAX 1-800-243-6696

Mail to: Mailcode E1-61, 13045 Tesson Ferry Road, St. Louis MO 63128

Male  Female

Name \_\_\_\_\_ State of Residence \_\_\_\_\_

Place of birth \_\_\_\_\_ Occupation \_\_\_\_\_ Income \$ \_\_\_\_\_ Net Worth \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

When last used cigarettes? \_\_\_\_\_ When last used used other forms of tobacco? \_\_\_\_\_

Requested plan of insurance \_\_\_\_\_ Face amount desired \$ \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

**Adverse action or table rating offered by another company:**

Company	Date	Amount	Action:

\$ Total amount in force \_\_\_\_\_ Date of last application to any company \_\_\_\_\_

Details of any coverage being replaced \_\_\_\_\_

**Reason for Preliminary Inquiry: (provide full medical history or copies of medical records)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of agent \_\_\_\_\_ Name of agency \_\_\_\_\_

Phone number with (area code) \_\_\_\_\_ Fax number with (area code) \_\_\_\_\_

**Inquiry can not be considered unless authorization is signed by Proposed Insured**

**For underwriting purposes, I authorize:**

- Any medical practitioner or facility or related entity, any insurer, any consumer reporting agency or the Medical Information Bureau, Inc. (MIB) to give the Company:
  - personal information and data about me;
  - medical information, records and data, including information, records and data about drugs prescribed, medical test results and sexually transmitted diseases, about me;
  - information, records and data related to alcohol and drug abuse and treatment about me;
  - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions, including Human Immuno-deficiency Virus (HIV) test results, about me; and
  - information, records and data relating to mental illness about me.
- The Company to redisclose information, records and data information received pursuant to this Authorization about me as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain consumer, investigative consumer or motor vehicle reports about me.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about the occupation, avocations, driving record, finances, character, reputation and aviation activities of myself.

**I understand that:**

- All or part of the information, records and data that the Company receives pursuant to this authorization may be disclosed to MIB. Such information may also be disclosed to and used by any reinsurer, employee, affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company, or disclosed as otherwise required or permitted by applicable laws.
- Information, records and data related to alcohol and drug abuse may be protected by Federal Regulations 42 CFR part 2.
- Medical information, records and data that may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans, once disclosed to the Company, may no longer be covered by those laws or regulations.
- Information obtained pursuant to this authorization about me may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- This authorization will end 30 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.

Signed at \_\_\_\_\_ Day/Date \_\_\_\_\_