



# Life underwriting condensed guide



EQUITABLE

## Underwriting criteria | Preferred guidelines

Product	Rating	Rating	Rating
Term, UL/VL (except COIL)	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco <sup>1</sup>
COIL & VUL Survivorship	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco <sup>1</sup>
<b>Total Cholesterol &amp; Cholesterol/HDL</b>	300 and 5.0	300 and 5.5	300 and 6.0
<b>Tobacco Use<sup>1</sup></b>	No nicotine use past 5 years	No nicotine use past 3 years	No nicotine use for past 12 months to qualify for non-tobacco use rates
<b>Alcohol and/or Substance Abuse</b>	No history	No history of abuse for 8 years	No history of abuse for 6 years
<b>Aviation (Private), Avocation and Occupation</b>	Preferred ratings may be allowed. Permanent flat extra up to \$3.50 per thousand may be available for all products as applicable.		
<b>Medical History/ Physical Condition</b>	No personal history of cancer (except certain skin cancers), diabetes or heart disease, even if not ratable.		

<sup>1</sup> Whenever a proposed insured tests positive for nicotine (cotinine) regardless of source, tobacco user rates will be charged. Tobacco rates will be charged if the proposed insured used cigarettes, e-cigarettes, vaping or hookah within the last 12 months. Other tobacco and nicotine products may qualify for NT rates if urine is negative for nicotine (cotinine).

## Underwriting criteria | Preferred guidelines cont'd

Product	Rating	Rating	Rating
Term, UL/VL (except COIL)	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
COIL & VUL Survivorship	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco

<b>Family History<sup>2</sup></b>	No deaths from CAD, CVD, or Ca for M or F or S < 60	No deaths from CAD or the following Ca: breast, melanoma, colorectal, ovarian or prostate for M or F < 60	No more than one death from CAD for M & F < 60
<b>Medication</b>	All Rx considered	All Rx considered	All Rx considered
<b>Blood Pressure</b>	ages < 60: 140/85 ages 60-69: 150/90 ages 0-69: 125/80 if treated	ages < 60: 145/90 ages 60-69: 150/90	Non-ratable BP readings
<b>Driving History</b>	No DWI, reckless driving or license suspension in the past 5 years  No more than two moving violations in the past 3 years <sup>3</sup>	No DWI, reckless driving or license suspension in the past 5 years  No more than three moving violations in the past 3 years <sup>3</sup>	No DWI, reckless driving or license suspension in the past 3 years  No more than three moving violations in the past 3 years <sup>3</sup>
<b>Medical History/ Physical Condition</b>	No personal history of cancer (except certain skin cancers), diabetes or heart disease, even if not ratable.		

### Applicants 70 or over

<b>Medication</b>	All Rx considered	All Rx considered	All Rx considered
<b>Family History</b>	No criteria	No criteria	No criteria
<b>Blood Pressure</b>	150/90	150/90	150/90
<b>Driving History</b>	No DWI, reckless driving or license suspension in the past 5 years  No more than two moving violations in the past 3 years <sup>3</sup>	No DWI, reckless driving or license suspension in the past 5 years  No more than three moving violations in the past 3 years <sup>3</sup>	No DWI, reckless driving or license suspension in the past 3 years  No more than three moving violations in the past 3 years <sup>3</sup>

<sup>2</sup> All preferred ratings are available if death occurs from testicular, prostate, ovarian, cervical, breast or uterine cancer in a relative of the opposite sex to the proposed insured. All preferred ratings are also available if death occurred from lung cancer in a relative for proposed insureds who have never smoked.

<sup>3</sup> Includes cell phone and texting violations.

Abbreviations are as follows: Coronary Artery Disease (CAD), Cerebrovascular Disease (CVD), Cancer (Ca), Mother (M), Father (F), Siblings (S), Blood Pressure (BP), Medication (Rx), Attending Physician Statement (APS), Motor Vehicle Report (MVR), Home Office Specimen — urinalysis (HOS).

# BMI/Build Charts

	BMI Ages up to 69 <sup>4</sup>			BMI Ages 70 and up <sup>4</sup>		
Product	Rating	Rating	Rating	Rating	Rating	Rating
Term, UL/VL (except COIL) Products	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
COIL & VUL Survivorship	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco, Preferred Tobacco Use	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco, Preferred Tobacco
Height	Maximum Weight BMI 28.5	Maximum Weight BMI 30.5	Maximum Weight BMI 32.5	Maximum Weight BMI 30	Maximum Weight BMI 31.5	Maximum Weight BMI 33
4' 6"	118	126	135	124	131	137
4' 7"	123	131	140	129	135	142
4' 8"	127	136	145	134	140	147
4' 9"	132	141	150	139	146	152
4' 10"	136	146	155	144	151	158
4' 11"	141	151	161	149	156	163
5' 0"	146	156	166	154	161	169
5' 1"	151	161	172	159	167	175
5' 2"	156	167	178	164	172	180
5' 3"	161	172	184	169	178	186
5' 4"	166	178	189	175	184	192
5' 5"	171	183	195	180	189	198
5' 6"	177	189	201	186	195	205
5' 7"	182	195	208	192	201	211
5' 8"	188	201	214	197	207	217
5' 9"	193	207	220	203	213	224
5' 10"	199	213	227	209	220	230
5' 11"	204	219	233	215	226	237
6' 0"	210	225	240	221	232	244
6' 1"	216	231	247	228	239	250
6' 2"	222	238	253	234	246	257
6' 3"	228	244	260	240	252	264
6' 4"	234	251	267	247	259	271
6' 5"	241	257	274	253	266	279
6' 6"	247	264	282	260	273	286
6' 7"	253	271	289	267	280	293
6' 8"	260	278	296	273	287	301
6' 9"	266	285	304	280	294	308
6' 10"	273	292	311	287	302	316

Note: BMI = Body Mass Index. Chart is unisex, maximum weight is in pounds.

<sup>4</sup> Minimum BMI of 18.5 is required for all levels of preferred.

Do not use these charts if the proposed insured qualifies for accelerated underwriting without labs and paramedical requirements. Use these charts if full underwriting is required.

## Life underwriting requirements | Ages 0-50

See pages 6 and 7 for definitions and additional information

Refer to the charts below for preferred class consideration. See footnotes for other details. See charts below for APS requirements.

Face Amounts	Issue Ages		
	0-15	16/17	18-50
\$0-\$99,999 <sup>5,6</sup>	Non-med <sup>9</sup>	Non-Med	Paramed, HOS, Blood and MVR
\$100,000 - \$500,000 <sup>5</sup>		Non-Med, HOS, Blood and MVR	
Over \$500,000		Paramed, HOS, Blood and MVR	

## Life underwriting requirements | Ages 51 and Above

Face Amounts	Issue Ages			
	51-60	61-65	66-69	70 & over
\$0 to \$99,999 <sup>5,6</sup>	Paramed, HOS, Blood, MVR			Paramed, HOS, Blood, <sup>7</sup> MVR
\$100,000 to \$250,000	Paramed, HOS, Blood, <sup>7</sup> MVR			
\$250,001 to \$250,000				
\$250,001 to \$500,000				
\$500,001 to \$10,000,000	Paramed, HOS, Blood, <sup>7</sup> EKG, MVR			
Over \$10,000,000	Paramed, HOS, Blood, <sup>7</sup> EKG, <sup>8</sup> MVR			

APS required if proposed insured had checkup		
Issue Age	Amount	APS required if checkup
16-50	≥ \$2,000,000	Within past 6 months
51-60	> \$500,000	Within past 6 months
61-65	≥ \$100,000	Within past 12 months
66-69	> \$50,000	Within past 12 months

APS always required	
Issue Age	Amount
0-15	> \$500,000
16-60	> \$5,000,000
61-69	> \$1,000,000
70+	All amounts

5 Standard rate class may be available with a Non-Med and HOS<sup>6</sup> at \$0-\$99,999. Standard rate class may be available with a Non-Med, MVR, HOS and Blood at \$100,000-\$500,000, depending on the specific age/amount up through age 50. Standard rate class may be available with paramedical and HOS<sup>6</sup> at \$0-99,999 at ages 51 and older. NOTE: For ages 0-17, Standard Plus is only rate available.

6 For CA, CT, DC, DE, FL, GA, IL, LA, MA, MD, NJ, NY, PA, PR, SC, TX and VA — require HOS with HIV testing > age 15 at \$50,000-\$99,999.

7 NT Pro BNP is required at certain ages and amounts as part of the insurance blood profile: ages 51-65 >\$500,000, ages 66+>\$250,000.

8 Treadmill EKG will be needed if the proposed insured is a tobacco user or diabetic or no APS is available; otherwise a resting EKG and hemoglobin A1c and NT ProBNP are required.

9 Non-Med — Application and Medical Information Questionnaire (MIQ).

# Financial underwriting requirements

See footnote below and page 7 for definitions and additional information

Face amounts	Age 69 and below	Ages 70 and above <sup>10</sup>
\$2,000,000	N/A	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>For Trusts: Complete Trust Document</li> </ul>
\$2,000,001 to \$5,000,000	<ul style="list-style-type: none"> <li>Internal Data Verification</li> </ul>	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification</li> <li>For Trusts: Complete Trust Document</li> </ul>
\$5,000,001 to \$10,000,000	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification</li> </ul>	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Inspection Report</li> <li>Documentation of Net Worth by disinterested third party</li> <li>For Trusts: Complete Trust Document</li> </ul>
\$10,000,001 +	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification</li> <li>Documentation of Net Worth by disinterested third party</li> <li>Prior year's federal income tax statement; for business coverage, corporate business financial statements acceptable in lieu of personal income or business tax returns. Business financial statements must include Proposed Insured's/ Owner's income or compensation; otherwise, copies of the client's personal or business tax returns will be required.</li> </ul>	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Inspection Report</li> <li>Documentation of Net Worth by disinterested third party</li> <li>For Trusts: Complete Trust Document</li> <li>Prior year's federal income tax statement; for business coverage, corporate business financial statements acceptable in lieu of personal income or business tax returns. Business financial statements must include proposed insured's/ owner's income or compensation; otherwise, copies of the client's personal or business tax returns will be required.</li> </ul>

## Approved vendors

### Approved Paramedical Vendors

#### APPS

(American Para Professional Services)

(800) 727-2101

[www.appslive.com](http://www.appslive.com)

#### ExamOne

(a Quest Diagnostics Company)

<https://portal.examone.com/>

please note: online orders only

### Approved APS Retrieval Services

#### Parameds.com

(888) 766-3999 or

(718) 575-2000

[www.parameds.com](http://www.parameds.com)

#### Express Imaging

Services (EIS)

(888) 846-8804

[www.eiscallcenter.com](http://www.eiscallcenter.com)

### Approved Laboratory Testing Services

CRL (Clinical Reference Lab)

### Approved Inspection Report Services

CRL Plus

<sup>10</sup>An additional telephone interview with the Proposed Insured's accountant, attorney or banker will be conducted by our preferred vendor to verify financial information if the face amount is over \$5,000,000 and the Proposed Insured is issue age 70 or above. For IUP eligible cases, inspection report is required over \$2,000,000.

# Definitions and additional information

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## Face Amount

All life insurance in force and applied for with Equitable, Equitable America and/or affiliates within the past 12 months from the date of the application. This includes ultimate death benefit amounts of any policy or rider (e.g., ROPR). For Survivorship, order requirements on half the Face Amount, except for financial underwriting requirements (such as trust documents, Financial Supplements, Inspection Report, or federal income tax statements), order on the full Face Amount.

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## Applicants Age 70 and Above

Paramed exams include a Senior Questionnaire with Cognitive/Frailty tests.

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## Paramedical Exams and Laboratory Test Results

Valid up to 12 months for Proposed Insureds under age 70; otherwise, up to 6 months. Requirements completed for another carrier will be considered on a case by case basis. Equitable reserves the right to request additional requirements if our specifications are not met.

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## Motor Vehicle Report (MVR)

Will be ordered by the Home Office.

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## Electrocardiogram (EKG)

A copy of a resting EKG within the past 12 months may be used in lieu of a current test. The actual tracings (not the EKG report) are required. A Treadmill EKG is required at ages 51-69, over \$10,000,000, if the Proposed Insured is a tobacco user, diabetic or no APS is available. It should not be requested if there is a history of coronary artery disease or chest pain. A Treadmill EKG completed within the past 24 months may be used in lieu of a current test. The actual tracings and report are required.

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## Attending Physician Statement (APS)

Refer to Life Underwriting Requirements charts. An APS may also be needed to verify the Proposed Insured's medical history. An APS is not needed for physicals completed for employment, school, insurance, military, FAA (aviation) and Department of Transportation.

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## Prescription History and Other Pharmaceutical Data Searches (Rx Check)

Will be ordered by the Home Office.

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## Inspection Report

A telephone interview with the Proposed Insured by our preferred vendor to confirm information provided on the application and questionnaires such as the Proposed Insured's personal data, habits, insurance activity, health, finances, etc.

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## Internal Data Verification (IDV) (aka e-Inspection Report)

Will be obtained by the Home Office.

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## Documentation of Net Worth by Independent Third Party

Balance sheets, profit & loss statements, other pro forma documents are examples of acceptable forms of documentation.

# Financial underwriting

Purpose	Requirements	Amounts																
<b>Personal</b>																		
		<b>Growth Potential</b>																
		<table border="1"> <thead> <tr> <th>Maximum</th> <th>Ages</th> </tr> </thead> <tbody> <tr> <td>30x income</td> <td>18–40</td> </tr> <tr> <td>25x income</td> <td>41–45</td> </tr> <tr> <td>20x income</td> <td>46–55</td> </tr> <tr> <td>15x income</td> <td>56–60</td> </tr> <tr> <td>10x income</td> <td>61–70</td> </tr> <tr> <td>5x income</td> <td>71–79</td> </tr> <tr> <td>Individual Consideration</td> <td>80 and up</td> </tr> </tbody> </table>	Maximum	Ages	30x income	18–40	25x income	41–45	20x income	46–55	15x income	56–60	10x income	61–70	5x income	71–79	Individual Consideration	80 and up
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<b>Income Replacement</b>	<p><b>Working Individual</b> – All sources of earned income, including salary, bonus or other deferred compensation or Gross Annual Earned Income</p> <p><b>Non-Working Spouse, Co-Breadwinner, and Other Dependent Adults</b> – To determine if any amount is available, require income information and amount of insurance on breadwinner</p> <p><b>Unemployed</b> – To determine if any amount is available, require information regarding past earnings, current assets, past and future occupation contemplated</p>																	
		<p>50%–75% life expectancy x appropriate estate growth factor x applicable tax rate</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Estate Growth</th> </tr> </thead> <tbody> <tr> <td>&lt; 70</td> <td>7%</td> </tr> <tr> <td>70–79</td> <td>6%</td> </tr> <tr> <td>≥ 80</td> <td>2%</td> </tr> </tbody> </table>	Age	Estate Growth	< 70	7%	70–79	6%	≥ 80	2%								
Age	Estate Growth																	
< 70	7%																	
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<b>Estate Planning</b>	Need clear figure of net worth																	
<b>Juvenile</b>	<ul style="list-style-type: none"> <li>Equal amounts on all children</li> <li>Provide coverage information on application – Total life insurance inforce or pending in all companies on the juvenile and on the applicant or child's parent AND reason if there are any other children in the family insured for a lesser amount</li> </ul>	<p>¼ to ½ amount on parent or payor</p> <p>Special rules apply in NY, WA and MD</p>																
<b>Charitable</b>	Cover letter explaining interest in the charity and how the amount was determined	Replacement of financial and/or service contributions																
<b>Future Inheritance</b>	<ul style="list-style-type: none"> <li>Donor must be age 70 or older; If donor &lt; 70, a detailed explanation from independent source must be submitted confirming Life Expectancy &lt; 5 years</li> <li>Cover letter containing estate planning details</li> <li>Applicable trust documents, will, or other third-party verification of expected inheritance</li> <li>Verification of net worth of parent(s) or bequeather(s)</li> </ul>	Growth rate factor up to 3%–5% for a maximum of 10 years																
<b>Long-Term Care Services<sup>SM</sup> Rider (LTCSR)</b>	LTCSR questionnaire plus other new business requirements	Maximum monthly benefit available, including pending plus inforce LTCSR, all companies, is lesser of \$50,000 or 3x annual income/12 at ages > 50 or 6x annual income/12 at ages ≤ 50																
<b>Debt Repayment</b>	Cover letter regarding amount of loan, loan duration, date loan committed, name of lender and collateral pledged to secure loan	Loan duration at least 5 years – 100% of loan amount x percent ownership of business																

## Financial underwriting requirements cont'd

Purpose	Requirements	Amounts
<b>Business</b>		
<b>Buy-Sell</b>	<ul style="list-style-type: none"> <li>• Insured percentage of ownership in business</li> <li>• Cover letter regarding buy-sell arrangement</li> <li>• Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner</li> </ul>	Percent ownership x market value of business. In some cases, coverage is available based on projected value of business, not to exceed 2x market value
<b>Key Person</b>	Cover letter describing how amount was determined	10x compensation (salary plus bonus)
<b>Employee Benefit</b>	Cover letter describing how amount was determined, who is covered, formula for determining coverage amount, and size of company	Individual consideration
<b>Debt Repayment</b>	Cover letter regarding amount of loan, loan duration, date loan committed, name of lender and collateral pledged to secure loan	Loan duration at least 5 years — 100% of loan amount x percent ownership of business

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