



## Life Insurance Underwriting Guide



Products issued by

**National Life Insurance Company® | Life Insurance Company of the Southwest®**

Experience Life™

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX, and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | 800-906-3310 | [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com)

Last Updated February 2014



62797 MK2312(0414) TC78285(0414)

**For Agent Use Only – Not For Use With The Public**

# Important Contact Information

## **Company Website: [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com)**

- Status of pending business
- Application kits
- Medical Questionnaires and other forms

## **New Business Fax Numbers / Email Address**

Applications: Fax 802/229-7592

Email: [NBApplicationImages@NationalLifeGroup.com](mailto:NBApplicationImages@NationalLifeGroup.com)

Requirements: Fax 802-229-4726

Email: [NBRequirementImages@NationalLifeGroup.com](mailto:NBRequirementImages@NationalLifeGroup.com)

## **Life Insurance – Agent Services**

Phone: 800/906-3310

Email: [LifeServices@NationalLifeGroup.com](mailto:LifeServices@NationalLifeGroup.com)

Assistance with: Agent Contracting/Licensing and Website

## **Life Insurance - Sales Desk**

Phone: 800/906-3310

Email: [LDeskTeam@NationalLifeGroup.com](mailto:LDeskTeam@NationalLifeGroup.com)

Assistance with: Illustration, Products, Case Design

# Table of Contents

Quick Tips for Efficient Processing . . . . .	4
Paramedical Facilities/Laboratory Testing Services . . . . .	5
No Medical Testing . . . . .	5
Life Underwriting Requirements	
– LSW Provider Indexed Universal Life . . . . .	7
– LSW Protector Life Whole Life . . . . .	8
– LSW Foundation Universal Life. . . . .	9
– LSW Horizon Universal Life, LSW Advantage 79 Indexed Universal Life, LSW IncomeBuilder Universal Life, LSW FlexLife Indexed Universal Life, and LSW LifeCycle Survivorship Indexed Universal Life . . . . .	10
– LSW Term . . . . .	11
– National Life Term (2013) and Permanent Products . . . . .	12
Underwriting Classes/Table Ratings . . . . .	13
Elite Preferred Non-Tobacco and Preferred Criteria . . . . .	14
Table of Height and Weight . . . . .	15
Financial Underwriting Guidelines & Business Insurance . . . . .	16
Juvenile Applications . . . . .	17
Insurable Interest. . . . .	18
Section 79 Programs . . . . .	19
Quick Quotes . . . . .	22
Informal/Trial Application. . . . .	24
Field Underwriting Disability Income Rider (DIR) . . . . .	25
DIR Ineligible Occupation Listing. . . . .	26
Foreign National and Foreign Travel Guidelines. . . . .	27
Medical Questionnaires - Help avoid APS! . . . . .	31
Diabetes Tentative Rating Charts . . . . .	57
APS Guidelines . . . . .	59
Uninsurable and Problematic Risks . . . . .	60
Medical Condition - Probable Action . . . . .	61
After Issue Contract Changes . . . . .	67

The guidelines in this booklet are subject to change at any time.  
Please refer to the website for current information

# Quick Tips for Efficient Processing

## Completing an Application

- All applications must be completed in the physical presence of the proposed insured (face to face).
- Agents who do not speak the same language as the proposed insured are advised to contact their underwriter for special guidance before taking an application.

Before submitting an application for processing, be sure the application is fully completed with answers to all questions and details to all questions answered Yes. Use black or blue ink only. Do not use white-out or make changes after the client has signed the application form.

Be sure to use the most current version of the application kit and include all required forms. This can include illustrations, sales certificates, strategy allocations forms, replacement forms, etc. If COM is elected, attach a voided check to the checklist.

## Submitting an Application

The preferred method for submitting completed applications is:

Email: [NBApplicationImages@nationallifegroup.com](mailto:NBApplicationImages@nationallifegroup.com)

Fax: 802-229-7592.

Eapp: Certain products may offer eApp

US Mail: National Life/LSW Attn: New Business M300,  
One National Life Dr. Montpelier, VT 05604.

Originals: In most cases there is no need to send originals to the Home Office. However, incoming 1035 transfer paperwork, lost policy forms, surrender forms, absolute assignment forms and policies from other companies must be sent via mail with an original signature since transferring companies will require the original signature and forms.

## Status: Website: [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com)

Once submitted, application status and outstanding requirements are available to view via the website address above. Please allow processing time up to three to five business days to check the status of new applications and requirements. Please refrain from calling the Home Office for status to allow our staff to actively process the business.

## Underwriting Requirements

Please note that requirements vary by product, issue age, rate class and product; refer to the product-specific charts in this guide. If medical testing is needed, notify the exam service of the total amount applied for and rate class applied for. See listing of our approved paramedical services in this guide. The Company may request additional requirements as deemed necessary upon underwriter review.

Once your application has been processed, you will be notified by email of any outstanding underwriting requirements. As the writing agent, you are responsible for ordering and following up on requirements. The Home Office will order medical records (APS) unless otherwise noted (EMSI is available for agency ordered APSs; see additional information in this guide).

## Common Underwriting Requirements

Oral Fluid: This Field Underwriting Guide can help you determine if an Oral Fluid swab will be required for the underwriting process. If required, it must be completed at the time the application is taken; agent administered. Include a copy of the lab slip with the application. Do not obtain this test if a paramedical examination and blood/urine testing are otherwise required. Follow the instructions on the kit and mail immediately to the address indicated. Additional kits can be ordered from Clinical Reference Lab, Customer Service at 800/882-1922 or via email at [ilscskits@crlcorp.com](mailto:ilscskits@crlcorp.com)



We're here to help!  
If you have questions,  
call the Sales Team  
at 800-906-3310

For Agent Use Only – Not For Use With The Public

### Paramedical Examination (Agent Ordered)

Full testing (paramedical exam, blood/urine, EKG etc) may be needed depending on the product, issue age, rate class, face amount applied for and medical history (i.e. diabetes or obesity). Please review the Life Underwriting Requirements in this guide. See website for the most current listing of our company approved paramedical services. If full testing is needed, one of the following companies must be utilized:

#### **APPS/American ParaProfessional Systems**

www.appsnational.com  
516-822-6230

#### **EMSI/Examination Management Service, Inc.**

www.exams4web.com  
800-872-3674

#### **Exam One**

www.examone.com  
800-768-2061

#### **Parameds.com**

718-663-4200

#### **Superior Mobile Insurance Solutions (SMIS)**

www.smminsurance.com  
Agencies: 800-898-3926 x714  
Individual Agents: 800-898-3926 x707

The paramed company will contact the prospective client to set up an appointment. Reference LSW/ National Life when contacting the paramed company.

### Laboratory Testing Services

Clinical Reference Lab is the approved testing service for oral fluid/saliva, blood profiles and urinalyses. Use of our approved lab helps ensure the timely transmission of test results.

#### **Blood Profiles/Urinalysis/Oral Fluid**

Agent administered oral fluid testing is available for certain rate classes and certain products. A full blood profile and urinalysis is always required for Preferred and Elite Preferred consideration. A urinalysis is required whenever blood testing is needed. Please refer to the product-specific charts in this guide for additional information. HIV consent forms must be submitted in those states where required, for all proposed insureds that require laboratory testing. Completion of these forms is the agent's responsibility.

### Medical Testing by Other Companies

We will consider a paramedical exam\*, EKG, treadmill and/or labs that have been completed within the last twelve months for another carrier if copies are made available to us. We reserve the right to request current testing.

### No Medical Testing

Please refer to the product – specific charts for certain products, face amounts, ages and rate classes that may be considered without medical testing. The company reserves the right to require additional requirements as deemed necessary.

### Questionnaires

Medical Questionnaires are available to help avoid the need for medical records and also assist in gathering detailed medical information from a client. Available on web site and in this guide.

Alcohol Use/DUI	9270	47552
Arthritis	9275	47557
Avocation, Aviation & Foreign Travel	1480	51381
Back Pain	9277	47559
Blood Pressure/Hypertension	8625	50789
Business Insurance	20098	51945
Cardiac/Chest Pain	9274	47556
Criminal History	20087	51943
Depression/Anxiety/Psych.	9437	48390
Diabetes	9594	48824
Drug Use	9269	47551
Financial	1392	40121
Foreign National	8327	50038
Gastro-Intestinal	9276	47558
Genitourinary	9267	47549
Military Personnel	20086	51942
Migraines	9271	47553
Mountain Climbing	20088	51944
Respiratory/Asthma/Sleep Apnea	9268	47550
Seizures	9272	47554
Stroke/TIA	8624	50788
Tumors	9279	47561

\*The health questions on the application must be completed.

# Quick Tips for Efficient Processing (cont'd)

## APS (Attending Physician Statement)

The Home Office will order medical records unless otherwise noted. We offer the service of ordering medical records through our vendor EMSI/Examination Management Service. Contact your New Business Case Manager if you wish to use this service.

An APS (copy of the client's medical records) may be required by the underwriter in order to complete the underwriting process. Obtaining these records can take 2-6 weeks, depending on the physician. It's important to provide complete physician information on the application (full name, address, phone number) for the personal physician as well as all other physicians and specialists seen. The Underwriter will advise of options for requirements for certain impairments. If available, you will be notified via email from the Underwriter. Please refer to the specific section in this guide for APS guidelines.

## Inspection Reports/Personal History Interview (Ordered by Home Office)

Please provide the proposed insured's phone numbers on every application regardless of the amount applied for and inform the applicant of the possibility of contact.

Routine Inspection	Routine PHI (Phone Interview)
\$5,000,001 and over: Inspection Required	Through \$2,000,000: Underwriter Discretion
Foreign Nationals: Inspection Required	\$2,000,001 - \$5,000,000 (all ages): Required PHI
	Ages 70 & over for \$500,000 and over: Required PHI

## Motor Vehicle Report (Ordered by Home Office)

- Ages 14 – 30: All applications
- Ages 31 – 40: Requested for \$250,000 and over
- Ages 41 – 69: Requested for \$500,000 and over
- Ages 70+: Requested for \$100,000 and over

An MVR may also be requested at the underwriter's discretion, based on the application and history.

## Illustrations

Contact the Sales Desk for assistance with running illustrations at 800-906-3310, Option 2, Option 1.

In states that have adopted the NAIC Illustration Regulation, a signed illustration or valid sales certification is required with submission of the application. If a state hasn't adopted the NAIC Model Regulation and the state's regulations do not require a signed illustration one does not need to be submitted. Agents are required to familiarize themselves with their state's regulations.

*LifeBuilder applications also require an illustration to be submitted with the application.*

## Policy Issue and Delivery

Policies are sent directly to the agent for delivery to the policyowner unless otherwise directed. The policy should be delivered in person as soon as possible. A policy transmittal accompanies the policy which outlines all delivery requirements and receipts needed to complete the sale. A self-addressed envelope is also enclosed for your convenience in returning of these items or they may be faxed to the Home Office at 802-229-4726 or emailed to NBRequirementImages@NationalLifeGroup.com.

## Agent Commissions and Contracting

- LSW commissions are generated weekly and National Life commissions are generated twice a month. Please see the website [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com) for a Life commission cutoff schedule.
- Please note that Pennsylvania requires us to appoint you in their State prior to solicitation.

Contact the Life Agent Services Support Center at 800-906-3310 (x6765) for commission, contracting, website or forms related questions.

# Life Underwriting Requirements

## SecurePlus Provider Indexed Universal Life

Underwriting Amount	Issue Age								
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-80	81+
Through \$50,000	A	A	A	A	A	A	D	M	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME	ME
\$250,001 - \$300,000	A	C	D	D	D	D	E	ME	ME
\$300,001 - \$500,000	A	D	D	D	E	E	E	ME	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME	ME

### Category Medical Requirements

A	Application (for VSNT, ESNT or Std Tobacco)
C	Application, Blood Profile and Urine
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

**Rate Classes/Issue Age<sup>2</sup> – Please note that preferred rates are not available at ages 0 to 65 for face amounts through \$250,000.**

	Available Ages/Face Amounts
Verified Standard <sup>3</sup>	Ages 0 - 85; All Face Amounts
Express Standard <sup>4</sup>	Ages 0 - 85; All Face Amounts
Standard Tobacco <sup>5</sup>	Ages 18 - 85; All Face Amounts
Preferred NT	Ages 18 - 65; \$250,001 and Over Ages 66 - 75; \$25,000 and Over
Preferred Tobacco	Ages 18 - 65; \$250,001 and Over Ages 66 - 75; \$25,000 and Over

<sup>2</sup> Issue age last birthday

<sup>3</sup> Verified Standard NT used at ages 0-14

<sup>4</sup> Express standard class not available in PA/NJ

<sup>5</sup> 200% rating added to Standard NT rates for tobacco users up to age 19 (NA in PA)

For Agent Use Only – Not For Use With The Public

# Life Underwriting Requirements

## ProtectorLife Whole Life

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	A	A	A	A	A	D	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME
\$250,001 - \$300,000	A	C	D	D	D	D	E	ME
\$300,001 - \$500,000	A	D	D	D	E	E	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

### Category Medical Requirements

A	Application (for VSNT, ESNT or Std Tobacco)
C	Application, Blood Profile and Urine
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

**Rate Classes/Issue Age<sup>1</sup> – Please note that preferred rates are not available at ages 0 to 65 for face amounts through \$250,000.**

	Available Ages/Face Amounts
Preferred Non tobacco	Not Available for "A" Category Above. Available ages 20-75 for face amount greater than \$250,000 and ages 66-75
Verified Standard <sup>3</sup>	Ages 0-85; All Face Amounts
Express Standard NT1 <sup>4</sup>	Ages 0-85; All Face Amounts
Express Standard NT2	Ages 0-85; All Face Amounts
Preferred Tobacco	Not Available for "A" Category Above. Available ages 20-75 for face amount greater than \$250,000 and ages 66-75
Verified Standard Tobacco	Ages 20-85; All Face Amounts
Express Standard Tobacco	Ages 20-85; All Face Amounts

<sup>1</sup> Issue Age Nearest Birthday

<sup>3</sup> Verified Standard NT used at ages 0-14

<sup>4</sup> Express Standard 1 will be used for Juvenile (age 0-19) tobacco users

Express Standard NT1 - Standard to Table 4 (200%)

Express Standard NT2 - Table 5(225%) to Table 8(300%)

Express Standard Tob - Standard Tob to Table 4(200%)

For Agent Use Only – Not For Use With The Public



# Life Underwriting Requirements

## LSW Foundation Universal

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70+
Through \$50,000	A	C / OF	C / OF	C / OF	D / OF	D / OF	D / OF	M
\$50,001 - \$100,000	A	C / OF	C / OF	D / OF	D / OF	D	D	M
\$100,001 - \$150,000	A	C / OF	C / OF	D / OF	D	D	D	M
\$150,001 - \$200,000	A	C / OF	D / OF	D / OF	D	D	E	ME
\$200,001 - \$250,000	A	C	D	D	D	D	E	ME
\$250,001 - \$300,000	A	C	D	D	D	D	E	ME
\$300,001 - \$500,000	A	D	D	D	E	E	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

### Category Medical Requirements

<b>OF</b>	Application and Oral Fluid (for VSNT, ESNT or Std Tobacco)
A	Application (for VSNT, ESNT or Std Tobacco)
C	Application, Blood Profile and Urine
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

### Rate Classes/Issue Age<sup>1</sup>

	Available Ages
Preferred NT	ages 18-85
Verified Standard NT <sup>2</sup>	ages 0-85
Express Standard <sup>3</sup>	ages 0-85
Preferred Tobacco	ages 18-85
Standard Tobacco <sup>4</sup>	ages 15-85

<sup>1</sup> Issue age last birthday

<sup>2</sup> Verified Standard NT used at ages 0-14

<sup>3</sup> Express Standard class not available in PA/NJ

<sup>4</sup> 200% rating added to Standard NT rates for tobacco users up to age 19 (NA in PA)

For Agent Use Only – Not For Use With The Public

# Life Underwriting Requirements

LSW Horizon UL, LSW Advantage 79 IUL, LSW IncomeBuilder UL, LSW FlexLife IUL, and LSW LifeCycle Solutions SIUL<sup>6</sup>

Underwriting Amount	Issue Age								
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-80	81-90
Through \$50,000	A	C	C	C	D	D	D	M	M
\$50,001 - \$100,000	A	C	C	D	D	D	D	M	M
\$100,001 - \$150,000	A	C	C	D	D	D	D	M	M
\$150,001 - \$200,000	A	C	D	D	D	D	E	ME	ME
\$200,001 - \$250,000	A	C	D	D	D	D	E	ME	ME
\$250,001 - \$300,000	A	C	D	D	D	D	E	ME	ME
\$300,001 - \$500,000	A	D	D	D	E	E	E	ME	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME	ME

## Category Medical Requirements

A	Application
C	Application, Blood Profile and Urine
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

## Rate Classes/Issue Age

	LSW Horizon <sup>1</sup>	LSW Advantage 79 <sup>1</sup>	LSW Income Builder <sup>1</sup>	LSW Flex Life <sup>1</sup>	LSW LifeCycle <sup>1,6</sup>
Elite Preferred NT	ages 20-75	ages 20-75	ages 20-75	ages 20-75	ages 20-75
Preferred NT	ages 20-85	ages 20-85	ages 20-85	ages 20-85	ages 20-85
Standard NT <sup>2</sup>	ages 0-85	ages 20-85	ages 0-85	ages 0-85	ages 0-90
Preferred Tobacco	ages 20-85	ages 20-85	ages 20-85	ages 20-85	ages 20-85
Standard Tobacco	ages 20-85	ages 20-85	ages 20-85	ages 20-85	ages 20-90

<sup>1</sup> Issue Age Nearest Birthday

<sup>2</sup> 200% rating added to Standard NT for tobacco users up to age 19 (NA in PA)

<sup>6</sup> The underwriting amount for LifeCycle (2nd to die) will be equal to the Base Face Amount and APB Amount.

If SPR is requested the Underwriting Amount will be the greater of the Base and APB or Base and SPR lump sum equivalent amount.

For Agent Use Only – Not For Use With The Public

# Life Underwriting Requirements

## LSW Term

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-75
Through \$50,000	A	A	A	A	A	A	D	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME
\$250,001 - \$300,000	A	C	D	D	D	D	E	ME
\$300,001 - \$500,000	A	D	D	D	E	E	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

### Category Medical Requirements

A	Application (for VSNT, ESNT or Std Tob) - NO STD PLUS, PREFERRED or ELITE available
C	Application, Blood Profile and Urine
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

Product	Issue Age <sup>1</sup>
Level Term 10-G	ages 18-75
Level Term 15-G & 15-NG	ages 18-75 NonTobacco / ages 18-70 Tobacco
Level Term 20-G & 20-NG	ages 18-70 NonTobacco / ages 18-65 Tobacco
Level Term 30-G & 30-NG	ages 18-55 NonTobacco / ages 18-50 Tobacco

### Rate Classes Available

Elite Preferred NT<sup>1</sup>  
 Preferred NT<sup>1</sup>  
 Standard Plus NT<sup>2</sup>  
 Verified Standard NT  
 Express Standard NT  
 Preferred Tobacco<sup>4</sup>  
 Standard Tobacco

<sup>1</sup> Issue Age Nearest Birthday

<sup>2</sup> Standard Plus Class is only available on 2013 LSW Term

<sup>4</sup> No elite or preferred rates up to age 65 for face amounts less than \$250,001.

**FULL TESTING REQUIRED FOR ELITE, PREFERRED & STANDARD PLUS.**

For Agent Use Only – Not For Use With The Public

# Underwriting Requirements

## National Life Term (2013) and Permanent Products

Underwriting Amount	Issue Age <sup>1</sup>						
	0-17	18-30	31-40	41-50	51-65	66-69	70+
Through \$50,000	A	C	C	C	D	D	M
\$50,001 - \$150,000	A	C	C	D	D	D	M
\$150,001 - \$300,000	A	C	D	D	D	E	ME
\$300,001 - \$500,000	A	D	D	D	E	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	ME
\$10,000,001 and up	E	E	E	E	E	E	ME

### Category Medical Requirements

A	Application
C	Application, Blood Profile, Urine
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine, EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

### Rate Classes<sup>2,3</sup>/Issue Age<sup>1</sup>

Elite Preferred NS  
 Preferred NS  
 Standard Plus NS<sup>2</sup>  
 Standard NS<sup>3</sup>  
 Preferred Smoker  
 Standard Smoker

<sup>1</sup> Age Nearest Birthday

<sup>2</sup> See product specific information for rate classes and ages available

<sup>3</sup> See product specifications for applicable juvenile rates

2013 TERM NOT APPROVED IN NEW YORK

For Agent Use Only – Not For Use With The Public

# LSW Underwriting Classes<sup>1</sup>

## LSW Products

### Elite Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

### Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

### Standard Plus Non-Tobacco [new 2013 LSW Term only]

Offered for those clients who do not meet all criteria for preferred but meet the special standard “plus” criteria for this well-priced non-tobacco/non-nicotine class. Blood/urine testing always required.

### Verified Standard Non-Tobacco

Offers competitive rates for applicants who are fully underwritten, who are standard risks and do not use tobacco or nicotine products. If additional table ratings are applicable, use this rate class as the platform for non tobacco class illustrations with ratings.

### Express Standard Non-Tobacco<sup>1</sup>

Available to applicants who do not use products containing tobacco or nicotine that qualify as standard under “quick underwriting” and to those with rating of four tables or less who would otherwise be substandard.

### Express Standard Non-Tobacco<sup>2</sup>

Available to applicants who do not use products containing tobacco or nicotine who qualify as standard under “quick underwriting” and to those with rating of 225% to 300%.

### Preferred Tobacco

Available to applicants who use products containing tobacco or nicotine and meet all preferred guidelines (see following pages). Blood/urine testing always required.

### Standard Tobacco

Applicants who use tobacco or nicotine products that do not otherwise meet the preferred guidelines will use this rate class. If additional table ratings are applicable, use this rate class as the platform for tobacco class illustrations with ratings.

### Express Standard Tobacco

Available to tobacco users that rate four tables or less utilizing “quick underwriting”. Limited availability by product.

## National Life Products

### Elite Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

### Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

### Standard Plus Non-Tobacco [new 2013 NL Term only]

Offered for those clients who do not meet all criteria for preferred but meet the special standard “plus” criteria for this well-priced non-tobacco/non-nicotine class.

### Standard Non-Tobacco

Offers competitive rates for applicants who are fully underwritten, who are standard risks and do not use tobacco or nicotine products. If additional table ratings are applicable, use this rate class as the platform for non tobacco class illustrations with ratings.

### Preferred Tobacco

Available to applicants who use products containing tobacco or nicotine and meet all preferred guidelines (see following pages). Blood/urine testing always required.

### Standard Tobacco

Applicants who use tobacco or nicotine products that do not otherwise meet the preferred guidelines will use this rate class. If additional table ratings are applicable, use this rate class as the platform for tobacco class illustrations with ratings.

### Table Ratings converted to Percent Ratings

Table 2	Table B	150%
Table 3	Table C	175%
Table 4	Table D	200%
Table 5	Table E	225%
Table 6	Table F	250%
Table 8	Table H	300%
Table 10	Table J	350%
Table 12	Table L	400%
Table 16	Table P	500%

*Ratings are illustrated using Standard or Verified Standard class as the platform for Non-Smoker clients or using Standard Tobacco class as the platform for tobacco users.*

<sup>1</sup> See product-specific tables on pages 7-9 for rate classes available.

<sup>2</sup> Please refer to the product-specific charts for class

# Elite Preferred Non-Tobacco and Preferred Criteria<sup>1</sup>

	<b>Elite Preferred Non-Tobacco</b>	<b>Preferred</b>	<b>Standard Plus Non-Tobacco</b>
<b>Citizenship</b>	U.S. Resident.	U.S. Resident.	U.S. Resident.
<b>Tobacco or Nicotine Products<sup>1,2</sup></b>	No use of tobacco or nicotine - containing products of any kind within the last 60 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products <sup>3</sup> of any kind within the past 36 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products <sup>3</sup> of any kind within the past 12 months. Current lab testing negative for nicotine.
<b>Health</b>	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risk with no current borderline medical problems. No currently ratable medical history.
<b>Alcohol/ Drugs</b>	No history of drug or alcohol abuse or treatment at any time, and no current use of drugs.	No history of drug or alcohol abuse or treatment within the last 10 years, and no current use of drugs.	No ratable history of drug or alcohol abuse.
<b>Aviation/ Avocation</b>	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No ratable aviation, hazardous avocation or occupation.
<b>Family History</b>	No parental family history of death from coronary artery disease or cancer prior to age 65. Criteria does not apply if applicant has reached the age of 65 or for gender-specific cancers where the applicant is the opposite gender.	No parental family history of death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.	Parental family history of no more than one death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.
<b>Blood Pressure</b>	Current blood pressure with a 12-month average reading of 135/85 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 140/90 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 150/90 or better.
<b>Cholesterol</b>	Current cholesterol/HDL ratio of 4.5 or less, or 5.0 or less for issue ages 65 and up. Cholesterol must also be 260mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 5.5 or less, or 6.0 or less for issue ages 65 and up. Cholesterol must also be 280mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 6.5 or less, or 7.0 or less for issue ages 65 and up. Cholesterol must also be 300mg/dl or less. Cholesterol treatment is acceptable if cholesterol/HDL ratio is maintained for 12 months.
<b>Driving History</b>	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than one moving violation within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than two moving violations within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than three moving violations within the last three years.

<sup>1</sup> Please refer to the National Life and LSW product-specific charts for classes available.

<sup>2</sup> Not applicable for Preferred Tobacco class.

<sup>3</sup> Products such as cigarettes, cigars, chewing tobacco, pipe, nicotine gum products, nicotine patch, etc.

**For Agent Use Only – Not For Use With The Public**

## Table of Height and Weight

This chart is used as a guideline to identify the weights that are usually acceptable for standard premium rates within the rate classes shown, and to show the acceptable weight to qualify for the disability income rider. Other factors, including age or disproportion in body measurements (girth of chest and abdomen), may impact the final decision.

Height	Issue Ages 18 - 64				Issue Ages 65 and Up				Express Standard (all ages)	Disability Income Rider	Uninsurable
	Elite	Preferred	Standard Plus	Standard	Elite	Preferred	Standard Plus	Standard			
4' 8"	119	145	159	166	132	156	167	170	185	163	>217
4' 9"	124	149	164	172	137	160	171	176	191	169	>225
4' 10"	129	153	169	178	143	165	177	183	198	174	>233
4' 11"	133	157	173	184	148	169	181	189	205	178	>241
5' 0"	139	161	178	191	154	174	186	196	212	183	>249
5' 1"	144	166	182	197	159	178	191	202	219	188	>257
5' 2"	149	170	186	204	165	183	195	210	226	193	>266
5' 3"	153	174	192	210	170	187	201	217	234	198	>274
5' 4"	158	179	197	217	176	193	206	224	241	204	>283
5' 5"	170	184	203	224	184	198	213	231	249	209	>292
5' 6"	173	190	208	231	190	204	218	238	257	216	>301
5' 7"	178	194	214	238	194	208	223	245	264	221	>310
5' 8"	183	199	219	245	199	214	229	253	272	228	>319
5' 9"	189	204	225	252	204	220	235	259	281	235	>329
5' 10"	193	210	231	260	210	226	242	267	289	241	>339
5' 11"	198	215	236	267	215	231	247	275	297	248	>348
6' 0"	203	221	243	275	221	237	254	282	305	255	>358
6' 1"	208	226	249	283	226	243	261	290	314	263	>368
6' 2"	212	232	255	291	232	250	267	298	323	270	>378
6' 3"	218	239	262	299	239	256	275	307	332	278	>389
6' 4"	223	246	271	307	246	264	283	315	340	285	>399
6' 5"	228	252	277	315	252	271	290	323	349	292	>409
6' 6"	232	259	285	324	257	279	299	332	359	300	>420
6' 7"	237	267	294	331	263	287	307	340	368	309	>431
6' 8"	243	274	301	340	269	295	315	349	377	315	>442

# Financial Underwriting Guidelines & Business Insurance

## Cover Letter

The writing producer is an important source of information. Through a cover letter, he/she can provide an explanation of the purpose, need, and method used to establish the requested face amount and total line of coverage as well as any unusual aspects of the case, and competitive situations. Copies of the needs analysis and financial statement should accompany applications with large face amounts.

## Personal Insurance

While each application is underwritten based on its own merits, the following are general guidelines for personal insurance to cover income replacement and survivorship. Coverage for non-working spouses would be considered for reasonable amounts based on the working spouse's income as well as net worth and purpose of the coverage. We welcome discussions on individual situations.

Issue Ages	Will Consider Up To:
0-17	See juvenile insurance guidelines
18-30	40x annual earned income
31-40	35x annual earned income
41-50	25x annual earned income
51-60	15x annual earned income
61-65	10x annual earned income
66+	5x annual earned income

## Bankruptcy

We will not offer coverage to an individual with a history of Chapter 7 bankruptcy until the bankruptcy proceedings have been discharged, the client is currently working full-time, and demonstrates a financial need for a reasonable amount of coverage.

We will consider coverage for applicants currently in Chapter 11 or 13 once the applicant is making regular debt payments and they are not subject to any court imposed restrictions.

All applicants will be underwritten on their own merit, taking into consideration stable employment, annual income, net worth, purpose and need for coverage, as well as any emotional, anxiety and other medical concerns.

## Business Insurance

Insurance is frequently used to protect against financial loss in a business relationship.

The most common are Key Person, Buy/Sell and Deferred Compensation. The amount of death benefit must be suitable for the given business financial situation.

Each business sale should include a **detailed cover letter and Business Insurance Questionnaire, Form 20098**. The letter should clearly explain the purpose, how the amount was arrived at, and how others in the business are equitably treated. Reference to and/or copies of tax returns [both personal and business] along with business income statements and balanced sheets will often be requested to support the amount applied for.



# Juvenile Applications

child must be at least 14 days old, a U.S. citizen or permanent resident.

Life insurance coverage on minor children will be considered financially based on the need for life insurance, purpose of the insurance and coverage on family members.

Please contact your Underwriting Team with special situations prior to completing an application.

## Face Amount

The face amount of insurance applied for must be justifiable; we will generally consider insurance on juveniles up to the face amount insured on the “head of household/top wage earner” parent (or legal guardian); unless state insurance law dictates otherwise. All children should be similarly insured and the purpose of the coverage clearly defined.

In order to sustain long term premium payments, households with modest annual income should not exceed of 10% of income for life insurance premiums.

If multiple applications are submitted for the same family, a cover letter (include a copy with each application) or note on the Agent’s Report with details on the sale will help to provide more efficient processing. Please include the amount of coverage in force and applied for on the parents and any siblings on the application.

## Face Amounts over \$1,000,000

Larger face amounts applied for on children are considered on an individual basis. It is the agent’s responsibility to provide supporting financial details and the background of the sale to justify the coverage applied for.

## Ownership

Acceptable ownership and premium payers for minors include parents/legal guardians or grandparents only.

## Forms/Signatures

A HIPAA form is needed for each child. The child’s signature is required at age 15 and over. A parent’s signature is required on the application if the grandparents are applying for the coverage or the child is named as owner (if age of majority allows).

## Medical Testing

Please refer to the product-specific requirements for medical testing needed.

## Insurable Interest – Owner/Beneficiary

Insurance law and public policy in the various states require that we establish that an **insurable interest between the Proposed Insured and the Owner/Beneficiary** exists at the time we issue a life insurance policy. The strictest definition of insurable interest suggests that the Owner/Beneficiary must suffer a **quantifiable financial loss** at the Insured's death. In other words, the Owner/Beneficiary must be better off if the Insured lives rather than dies.

Because the Owner controls several aspects of the policy such as the right to change the beneficiary, change the face amount or riders or cancel the policy; the insurance company is charged with assuring there is insurable interest of the owner for any policy issued.

The simplest, most common relationship we insure is that between spouses. Survivor income, debt repayment, tuition costs and final expenses are all quantifiable needs that become readily apparent at death in this situation and are perfectly appropriate purposes for life insurance. Loan repayment in debtor relationships, key-person and buy-sell agreements in business relationships and estate protection are other fairly quantifiable needs that can be supported by life insurance.

The law also makes allowance for the bonds of love and affection which exist between spouses (or "significant others"), when parents insure minor children and grandparents insuring grandchildren (with parent's approval).

The relationships between cousins, nieces/nephews and aunts/uncles are more difficult to insure because the financial and emotional ties are hard to identify and quantify; therefore not generally accepted and the insurance company may ask for additional clarification or justification.

Except when spouses insure each other or when parents insure minor children; it is the Agent's responsibility to carefully describe the insurable interest supporting any application where the Owner is someone other than the Proposed Insured and if the relationship of the Owner to the Beneficiary is questionable. It's important that the explanation include the **financial loss incurred** at the Proposed Insured's death.

Generally accepted Ownership Arrangements include Insured, Spouse, Parent of Minor Child, Grandparent, Business Partner, Business/Corporation Owned by the Insured, and Trusts.

# Section 79 Programs

## General Information and Guidelines

The National Life Group supports its distribution partners with permanent life insurance products designed to provide a competitive edge in the Section 79 arena. Please note that groups of less than ten participants require simplified underwriting and certain limits apply. We have provided specific information for groups of Nine or Less participants as well as plans with Ten or More participants.

### Third Party Administrator

Section 79 Programs require the services of a National Life approved third party administrator.

### Product Availability

Although employee participants may elect the minimum \$50,000 term coverage defined in the IRS Code Section 79, National Life Group will consider only applicants electing permanent insurance coverage. LSW SecurePlus Advantage 79 is available in all states except New York. Plans with the state of execution in New York would use the product NL UltraSelect with the Section 79 APB Rider. Visit our company website: [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com) for current product, sales and marketing materials.

### Processing

Please utilize the following guidelines and procedures for efficient processing in New Business and Underwriting.

### TPA Responsibility:

1. Review application papers for suitability.
2. Review Census/Employer Certification.
3. Verify commission percentage on Agent's Report
4. Run illustration with appropriate rating and any flat extra premium.
5. Forward all items to National Life New Business in Montpelier VT.

### Agent Responsibility:

1. Fully complete application and related forms; provide complete details to all Yes answers and include questionnaires related to specific medical history.
2. The Agent's Report must note the commission percentage for the TPA.
3. Provide completed and signed Hold Harmless Forms. LSW Products – use Forms 8638 and Form 8639; National Life Products – use Forms 8770 and 8771.

4. Provide census completed by employer at the point of sale. An Employer Certification (Form 20085) may be used in lieu of census form.
5. Clearly indicate on the New Business Checklist if the group size is Nine or Less or Ten or More Participants.
6. Submit application and related forms to a company-approved TPA for review and approval. The TPA office will forward all forms to the Home Office.
7. Order the usual medical testing requirements ONLY for groups of Ten or More Participants.

## Groups of Nine and Less Participants

The IRS code provisions prohibit the use of third party underwriting information which creates a situation of **Simplified Underwriting**.

1. **Fully Completed Application.** It is critical that complete and comprehensive information be included on the application (and any applicable questionnaires) so that a determination of potential standard classification can be made based on the limited evidence and without use of paramedical exams or physician's records.
2. **Medical Questionnaires.** The client should complete all appropriate medical questionnaires providing detailed responses.
3. **MIB Inquiry.** The Home Office will utilize the Medical Information Bureau check.
4. **PHI (Personal History Interview).** A telephone interview may be completed at the discretion of the underwriter. Please provide the client's phone contact numbers on the application and any requests for the best time of day or the call.

**Maximum Age:** 65

**Maximum Face Amount:** \$3,000,000; up to our available company retention

**Rate Class:** Standard underwriting classification only. Those failing to qualify as such, or if the underwriter is not provided with enough information on the application to do so, will be declined. Clients who are issued standard under this process will not be permitted to apply for enhanced underwriting classification for the policy in the future.

## Section 79 Programs (cont'd)

### Occupation/Flat Extra Premium Cost of Insurance (COI)

Certain executive and professional occupations deemed to be 5A occupations [see sample listing below] where work is performed in an office setting with no environmental hazards, no direct supervision of persons with manual responsibilities and minimal travel – are exempt from the flat extra cost of insurance (COI) per \$1,000 of face amount for the first five policy years. The flat extra cost of insurance will otherwise be imposed and an illustration required for each application prior to issue [see chart following for Flat Extra Premium COI].

### Sample “5A” / Executive /Professional Occupations exempt from COI

Accountants/CPAs (not bookkeeper)	Engineers (office/design/consulting only)
Actuaries	Executive - top level, income > \$250,000/yr
Advertising Account Executives	Judges
Architects	Medical Physician and D.O.
Attorneys	Pharmacists
Bank Officers/Examiners	Statisticians
College Dean/Professor	Scientist - except for field or lab work
Computer Architect/Design/Programmer	Veterinarians (small animals only)
Dentists	Web Developer

### Flat Extra Premium Cost of Insurance

Insured's Age at issue	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
Ages 20-40	.24	.84	.12	.60
Ages 41-45	.36	2.04	.24	1.32
Ages 46-50	.96	4.20	.72	2.52
Ages 51-55	1.92	7.08	1.32	4.32
Ages 56-60	3.96	12.24	2.04	6.24
Ages 61-65	6.48	18.72	2.64	8.40

### Plans with Ten or More Participants

#### Simplified Underwriting

Only available if ten or more permanent life policies are being applied for and all are within the executive/professional occupational listing or considered 5A occupations. Simplified underwriting will be available for standard risk classification only using the application and related questionnaires, MIB, prescription database and motor vehicle records. A PHI (phone interview) will be conducted only at the underwriter's discretion.

**Maximum Age:** 65

**Maximum Face Amount:** \$3,000,000; up to our available company retention

#### Full Underwriting

Available for groups of ten or more participants that do not otherwise meet all of the criteria listed above for simplified underwriting for plans with ten or more participants. Normal underwriting requirements are required and any rate class is available as the product allows. The flat extra premium cost of insurance does not apply to this fully underwritten group.

**Maximum Age & Maximum Face Amount:** see product guidelines

Full underwriting for Preferred/Elite consideration is still available for groups of ten and over, but cannot be combined with simplified underwriting.



Life Insurance Company of the Southwest™

Employer Certification for Section 79 Plans

Treasury Regulations written decades ago make a distinction between Section 79 plans in which there are fewer than 10 participants and those with 10 or more participants. In the case of plans with fewer than 10 participants, the Regulations limit the insurance carrier's ability to gather evidence of insurability to a questionnaire that does not require a physical examination.

As a result, the underwriting process is different where the number of participants in the plan is fewer than 10. This number includes both those employees who are electing permanent benefits and those who are electing term coverage only. For any employee who elects permanent benefits in such a plan, there are limitations on the underwriting classifications that can be offered as well as the maximum face amount of the policy. There are age restrictions as well.

In order to ensure that the National Life Group companies comply with these Regulations, we require an authorized representative of the Employer that is sponsoring the plan to certify as to the number of participants by checking the appropriate box below and signing this document.

I hereby certify that the total number of participants to be included in the Section 79 plan being adopted by \_\_\_\_\_ (name of Employer) will be:

- Fewer than 10 employees
10 or more employees

Print Employer Name

By:

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date

20085(1211) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 51941

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public

# Quick Quotes

<b>Introduction</b>	<p>Certain medical or non-medical impairments may require “pre-qualifying” a proposed client for insurance coverage. The Quick Quote process is designed to provide detailed information to the underwriter to determine possible insurability before an application is taken.</p> <p>The listing of Uninsurable and Problematic Risks provided in this guide should be reviewed prior to submitting a request.</p> <p>All quotes are tentative, non-binding and subject to change after a full underwriting work up and company retention limits.</p>
<b>Requirements</b>	<p>Requirements needed for a Quick Quote:</p> <p>Quick Quote Request (sample on following pages or available on website) or message with details to include: age, sex, height/weight, amount of insurance to be considered, riders requested, medical diagnosis, date diagnosed, treatment and medications, restrictions, prognosis and all other pertinent information for each medical impairment.</p> <p>Do Not submit attachments with medical records or other evidence.</p>
<b>Submission to Home Office</b>	<p>Requests can be emailed to <a href="mailto:underwritingquotes@NationalLifeGroup.com">underwritingquotes@NationalLifeGroup.com</a></p> <p>Please allow 24 hours for reply and send a copy of quote obtained if an application is submitted.</p>

# Quick Quote Request

Fax to 802-229-4726 or E-mail NBRequirementImages@NationalLifeGroup.com

Agent: \_\_\_\_\_ Appt.Date: \_\_\_\_\_

Client Last Name: \_\_\_\_\_ Client Age (DOB): \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Smoker: N \_\_\_\_\_ Y \_\_\_\_\_

Plan: \_\_\_\_\_

Amt. of Insurance: \_\_\_\_\_

Riders Requested: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

---

---

---

---

---

---

---

---

Date Diagnosed: \_\_\_\_\_

Treatments Received and Medications: \_\_\_\_\_

---

---

---

---

Restrictions: \_\_\_\_\_

---

---

---

---

Prognosis: \_\_\_\_\_

---

---

---

---

Comments: \_\_\_\_\_

---

---

---

---

Please allow 24 hours for a reply.

For Agent Use Only – Not For Use With The Public

# Informal/Trial Applications

<p><b>Introduction</b></p>	<p>National Life Group is willing to consider informal/trial applications on a very limited basis; subject to the following parameters:</p> <ul style="list-style-type: none"> <li>• Permanent Products Only.</li> <li>• Minimum Face Amount: \$2,000,000</li> <li>• Summary page required; to include case design (product and face amount requested), rate needed to place and outline of medical history. Financial documentation is required at the time of trial in order to be considered for review.</li> <li>• Time Service: 5 business days for independent production sources; 10 business days for all other sources.</li> <li>• Do Not submit informal paperwork on cases that have been previously declined and/or multi-carrier shopped. The alternative for a previous decline is sending a request with a few key pieces of information via the Quick Quotes process <a href="mailto:UnderwritingQuotes@NationalLifeGroup.com">UnderwritingQuotes@NationalLifeGroup.com</a> and/or call the underwriter. The underwriter will not reopen an informal once decision has been made unless new information has been submitted for reconsideration.</li> <li>• National Life/LSW will not pay for medical records or exams on informal business. Labs will not be obtained.</li> </ul>
<p><b>Placement</b></p>	<ul style="list-style-type: none"> <li>• Informal applications as a percentage of submitted business - no more than 5 percent.</li> <li>• Informal to Formal conversion rate - 50%</li> <li>• Review will be done on a monthly, quarterly and year to date basis.</li> <li>• We will consider alternative action with one quarter of data if parameters are not met. We will require, at the firm's expense, they pay for APS summary service and cannot submit full papers.</li> </ul>
<p><b>Requirements</b></p>	<p>Requirements needed for a Informal Application are:</p> <ul style="list-style-type: none"> <li>• New Business Checklist with Informal Application clearly indicated</li> <li>• Form 8164 - HIPPA Compliant Authorization or properly signed HIPAA form identifying National Life/LSW as an authorized carrier.</li> <li>• Client Information: name, date of birth, social security number.</li> <li>• Agent Information: agent code, agency office code.</li> <li>• Form 1386 Informal Inquiry with Authorization</li> </ul> <p><b>Important:</b> No medical testing should be ordered or money collected.</p>
<p><b>Submit forms to home office</b></p>	<p>Forms can be faxed or emailed to National Lift Group as follows:</p> <ul style="list-style-type: none"> <li>• Fax forms to 802-229-7592</li> <li>• Email forms to <a href="mailto:NBApplicationImages@NationalLifeGroup.com">NBApplicationImages@NationalLifeGroup.com</a></li> </ul> <p><b>Important:</b> Must be password protected if emailing</p>



# Field Underwriting LSW's Disability Income Rider

## The primary concerns in underwriting DIR include qualification for:

- Build
- Medical History
- Maximum Amount Eligible based on income/face amount of life coverage
- Occupation

### Build

Refer to the Height and Weight chart in this guide. There is no flexibility in the maximum weight listed.

### Medical History

Certain medical impairments will prohibit approval of DIR. A general listing of medical conditions is listed in the section on probable action relating to DIR. Basically, any medical impairment that may generate a substandard premium rate would not be eligible for DIR.

Whenever possible, the Underwriter will consider excluding an impairment or body part from the DIR rather than denying the rider. Any injury or impairment within two years of the application will likely be excluded from the DIR depending on severity. If a prospect is currently disabled for any reason, we are unable to consider for DIR.

It is crucial that the agent obtain accurate and detailed medical information when DIR is being requested so that the Underwriter may make a fair assessment. If few details are provided, additional requirements will be requested that will delay approval. Whenever possible, an Underwriter will use a questionnaire in lieu of an Attending Physician Statement (APS).

### Maximum Amount Available

The maximum monthly benefit available from LSW is \$2,000/month, subject to underwriting and state limitations. The monthly amount cannot exceed 66% of gross monthly income (40% in California; except for 1099 employees); or \$20 per \$1,000 of the LSW face amount life insurance applied. (For example, a \$2,000 DIR must be attached to a base policy of at least \$100,000.)

All in force Disability coverage with all companies will be taken into consideration when calculating the total amount eligible based on income (the 66% or 40% whichever applies). Short-term or long-term disability coverage is included in these calculations based on the scale below:

- Less than six months – won't count towards maximum available;
- Six months up to but not including one year – count at 50%
- One year or more – count at 100%

### Occupations

Part-time employees (less than 30 hours per week) and certain occupations are not eligible for DIR coverage. See listing on next page. Ineligible occupations may be due to hazards, persistency of business, seasonal/migrant work, or based on claims experience within the industry or company. This list is periodically updated. Self employed persons are considered on an individual basis by the underwriter.

- Does the client work from his/her own home? If so, what is the percent of time spent out of the home office?
- Does he/she travel to meet with clients? Could they do the job without leaving the home at all?
- Is their occupation otherwise eligible for DIR if not for self employment?
- Self employed consultants, graphic designers, (and other occupations who don't need to leave their home office to do their work) and working from their own home are not eligible for DIR.

Federal and Municipal employees are eligible for DIR, but only up to the amount of their home mortgage payments or \$2,000/month, whichever is less. We would require a copy of their mortgage statement to consider.

Please feel free to contact your underwriter with questions.

## Disability Income Riders (DIR)<sup>1</sup>

Two different DIRs are available on LSW Term, UL and IUL policies, providing coverage for disabilities due to either sickness or accident. Please see the Agent Guides for detailed information on the DIR. These riders are not approved in all states for all products; see the National Life website for availability. Part-time employees (less than 30 hours per week) and certain occupations shown below are not eligible for DIR coverage:

Actor/Actress	Drivers (local delivery or long-distance)	Pilot
Air Traffic Controller	Exotic Dancer	Police Officer
Amusement Park Employee	FBI Agent	Prison/Corrections Employee
Armed Forces or Coast Guard	Federal or Municipal Employee <sup>7</sup>	Professional Athlete
Artist/Musician	Fire Fighter	Racing Employee (dog or horse)
Asbestos Worker	Fisherman/Seaman	Rodeo Rider or Clown
Athletic Coach or Instructor	Flight Attendant	Roofer
Auto Body Repair	Forest Ranger	School Teacher <sup>8</sup> (public or private)
Blaster	Game Warden	Security Guard (armed)
Bowling Alley Employee	Golf Pro	Self-Employed (call with specific info)
Bridge or Dam Worker	Housewife	Skating Rink Employee
Bus Boy	Immigration Officer	Steeplejack (Billboard Worker)
Bus Driver	Life Guard	Structural Iron Worker
Cab Driver	Logging Employee	Subway or Tunnel Construction Worker
Carpet/Floor Installer	Longshoreman	Theater Industry Employee
Casino Employee	Migrant Worker	Truck Driver
Chauffeur/Limo Driver	Mine Worker	Vending Machine Worker
Circus Employee	Movie Industry Employee	
Delivery Person	Nature/Adventure Guide	
Dishwasher	Nurse	
Diver	Peddler	
Domestic Servant (Maid, Butler, etc.)	Piano Mover/Safe Mover	

<sup>6</sup> In South Carolina, "Disability" is defined as the insured's inability to perform the duties of his or her own occupation during the first year of disability and has the inability to perform the duties of any occupation for which he or she is suited thereafter.

<sup>7</sup> May purchase DIR up to monthly home mortgage amount.

<sup>8</sup> Only DIR5 available.

For Agent Use Only – Not For Use With The Public

# Foreign Risks

Including Foreign Nationals and Foreign Travel

## Contents:

- Section 1:** Definition of Foreign Nationals
- Section 2:** Foreign Nationals Living in the United States
  - Section 2.1:** Green Card Holders; Living in the United States
  - Section 2.2:** Visa Card Holders; Living in the United States
- Section 3:** Foreign Nationals Living Outside of the United States / U.S. Citizens Living Outside the United States
- Section 4:** Foreign Travel

## Section 1:

### Definition:

For purposes of an insurance application with National Life Insurance Company and Life Insurance Company of the Southwest, a foreign national is a citizen of a foreign country. A foreign national may travel to the U.S. as a non immigrant or reside in the U.S. on a permanent basis as an immigrant.

## Section 2:

**Foreign Nationals Living in the United States** – must have either a permanent resident card (“green card”) or certain visa’s accepted by the Company. A copy of the alien registration card or visa is required with the application. See following sections for criteria.

## Section 2.1:

### Alien Registration Card Holders (“Green Card” Holders); Living in the United States:

If an alien holds a permanent resident card, the alien registration number is required on the application and a copy of the alien registration card is required. If they have applied for U.S. citizenship we would require a copy of the I-797 document. We will consider as if they are a U.S. citizen for insurance purposes.

Individuals who are citizens and reside in Canada, Guam, Puerto Rico, US Virgin Islands or other US territories will be considered for preferred rates and fall under the same consideration as US citizens residing in the U.S.

## Section 2.2:

### Visa Card Holders; Living in the United States:

If an alien resident does not have a permanent residency card and therefore cannot provide an alien registration number, we must obtain a copy of their Visa. See listing of acceptable visa types.

### Criteria - Visa Card Holders; Foreign Nationals Living in the United States:

- Proposed insured has been in the United States for at least six months.
- Employed full time.
- Not working for a foreign government or government organization.
- Travel to a non-ratable country of origin only to visit relative or vacation for less than three weeks per year.
- Intent to remain in the United States. Some examples of this intent are to own a home in the U.S, own a business in the U.S., started the process to obtain legal permanent resident status, sponsored by employer or sponsored by family member who is a U.S. citizen.

### Temporary Visa’s Considered:

E1	H1B	O1
E2	H2	P1
E3	H3	P2
EB-5	J1	P3
G1	G2	G3
G4	L1	TPS (Temporary Protected Status or Asylum)

### Underwriting Considerations – Visa Card Holders; Foreign Nationals Living in the United States:

- **Maximum face amount limit:** \$1,000,000. Face amounts over \$1,000,000 will require reinsurance.
- **Minimum face amount:** \$250,000
- **Products/Riders:** Permanent Insurance Only (No Term Insurance). No riders available
- **Underwriting Class:** Must qualify for standard class or better.

## Foreign National Guidelines (cont'd)

- **Age:** Minimum age 18; Maximum age 65.
- **Employment:** Must be employed full time; have tax liability in the U.S.
- **Owner:** The policy must be owned by a U.S. domiciled person, company or irrevocable life insurance trust (ILIT).
- **Premium:** All premiums must be paid from a U.S. bank in U.S. dollars.
- **Limited Preferred Consideration:** Limited availability of preferred class depending on country of citizenship; otherwise standard class at best. See the listing following of countries for preferred consideration.

### **Application/Underwriting Requirements - Visa Card Holders; Foreign Nationals Living in the United States:**

1. All stages of the client acquisition process (initial contact and solicitation, application, completion of requirements and policy delivery) must be completed in the United States.
2. The application, exam and all other forms must be completed in English and signed with an English signature.
3. The application must be completed in the physical presence of the writing agent. We reserve the right to ask for evidence of these conditions.
4. The policy state of execution will be state where the application was completed and signed.
5. An Inspection Report or Personal History Interview may be required.
6. Foreign travel guidelines apply.
7. Request for medical records from the attending physician may be required. Medical documents in a language other than English will require translation to English by a certified translator at the agent/broker's expense and prior to case submission to National Life Group. See listing of approved translators on ExamOne or EMSI websites.
8. Must provide purpose/need for U.S. life insurance, verifiable proof of U.S. property ownership or U.S. business interest.
9. Foreign assets may be considered toward net worth with appropriate validation.

### **Other Underwriting Information Needed - Visa Card Holders; Foreign Nationals Living in the United States:**

- Copy of Visa
- Form 1480 Foreign Travel Questionnaire
- Form 8327 Foreign National/Residency Questionnaire
- Copy of Passport

### **Limitations - Visa Card Holders; Foreign Nationals Living in the United States:**

- Foreign Risks must be a minimal portion of the agent's overall business submitted.
- Employment Authorization Document (EAD) is not proof of the individual's ability to remain in the U.S.
- A dependent spouse or child will be considered for insurance if they have an accepted visa and otherwise meet all other qualifications.
- Working in a foreign country for a U.S. owned company or owning U.S. brokerage investment accounts do not constitute strong ties or property ownership in the U.S.
- Applicants residing outside of the U.S. more than 180 days per year will be considered as foreign national living outside of the United States.
- Premium finance not permitted.
- The proposed insured, owner, beneficiary or countries of residence/citizenship must not be on the restricted list published by the U.S. Department of Treasury, Office of Foreign Assets Control (see: [www.treas.gov/ofac/](http://www.treas.gov/ofac/)).
- We will not consider foreign: politicians, public figures/ celebrities, missionaries, government leaders, journalists, judicial personnel, police, military security personnel/ body guards, trade union officials, aviations, arms dealers, diplomats, foreign aid/relief workers.
- Residents of Colombia, Cuba or Haiti will not be considered.
- The Company reserves the right to reject or restrict any application submitted on any foreign national.

For Agent Use Only – Not For Use With The Public

## Listing of Countries for Preferred Consideration on a case by case basis

(subject to change):

American Samoa	Cyprus	Japan	Saint Lucia
Andorra	Czech Republic	Latvia	Saint Vincent & the Grenadines
Anguilla	Denmark	Liechtenstein	San Marino
Antigua	Dominica	Lithuania	Singapore
Argentina	Estonia	Luxembourg	Slovakia
Aruba	Falkland Islands	Macau	Slovenia
Australia	Finland	Malta	South Korea
Austria	France	Martinique	Spain
Bahamas	French Polynesia	Monaco	Sweden
Barbados	Germany	Montserrat	Switzerland
Barbuda	Greece	Netherlands	Taiwan
Belgium	Greenland	Netherlands Antilles	Turks
Bermuda	Grenada	Nevis	United Arab Emirates
Brazil	Guadeloupe	New Zealand	United Kingdom
British Virgin Islands	Guam	Northern Mariana Isl.	Uruguay
Caicos	Hong Kong	Norway	U.S. Virgin Islands
Canada	Hungary	Poland	Vatican City
Canary Islands	Iceland	Portugal	Virgin Islands
Cayman Islands	Ireland (Northern)	Puerto Rico	
Chile	Italy	Romania	
Curacao	Jamaica	Saint Kitts	

### Section 3:

#### Foreign Nationals Living Outside of the United States/ U.S. Citizens Living Outside of the United States:

Applicants residing outside of the United States for 180 or more days per year - please contact Underwriter with specific details for tentative quote.

#### Underwriting Considerations -Foreign Nationals Living Outside of the United States / U.S. Citizens Living Outside of the United States:

- **Maximum face amount limit:** \$1,000,000. Face amounts over \$1,000,000 will require reinsurance.
- **Minimum face amount:** \$250,000
- **Products/ Riders:** Permanent Insurance Only (No Term Insurance). No Riders Available.
- **Underwriting Rate Classification:** Must qualify for standard or better.
- **Age:** Minimum age 18; Maximum age 65.
- **Employment:** Must be employed full time; tax liability in the U.S.

- **Owner:** The policy must be owned by a U.S. domiciled person, company or irrevocable life insurance trust (ILIT).
- **Underwriting Rate Classification:** Must qualify for standard or better.
- **Premium:** All premiums must be paid from a U.S. bank in U.S. dollars.
- **Mailing:** Must provide a U.S. mailing address for all policy correspondence.

#### Application / Underwriting Requirements - Foreign Nationals Living Outside of the United States / U.S. Citizens Living Outside of the United States:

- 1) All stages of the client acquisition process (initial contact and solicitation, application, completion of requirements and policy delivery) must be completed in the United States.
- 2) The application, exam and all other forms must be completed in English and signed in English.

## Foreign National Guidelines (cont'd)

- 3) The application must be completed in the physical presence of the writing agent. We reserve the right to ask for evidence of these conditions.
- 4) The policy state of execution will be state where the application was completed and signed.
- 5) Inspection Report or Personal History Interview will be required.
- 6) Foreign travel guidelines apply.
- 7) Request for medical records from the attending physician may be required. Medical documents in a language other than English will require translation to English at the agent/broker's expense and prior to case submission to National Life Group. See listing of approved translators on ExamOne or EMSI websites.
- 8) Must provide purpose/need for U.S. life insurance as well as proof of U.S. property or business interest.
- 9) Foreign assets may be considered toward net worth with appropriate validation.

### **Other Underwriting Information Needed - Foreign Nationals Living Outside of the United States / U.S. Citizens Living Outside of the United States:**

- Form 1480 Foreign Travel Questionnaire
- Form 8327 Foreign National/Residency Questionnaire
- Copy of Passport

### **Limitations – Foreign Nationals Living Outside of the United States / U.S. Citizens Living Outside of the United States:**

- Foreign Risks must be a minimal portion of the agent's overall business submitted.
- Employment Authorization Document (EAD) is not proof of the individual's ability to remain in the U.S.
- Working in a foreign country for a U.S. owned company or owning U.S. brokerage investment accounts do not constitute strong ties or property ownership in the U.S.
- Premium finance not permitted.

- The proposed insured, owner, beneficiary or countries of residence/citizenship must not be on the restricted list published by the U.S. Department of Treasury, Office of Foreign Assets Control (see: [www.treas.gov/ofac/](http://www.treas.gov/ofac/)).
- We will not consider foreign: politicians, public figures/ celebrities, missionaries, government leaders, journalists, judicial personnel, police, military security personnel/ body guards, trade union officials, aviations, arms dealers, diplomats, foreign aid/relief workers.
- Residents of Colombia, Cuba or Haiti will not be considered.
- The Company reserves the right to reject to restrict any application submitted on any foreign national.

## **Section 4:**

### **Foreign Travel:**

If the proposed insured intends to travel or reside outside of the U.S. for more than two weeks per year, Form 1480 Foreign Travel Questionnaire is required.

Underwriting consideration is based on:

- Country or countries; cities visited
- Length of stay
- Frequency of travel
- Purpose of travel

The Company will not consider travel to countries listed on the U.S. Department of State's Travel Warnings list. See: <http://travel.state.gov/>

To request a quick quote – send details to:  
[UnderwritingQuotes@NationalLifeGroup.com](mailto:UnderwritingQuotes@NationalLifeGroup.com)

# Medical Questionnaires

Obtaining detailed medical information is critical for an underwriter's assessment of the mortality and/or morbidity risk. The following questionnaires are available to assist in gathering detailed information from the client and may be accessed via the Forms Section on the web site.

Questionnaire:	Catalog #	When needed:
Alcohol Use	Catalog # 47552 Form # 9270	<ul style="list-style-type: none"> <li>Any DUI (driving while intoxicated) history</li> <li>History of alcohol treatment within ten years</li> <li>History of abnormal liver function testing or current abnormal lab testing</li> </ul>
Arthritis <b>OF</b>	Catalog # 47557 Form # 9275	<ul style="list-style-type: none"> <li>Non-rheumatoid, non-steroid treated arthritis (i.e., osteoarthritis, gout)</li> </ul>
Avocation, Aviation & Foreign Travel <b>OF</b>	Catalog # 51381 Form # 1480	<ul style="list-style-type: none"> <li>Any participation in racing, parachuting, sky diving, underwater diving, aviation or foreign travel</li> </ul>
Back Pain <b>OF</b>	Catalog # 47559 Form # 9277	<ul style="list-style-type: none"> <li>History of, or current treatment for, musculoskeletal back pain when requesting Waiver of Premium or Disability Income Rider</li> </ul>
Blood Pressure <b>OF</b>	Catalog # 50789 Form # 8625	<ul style="list-style-type: none"> <li>History of, or current treatment for high blood pressure</li> </ul>
Business Insurance	Catalog # 20098 Form # 51945	<ul style="list-style-type: none"> <li>Applications covering business needs or relationships</li> </ul>
Cardiac (Chest Pain)	Catalog # 47556 Form # 9274	<ul style="list-style-type: none"> <li>History of cardiac chest pain and other cardiac impairments</li> </ul>
Criminal History	Catalog # 20087 Form # 51943	<ul style="list-style-type: none"> <li>History of felony or misdemeanor conviction</li> </ul>
Depression/Anxiety/Psychiatric <b>OF</b>	Catalog # 48390 Form # 9437	<ul style="list-style-type: none"> <li>History of, or current treatment for, depression, anxiety or other psychiatric issues.</li> </ul>
Diabetes	Catalog # 48824 Form # 9594	<ul style="list-style-type: none"> <li>History of, or current treatment for diabetes</li> </ul>
Drug Use	Catalog # 47551 Form # 9269	<ul style="list-style-type: none"> <li>History of drug treatment or drug use within the past ten years</li> </ul>
Financial	Catalog # 40121 Form # 1392	<ul style="list-style-type: none"> <li>As needed to provide client or business finances</li> </ul>
Foreign National	Catalog # 50038 Form # 8327	<ul style="list-style-type: none"> <li>Must be submitted with all foreign national applications</li> </ul>
Gastro-Intestinal <b>OF</b>	Catalog # 47558 Form # 9276	<ul style="list-style-type: none"> <li>History of, or current treatment for, acid reflux, gastritis, gastric or duodenal ulcers</li> </ul>
Genitourinary <b>OF</b>	Catalog # 47549 Form # 9267	<ul style="list-style-type: none"> <li>History of, or current treatment for urethritis, prostatitis, BPH (hypertrophy of the prostate), kidney stones or other benign kidney disorders</li> </ul>
Military Personnel	Catalog # 20086 Form # 51942	<ul style="list-style-type: none"> <li>Current affiliation with military organization</li> </ul>
Migraine <b>OF</b>	Catalog # 47553 Form # 9271	<ul style="list-style-type: none"> <li>History of, or current treatment for, stress, migraine, or cluster headaches</li> </ul>
Mountain Climbing	Catalog # 20088 Form # 51944	<ul style="list-style-type: none"> <li>Any participation within the past three years or planned mountain climbing</li> </ul>
Respiratory/Asthma/Sleep Apnea <b>OF</b>	Catalog # 47550 Form # 9268	<ul style="list-style-type: none"> <li>History of, or current treatment for, non-steroid asthma, bronchitis, emphysema, pneumonia, tuberculosis or sleep apnea</li> </ul>
Seizure <b>OF</b>	Catalog # 47554 Form # 9272	<ul style="list-style-type: none"> <li>History of, or current treatment for seizures.</li> </ul>
Stroke/TIA <b>OF</b>	Catalog # 50788 Form # 8624	<ul style="list-style-type: none"> <li>History of stroke or transient ischemic attack within ten years.</li> </ul>
Tumor <b>OF</b>	Catalog # 47561 Form # 9279	<ul style="list-style-type: none"> <li>History of benign (non-cancerous) tumors or cysts (i.e., fibroid, basal cell)</li> </ul>

For Agent Use Only – Not For Use With The Public



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Alcohol Usage Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Do you presently use alcoholic beverages?  Yes  No

(If NO, state when usage ceased.)

(If YES, record usage below.)

Amount:	Beer	Wine	Liquor	Date of Last Drink
Daily	_____	_____	_____	_____
Weekly	_____	_____	_____	_____
Monthly	_____	_____	_____	_____

Did you ever drink substantially more than outlined above?

(If Yes, complete below)

Amount:	Beer	Wine	Liquor	Date Started	Number of Years
Daily	_____	_____	_____	_____	_____
Weekly	_____	_____	_____	_____	_____
Monthly	_____	_____	_____	_____	_____

Why did you change your usage habits?

Have you ever consulted a doctor or counselor or received treatment because of your alcohol use?  Yes  No

(If yes, indicate names and addresses of any doctors, counselors, hospital or treatment center below.)

Have you ever been charged with impaired driving, lost your job, or been arrested due to the influence of alcohol?  Yes  No

(If yes, give details below.)

Are you now a member of A.A.?  Yes  No

Please add any additional information which you feel is important:

9270(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47552

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public





National Life Insurance Company®  
Life Insurance Company of the Southwest™

Arthritis Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

What kind of arthritis did the doctor say you have? (Rheumatoid, degenerative; osteo-arthritis, gouty, arthritis of the spine, Ankylosing Spondylitis, Marie-Strumpell's disease, muscular rheumatism, Reiter's syndrome, Lupus Erythematosus, Polymyalgia Rheumatica)

How long ago was it diagnosed?

Who is treating it now?

What joints or parts of the body does it affect?

How?

What kinds of treatment/medication have you received in the past 10 years?

By whom?

What kinds of treatment/medication have you received currently?

By whom?

When was the last flare-up?

How often do they occur?

Did you have to stay home from work?  Yes  No

How long?

When did you last see your doctor for this?

Has your arthritis caused any stiffness, limitations, or deformities?

9275(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47557

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



National Life Insurance Company  
 Life Insurance Company of the Southwest

**Avocation, Aviation & Foreign Travel**  
*Supplemental Application*

<b>National Life Insurance Company</b> Home / Administrative Office: One National Life Drive, Montpelier, VT 05604	<b>Life Insurance Company of the Southwest</b> Administrative Office: One National Life Drive, Montpelier, VT 05604 Home Office: 1300 West Mockingbird Lane, Dallas, TX 75247-4921
---	--

Full Name of Proposed Insured: \_\_\_\_\_

All questions refer to Proposed Insured

**Part A - Aviation Questionnaire** (For pilots and crew members.)

- What type of Pilot Certificate do you hold?  
 Student     Private     Commercial     Airline Transport Rating (ATR)     Instrument Flight Rating (IFGR)
- Are you a member of a Military Reserve or National Guard unit on flying status?  Yes  No    If "Yes", check one?  Active  Inactive
- What type of aircraft do you fly? \_\_\_\_\_ Crew position \_\_\_\_\_
- Was your certificate granted subject to physical waiver? .....  Yes  No
- Have you ever been grounded or restricted for violation of Civil Air Regulations? (If "Yes", give details in Remarks) .....  Yes  No
- Has your Federal Pilot Certificate ever been cancelled? (If "Yes", give details in Remarks) .....  Yes  No
- Date of last flight as a Pilot: \_\_\_\_\_ Crew member: \_\_\_\_\_
- Is it your intention to fly in the future as a: Pilot  Yes  No    Crew member  Yes  No
- Total flying hours (Give details in Remarks.)  Student     Pilot in Command     Other capacity

Describe your annual flying activity in the chart below.

Type of Flying	Next 12 mos. hours	Past 12 mos. hours	1 to 2 years ago hours
Employer-owned			
Charter flying or instructing			
Non-commercial pilot or student			
Military			
Other (Give details in Remarks)			

- Do you fly only within the United States? (If "No", give details in Remarks) .....  Yes  No
- If full coverage at standard rates is not available, do you desire:  
 Full coverage with extra premium, if available?     Restricted aviation coverage without extra premium, if available?

**Part B - Foreign Travel Questionnaire**

- To what foreign country (or countries) do you intend to travel? \_\_\_\_\_
- How long do you plan to remain? \_\_\_\_\_
- For what purpose is the trip made? \_\_\_\_\_
- Will you be located in one or more of the larger cities, or will you travel about the country? \_\_\_\_\_
- Have you traveled abroad before? .....  Yes  No
- If so, when and to what countries? \_\_\_\_\_

**Part C - Avocation Questionnaire**

**C.1. Automobile, motorcycle or motorboat racing**

- a. Are you a member of any of the following racing organizations?  Automobile  Motorcycle  Motorboat  
If so, name of organization? \_\_\_\_\_
- b. Describe the car or cycle you drive or the boat you race  
Make/Type: \_\_\_\_\_ Model or Class: \_\_\_\_\_ Size: \_\_\_\_\_ Horsepower: \_\_\_\_\_
- c. Is your vehicle equipped for racing? (If "Yes", give details in Remarks) .....  Yes  No
- d. Describe racing: Type of course: \_\_\_\_\_ Length of course: \_\_\_\_\_ Duration of races: \_\_\_\_\_  
Location: \_\_\_\_\_ Maximum speed attained: \_\_\_\_\_
- e. Describe your status and experience:  Professional  Amateur  
Number of races: \_\_\_\_\_ Last 12 months: \_\_\_\_\_ Anticipated next 12 months: \_\_\_\_\_

**C.2. Parachuting and Sky Diving**

- a. Are you a member of the United States Parachute Association? .....  Yes  No
- b. Do you hold a parachutist license? .....  Yes  No  
(If "Yes", class) \_\_\_\_\_
- c. Describe your experience in parachuting or sky diving  
Total jumps to date: \_\_\_\_\_ Total jumps last 12 months: \_\_\_\_\_ Total anticipated next 12 months: \_\_\_\_\_  
Do you perform sky diving or delay jumps? (If "Yes", give details in Remarks) .....  Yes  No  
Number of delay jumps: \_\_\_\_\_ Maximum seconds delay: \_\_\_\_\_  
Do you participate in baton passing or other stunts? (If "Yes", give details in Remarks) .....  Yes  No  
Do you participate in local or national competition? (If "Yes", give details in Remarks) .....  Yes  No
- d. Location of jump areas: \_\_\_\_\_

**C.3. Underwater Diving**

- a. Are you a member of a skin or scuba diving organization? .....  Yes  No  
(If "Yes", name of organization) \_\_\_\_\_
- b. Describe diving activity  
Location: \_\_\_\_\_ Purpose: (Recreation, research, rescue team - describe) \_\_\_\_\_  
Equipment used: \_\_\_\_\_ Maximum time submerged: \_\_\_\_\_  
Maximum depth attained: \_\_\_\_\_ Average depth current diving: \_\_\_\_\_
- c. Describe your status and experience:  Professional  Amateur  
Number of yrs diving experience: \_\_\_\_\_ Number of dives last 12 months: \_\_\_\_\_ Number of dives anticipated next 12 months: \_\_\_\_\_

**C.4. Other Hazardous Sports or Avocations**

Provide full details in Remarks describing participation in competition sports, skin or scuba diving, hang gliding, BASE jumping or bungee cord jumping, big game hunting, mountain climbing, cave exploring, rodeos or snowmobiling. BASE is an acronym for building, antenna tower, span (usually bridge), and earth formation (usually cliff).

**Part D - Remarks**

**Part E - Fraud Warnings and Notices**

**AR** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil fines, criminal penalties and confinement in prison. **DC** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NJ** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Part F - Please Read and Sign**

The statements and answers are, to the best knowledge and belief of the Proposed Insured, complete and true. They, together with the statements and answers on the application to which this is a supplement, shall be a part of the contract if one is issued. The Applicant, if someone other than the Proposed Insured, agrees to be bound by all statements and answers in this supplement.

Signed at (City & State) \_\_\_\_\_ this day of (mm/dd/yyyy) \_\_\_\_\_

Applicant (Sign name in full) \_\_\_\_\_

Proposed Insured (If other than the Applicant, sign name in full) \_\_\_\_\_

Agent (Sign name in full) \_\_\_\_\_



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Back Pain Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

When was it diagnosed and what is the location, intensity and duration of your back pain?

How does the pain affect your functional abilities (including mobility, occupation, social activities)?

How often do you have pain / what amount of time has been lost from work / is it disabling in any way?

Do you have any associated medical or psychiatric impairments / narcotic pain medications used / drug or alcohol misuse?

What is the current treatment / any walking devices used / list all physicians seen and dates?

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty (i.e. family physician, specialist, etc.)

9277(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com Cat. No. 47559



National Life Insurance Company®  
 Life Insurance Company of the Southwest™

Blood Pressure Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date of diagnosis:

What medication(s) are you currently taking and dosage(s)?

Has there been any change in your medication in the past 12 months? (If Yes, please provide details)  Yes  No

Have you ever required hospitalization or emergency room treatment for this condition? (If Yes, please provide details)  Yes  No

Do you have any blood pressure related health problems such as: kidney disease, enlarged heart or history of a stroke, other? (If Yes, please provide details)  Yes  No

Do you self monitor your blood pressure? If yes, please provide most recent reading:  Yes  No

Date of last blood pressure checkup by your doctor and reading:

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty (i.e. family physician, cardiologist, other)

8625(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 50789  
 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



**National Life Insurance Company®**  
**Life Insurance Company of the Southwest™**

**Business Insurance Worksheet**

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

1. Title / Duties: \_\_\_\_\_
2. Percentage of Ownership / Years with Company: \_\_\_\_\_
3. Type of Business:     Sole Prop.     Partnership     S-Corp     C-Corp
4. Purpose of insurance:     Keyman     Buy/Sell     Deferred Comp     Creditor (provide amount & term of loan)     Other \_\_\_\_\_
5. Describe how face amount was determined: (Please include a cover letter with any special situations to consider.) \_\_\_\_\_

6. Are other members of the company insured in favor of the business, or currently applying for coverage?     No     Yes  
 If Yes, provide the following details:

Name and Title	Insurance In Force	Insurance Applied For	Business Ownership (Percentage)

7. If other members are not insured or not applying, please explain. \_\_\_\_\_

8. Has the business been involved in bankruptcy proceedings in the past seven years?     No     Yes  
 If Yes, provide type filed, date, reason and date of discharge: \_\_\_\_\_

9. Business Financial Information:

Current Assets		Current Liabilities	
Fixed Land Assets			
Fixed Building Assets		Long Term Liabilities	
Other Assets		Other Liabilities	
Total Assets		Total Liabilities	
NET WORTH			

10. What is the market value of the business? \_\_\_\_\_
11. How was the market value of the assets determined? \_\_\_\_\_
12. When was the last appraisal of the assets? \_\_\_\_\_

13. Compensation:

	Current Year	Last Year	2 Years Ago
Proposed Insured's Salary			
Bonus or Commission			
Proposed Insured's K1			
Other (describe)			
TOTAL			
Gross Business Revenue			
Expenses			
Net Income Before Taxes			

**For total face amounts over 5 million for all insureds, please provide:**

- Last 2 years business tax returns
- Last 2 years business income statements and balance sheets

20098(0112)    National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.    Cat. No. 51945  
 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com



National Life Insurance Company®
Life Insurance Company of the Southwest®

Cardiac Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

- 1. Have you ever had? Chest pain? Palpitations? Fluttering or skipping of the heart? Shortness of Breath? Heart murmur? Heart attack or heart failure? Coronary artery bypass graft (CABG)? Angioplasty or balloon angioplasty? Stent placement? Heart Catheterization? Heart studies due to symptoms or family history?
2. When did the above event occur and was there only one event?
3. Please give the name and address of the physician you see for this condition.
4. When was the last time you saw your physician for this condition and how often do you see your physician for this condition?
5. What type of tests are completed at your follow-ups and what were the results? (EKG, stress test, echocardiogram, angiogram, holter monitor).
6. What medications do you currently take for this condition?
7. Do you have any other significant medical history? (diabetes, emphysema, chronic obstructive pulmonary disease, stroke, cancer, carotid disease, kidney disease, vascular disease) \*
8. Do you use tobacco in any form? (cigarettes, cigars, chew, nicotine gum)\*

\*if question 7 or 8 is answered yes please contact your home office underwriter

9274(1013) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com Cat. No. 47556

For Agent Use Only – Not For Use With The Public





National Life Insurance Company®  
Life Insurance Company of the Southwest™

**Criminal History Questionnaire**

Applicants with a felony or misdemeanor history are considered on an individual basis for life insurance. The National Life Group requires full and truthful disclosure in order to make an informed decision on insurability. A Criminal Records Check may be obtained at the discretion of the Company.

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Please list all felony or misdemeanor convictions and any pending charges:

Date of Offense(s)	
State & County of Offense(s)	
Felony / Misdemeanor / Class	
Criminal Offense Charge(s)	
Sentence (Fine and/or Term Served)	
Probation: Date Completed or Date of Anticipated Completion	

Please provide additional information which you would like us to consider:

20087(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 51943  
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com



National Life Insurance Company®  
 Life Insurance Company of the Southwest™

Depression / Anxiety / Psychiatric Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Specific diagnosis: (i.e. depression, anxiety, bipolar, schizophrenia, other)

Date of diagnosis:

What medication(s) are you currently taking and dosage(s)?

Have you been treated for this condition in the past? (If yes, give dates, duration and treatment)  Yes  No

Have you ever been referred for or received outpatient psychotherapy or counseling? (If yes, provide name, address and telephone number of doctor and dates of treatment)  Yes  No

Have you lost time from work due to your condition? (If yes, give frequency, duration and dates)  Yes  No

Have you ever been hospitalized, attempted suicide or have you had suicidal thoughts? (If yes, give details)  Yes  No

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty (i.e. family physician, psychologist, other)

9437(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 48390  
 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Diabetes Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

When was the diabetes diagnosed?

How is your diabetes treated? (i.e. diet, oral medication, insulin, other)

Has your treatment ever changed? (If yes, provide details.)  Yes  No

What medication(s) are you currently taking and dosage(s)?

Do you check your own blood sugars?  Yes  No  
If yes, how often do you test and what are your average readings?

What was the date & result of your last hemoglobin A1C test?

Have you ever been hospitalized for this condition? (If yes, provide details.)  Yes  No

Have you had any complications as a result of your diabetes? (i.e. hypoglycemic episodes, heart disease, circulatory problems, skin infections, eye problems, stroke, kidney problems, etc.)  Yes  No

Have you ever lost time from work due to your diabetes history?  Yes  No

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty (i.e. family physician, endocrinologist, etc.)

9594(0513) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 48824

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



National Life Insurance Company®
Life Insurance Company of the Southwest™

Drug Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

Are you now using or have you, within the past 10 years, used any of the following, other than for treatment of a medical condition under proper medical supervision?

- Amphetamines: (Benzedrine, Dexedrine, 'Ecstasy', 'Ice', 'Speed', 'Uppers', etc.)
Barbiturates: (Amytal, 'Downers', Phenobarbital, Tuinal, etc.)
Cannabis: ('Hashish', Marijuana, 'Pot', 'Weed', etc.)
Cocaine: (Belladonna, 'Coke', 'Crack', 'Snow', etc.)
Hallucinogens: ('Acid', 'Angel Dust', LSD, 'Microdots', Peyote, Psilocin, etc.)
Opiates: (Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc.)
Sedatives: ('Downers', Valium, 'Tranks', etc.)
Solvents: (Aerosols, Glue, etc.)

(If YES to any of the above, provide full details including name of drug and dates when usage commenced and ceased.)

Have you ever sought medical treatment due to drug usage or detoxification? (If YES, provide full details including date(s) of attendance and name/address of doctor(s).)

Have you suffered from any impairments associated with drug usage? (Hepatitis B, mental problems, etc.) (If YES, provide full details.)

Are you now drug-free? (If YES, state when usage ceased.)

9269(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com Cat. No. 47551



**National Life Insurance Company®**  
**Life Insurance Company of the Southwest™**  
**Confidential Financial Questionnaire**

This form may be completed in private and forwarded to the personal attention of: Director of Underwriting, National Life Insurance Company, Montpelier, Vermont 05604.

Name *(please print)*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

The following financial disclosures are made for the purpose of establishing insurability in connection with the pending insurance application on my life. They are furnished as a true and accurate statement of my financial condition on (mm/dd/yyyy) \_\_\_\_\_

<b>A. Income</b>	<b>Last Year</b>	<b>1 Year Prior</b>	<b>2 Years Prior</b>
Annual Salary or Adjusted Gross Income from self-employment:	_____	_____	_____
Dividends etc.:	_____	_____	_____
Other Income: <i>(Describe below)</i>	_____	_____	_____
<b>Total</b>	_____	_____	_____
Details of other income: _____			

<b>B. Assets</b>		<b>Liabilities</b>	
Cash in Banks:	\$ _____	Notes Payable:	\$ _____
Receivables:	\$ _____	Accounts Payable:	\$ _____
Cash Value Life Insurance:	\$ _____	Loans on Life Insurance:	\$ _____
Real Estate:	\$ _____	Taxes and Interest Due:	\$ _____
Business Interest:	\$ _____	Real Estate Mortgages or Liens:	\$ _____
Stocks and Bonds: <i>(not included above)</i>	\$ _____	Other Liabilities: <i>(describe below)</i>	\$ _____
Personal Property: <i>(auto, furniture, etc.)</i>	\$ _____	<b>Total Liabilities:</b>	<b>\$ _____</b>
Other Assets: <i>(describe below)</i>	\$ _____		
<b>Total Assets:</b>	<b>\$ _____</b>	<b>Net Worth:</b>	<b>\$ _____</b>

**Additional Remarks**

1392(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 40121  
 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Foreign National Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Policy Information**

Type of Policy: _____	Face Amount: _____
Rate: _____	Purpose of Insurance: _____
Owner: _____	Beneficiary: _____

**Client Personal Information**

Name: _____	Approximate Net Worth: _____
Date of Birth: (mm/dd/yyyy) _____	How long have you know them? _____
Address: (Street, City, State & Zip Code) _____	How well do you know this person? _____
_____	How and where did you meet? _____
_____	Who else do you know who knows this person? _____

**Category 1**

US Residence Address: (Street, City, State & Zip Code)	Substantial US Property List	Substantial US Business Interests List
_____	_____	_____
_____	_____	_____
_____	_____	_____
Home's Value:	See Notes for Additional Property Listings	See Notes for Additional Business Listings

**Check one:**

<input type="checkbox"/> Key Person in a US Company	Company Name: _____
<b>OR</b>	
<input type="checkbox"/> Key Person in a Foreign Company	Company Name: _____

Position in Company: \_\_\_\_\_ Income: \_\_\_\_\_

Travels to the US on business \_\_\_\_\_ times per year and stays approximately \_\_\_\_\_ per visit.

8327(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Page 1 of 2  
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

**Foreign National Questionnaire - Continued**

---

**Category 2**

What business is this person in?

Ownership:

Company's Value:

Position:

Business Conducted in US:

Annual Income:  
\$

Assets in US Banks:

See Notes for Additional Listings.

Travels to the US on business \_\_\_\_\_ times per year and stays approximately \_\_\_\_\_ per visit.

---

**Family Connections to US**

Relationship:

Name:

US Status:

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

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

<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home

---

Notes for Additional Listings:

Additional Information:



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Gastro-Intestinal Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Generally describe the symptoms:

How did the doctor define the problem? (low or excess acid, gastritis, gastric or duodenal ulcer, etc)

How often does the discomfort / pain / problem occur? (Give dates & duration)

Has there ever been bleeding? (If "yes", what kind of treatment have you received? (Details / dates)  Yes  No

Are you now taking medication? (Give details and name of prescribing doctor)  Yes  No

Are you still having symptoms? (If "no", date of last symptoms.)  Yes  No

Give full names/addresses of physicians seen for these symptoms/treatments, as well as date of last visit.

9276(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47558  
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public





National Life Insurance Company®  
Life Insurance Company of the Southwest™

Genitourinary Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Give full names/addresses of physicians seen for this problem:

How often did these incidences occur? (Give dates and duration.)

How did your doctor define the cause? (Examples: urethritis, nephritis, kidney stones, prostatitis, tumor, hypertrophy of the prostate (BPH))

If a kidney stone, was the stone passed?  Yes  No  
(Naturally or with surgical assistance)

Have you ever had an IVP (kidney x-ray), an x-ray other than an IVP for this problem, cystoscopy, or biopsy? (Give results)

What kind of treatment have you received? (Give details & dates)

Are you fully recovered? (If no, state symptoms and give details.)  Yes  No

Has the doctor suggested further tests or surgery?  Yes  No

9267(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47549  
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



National Life Insurance Company®
Life Insurance Company of the Southwest™

Military Personnel Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

- 1. [ ] Enlisted [ ] Warrant Officer [ ] Officer
Branch: [ ] Airforce [ ] Army [ ] Marines [ ] Navy [ ] Coast Guard [ ] Merchant Marines
Status: [ ] Active Duty [ ] Inactive [ ] Reservist [ ] National Guard
2. Rank: 3a. Occupation: 3b. Special Forces:
4. Military Occupation Specialty (MOS): 5. Date of next enlistment:
6. What is your current or anticipated orders for military deployment:
7. Do you receive special pay for any of the following? (Check all that apply & provide details)
[ ] Hazard Duty [ ] Scuba Diving [ ] Parachuting [ ] Explosive Ordnance Disposal
[ ] Travel Pay [ ] Flight Pay [ ] Other
Details:
a. If you selected Parachuting:
Static Line number of jumps: Halo number of jumps:
b. If you selected Scuba Diving:
SCUBA diving total number of dives: Number of dives per year:
Deepest dive depth: Length of time under:
Average dive depth: Length of time under:
Do you or have you used mixed gases? [ ] No [ ] Yes Date of last use:
8. Aviation - Are you actively involved or trained in any of the following? [ ] No [ ] Yes
[ ] Pilot [ ] Co-Pilot [ ] Navigator [ ] Staff on Aircraft [ ] Other
a. If you answered 'Yes' to Question 8, please provide:
Type of aircraft: Total flying hours experience: Annual flying hours:
9. Mission Type(s)
[ ] Fighter [ ] Cargo [ ] Airlift [ ] AWACs [ ] Recon [ ] Med-Evac
[ ] Special Ops or Back Ops [ ] Search & Rescue [ ] Other
10. Do you intend to get out of the military in the next three years and work for a contracting company? [ ] No [ ] Yes
If Yes, what company?
What is anticipated occupation?
11. Have you ever been placed on medical leave? [ ] No [ ] Yes
If Yes, provide details:
12. Have you ever been treated for Post Traumatic Stress Disorder (PTSD)? [ ] No [ ] Yes
If Yes, provide details:

20086(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Migraine Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

What type of headache? (stress, migraine, cluster headache, etc.)

Do you have just headaches, or do you have other symptoms? (nausea, vomiting)

When did the symptoms first occur?

When did the symptoms last occur? \_\_\_\_\_ Any change?

How often do the headaches occur?

How long do they last? (duration of headaches)

Treatment?

Hospitalized? (When / Where)

Any tests done? (Results)

Give full names/addresses of physicians seen for this problem:

When last seen?

Current medications:

9271(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47553  
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Mountain Climbing Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

1. Indicate the Class of climbing in which you participate:

- Class 1 Hiking/Trails Walking without the use of hands or special equipment.
- Class 2 Scrambling Climbing over rocks or boulders with the use of hands and wearing proper shoes.
- Class 3 Easy Climbing Steeper than Class 2, using hand and footholds and sometimes ropes.  
Number of easy climbs per year: \_\_\_\_\_
- Class 4 Moderate Climbing Climbers are roped together and only one climber moves at a time. The stationary climber protects the others by bracing with the rope.  
Number of moderate climbs per year: \_\_\_\_\_
- Class 5 Difficult Climbing Free climbing with the use of special equipment to protect the climber.  
Class and number of difficult climbs per year: \_\_\_\_\_  
5.0 to 5.7: \_\_\_\_\_ 5.8 to 5.11: \_\_\_\_\_ 5.12 up: \_\_\_\_\_
- Class 6 Artificial - Aid Climbing The use of special equipment to climb otherwise inaccessible or impassable routes.  
Number of aided climbs per year: \_\_\_\_\_

2. Do you ice climb?  No  Yes Number ice climbs per year: \_\_\_\_\_  
 Do you climb glaciers?  No  Yes Number glacier climbs per year: \_\_\_\_\_  
 Do you climb solo?  No  Yes Number solo climbs per year: \_\_\_\_\_

3. How long have you been climbing? \_\_\_\_\_

4. Where do you climb? \_\_\_\_\_

5. What seasons do you climb?  Spring  Summer  Fall  Winter

6. Are you a member of a club?  No  Yes, name of club: \_\_\_\_\_

7. List the equipment you use: \_\_\_\_\_

8. Do you, or do you intend to Alpine Climb?  No  Yes

Altitudes: \_\_\_\_\_ Number of alpine climbs per year: \_\_\_\_\_

20088(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.  
 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com Cat. No. 51944



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Respiratory Questionnaire

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

1. What is your specific diagnosis? (i.e. asthma, emphysema, COPD, sleep apnea, other)
  
2. Date of diagnosis: \_\_\_\_\_
3. Have you used tobacco products in the past five years?  Yes  No
4. What type of symptoms do you experience with this condition? (i.e. shortness of breath, wheezing, coughing, etc.)
  
5. Frequency of symptoms/episodes?
6. What treatment is taken at the time of the episodes?
  
7. Date of last symptoms/episode?
8. Do you require any kind of medication/treatment between episodes? (If 'Yes', please provide details)  Yes  No
  
9. Have you had any special respiratory testing such as pulmonary function tests or sleep studies? (If 'Yes', give your doctor's name, address and telephone number and the date testing was done and results)  Yes  No
  
10. Have you ever been hospitalized or treated at the Emergency Room for respiratory symptoms? (If 'Yes', give the date and reason for your hospitalization or treatment and the name, address and telephone number of the hospital)  Yes  No
  
11. Have you had any lost time from work due to your condition? (If 'Yes', give frequency, duration and dates)  Yes  No
  
12. Have you ever used oxygen or a breathing machine? (If 'Yes', please provide details)  Yes  No

13. If a c-pap is prescribed, how often is it used?

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty (i.e. family physician, pulmonologist, etc.)

9268(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47550

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com

For Agent Use Only – Not For Use With The Public



National Life Insurance Company®
Life Insurance Company of the Southwest™

Seizure/Epilepsy Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

1. When was seizures or epilepsy first diagnosed?

2. Has it been described as any particular type? (i.e. grand mal, petit mal, etc.) (If "Yes", please provide details.) [ ] Yes [ ] No

3. Have you had any scans or other investigations? (If "Yes", please provide details including dates of investigations and results.) [ ] Yes [ ] No

4. Regarding the frequency and severity of your attacks:
a.) Please describe the nature of your attacks.
b.) Are you aware of any specific provoking cause for your attacks? (If "Yes", please provide details.) [ ] Yes [ ] No
c.) How long does each attack last?
d.) How frequently do attacks occur? (i.e. how often in the last 12 months)
e.) When was your last attack?

5. Are you prevented from holding a driving license or are your activities restricted in any other way due to epilepsy? (If "Yes", please provide details.) [ ] Yes [ ] No

6. Please provide details of your treatment. Include names of medication (i.e. Dilantin, Tegretol, etc.), dosage and how often taken.
a.) Currently:
b.) In the past:

7. Regarding the monitoring of your condition:
a.) Who is in charge of your follow-up?
b.) How often are you seen for follow-up?
c.) When was your last consultation?

8. Have you lost significant time (i.e. weeks) off work with this condition? (If "Yes", please provide details including dates and duration of time off work.) [ ] Yes [ ] No

9. Please provide any additional information on your condition which you feel will be helpful in processing your application.

9272(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com Cat. No. 47554



National Life Insurance Company®  
Life Insurance Company of the Southwest™

**Stroke / Transient Ischemic Attack (TIA) Questionnaire**

Name *(please print)*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

What was cause of the stroke / TIA?

Date of all episodes: *[please indicate if these were transient ischemic attacks (TIAs) or strokes]*

What were your symptoms?: *(i.e. coma, paralysis, seizure, difficulty speaking, headache, dizziness, etc.)*

What parts of the body were affected?

Do you have any residual paralysis, disabilities or restrictions? *(If yes, please provide details)*  Yes  No

Have you had any further symptoms since your stroke or transient ischemic attack (TIA)?

What medication(s) are you currently taking and the dosage(s)?

Was any surgery, testing or other treatment needed? *(If yes, please provide details)*  Yes  No

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty <i>(i.e. family physician, neurologist, other)</i>

8624(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 50788

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com)

**For Agent Use Only – Not For Use With The Public**



National Life Insurance Company®  
Life Insurance Company of the Southwest™

Tumor Questionnaire

---

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

---

Where was the growth located?

Was the growth removed? (When, where, and who removed the growth)  Yes  No

Was it tested?  Yes  No

Do you know the results? (Give Details)  Yes  No

Were you told the growth was removed completely?  Yes  No

Did you receive other treatment such as x-ray, radiation, cobalt, etc.? (If yes, please give the date of the last treatment.)  Yes  No

Have you had any previous tumors?

Any since?

---

9279(0112) National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York. Cat. No. 47561  
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | [www.NationalLifeGroup.com](http://www.NationalLifeGroup.com)

For Agent Use Only – Not For Use With The Public



# Diabetes Tentative Rating Charts

The following tables are based on an applicant who has good control (glycohemoglobin A1C of 8.0% or less) of his/her diabetes and has no other impairments or complications. With optimal control, A1C up to 6.9%, possible better rating available. Add 50-100% for diabetes under fair control. If poor control or non-compliant with diet/medication - decline.

## Which diabetes tentative rating chart to use:

### Chart 1 -

Oral Medication/Diet Controlled; Non-Tobacco Users

### Chart 2 -

Insulin Dependent; Non-Tobacco Users (next page)

### Chart 3 -

Oral Medication/Diet Controlled Tobacco Users (next page)

### Chart 4 -

Insulin-Dependent; Tobacco Users (next page)

### Chart 1:

Oral Medication/Diet Controlled Diabetics;  
Non-Tobacco Users

Age @ Onset	Years on Medication/Diet			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	250%	300%	300%	350%
30 - 39	200%	225%	250%	300%
40 - 49	175%	200%	225%	225%
50 - 59	150%	175%	200%	200%
60 - 69	Standard	150%	175%	175%
70 - 79	Standard	Standard	175%	150%
80 +	Standard	Standard	Standard	Standard

150% = Table 2

175% = Table 3

200% = Table 4

Through 200% Table 4 may be LSW Express Standard (non-tobacco users)<sup>9</sup>

225% = Table 5

250% = Table 6

300% = Table 8

<sup>9</sup> When product allows.

**Chart 2:**

Insulin-Dependent Diabetics;  
Non-Tobacco Users

Age @ Onset	Years on Insulin			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	300%	325%	350%	350%
30 - 39	250%	300%	300%	325%
40 -49	225%	250%	300%	300%
50 - 59	200%	225%	250%	300%
60 - 69	175%	175%	200%	225%
70 -79	150%	150%	175%	175%
80 +	Standard	150%	150%	150%

150% = Table 2

175% = Table 3

200% = Table 4

Through 200% Table 4 may be LSW Express Standard (non-tobacco users)<sup>9</sup>

225% = Table 5

250% = Table 6

300% = Table 8

350% = Table 10

**Chart 3:**

Oral Medication/Diet Controlled Diabetics;  
Tobacco/Nicotine Users

Age @ Onset	Years on Medication/Diet			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	300%	350%	350%	350%
30 - 39	250%	300%	300%	300%
40 -49	225%	250%	300%	300%
50 - 59	200%	225%	250%	250%
60 - 69	150%	200%	225%	225%
70 -79	150%	150%	200%	200%
80 +	150%	150%	150%	150%

**Chart 4:**

Insulin-Dependent Diabetics; **Tobacco Users**

Age @ Onset	Years on Medication/Diet			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	350%	350%	400%	400%
30 - 39	300%	350%	350%	350%
40 -49	300%	300%	350%	350%
50 - 59	250%	300%	300%	300%
60 - 69	225%	225%	250%	300%
70 -79	200%	200%	225%	225%
80 +	150%	200%	200%	200%

<sup>9</sup> When products allows.

# Attending Physician Statement (APS) Guidelines\*

The following guidelines are not meant to be all-inclusive.

Medical records should not be ordered unless requested by the Underwriter after initial review of the application. Because it can be cost prohibitive to order multiple APSs on smaller face amounts, all applications should be submitted utilizing Medical Questionnaires whenever possible [see Medical Questionnaire section in this guide]. You should also consult the listing of Uninsurable & Problematic Risks in this guide before completing an application on a prospective client with complex medical issues.

The Underwriter will make every effort to use the application, medical questionnaires, prescription database, and other tools to assess the risk while taking into account the total amount of insurance applied for.

## Routine (APS) Guidelines

Ages 0 – 15:	Over \$500,000
Ages 16 – 60:	Over \$2,000,001
Ages 61 – 69:	Over \$1,000,000
Age 70 & up:	All applications

**Certain medical impairments** may require an APS regardless of face amount. These may include, but not limited to:

- Alcohol/Drug abuse and/or treatment
- Cardiovascular or Coronary Artery Disease
- Cancer
- Diabetes treated by insulin or with tobacco use
- Emphysema, COPD, Chronic Bronchitis
- Heart murmur
- Hepatitis
- Kidney/Renal disease
- Lupus
- Mental Disorders requiring multiple or psychotropic medications
- Multiple Sclerosis
- Peripheral Vascular Disease
- Stroke, TIA, CVA, Cerebral Hemorrhage
- Ulcerative Colitis / Crohn's Disease

Requests for medical records may also be at the Underwriter's discretion due to MIB information, abnormal lab findings, etc as well as larger face amounts and older ages.

---

\* See page six for details on ordering.

## Uninsurable and Problematic Risks

Applications should not be written on persons with the following impairments/issues. This list is not intended to be all-inclusive. If your applicant has a serious condition not listed here, please contact your Underwriting Team for a tentative quote.

Age 70 and over must have routine physical within 24 months.

If **declined by another carrier** within the last year, contact your Underwriting Team for a quick quote (underwritingQuotes@NationalLifeGroup.com).

- Abdominal Aortic Aneurysm, present or surgically corrected within the past six months
- Alcohol treatment within the last two years
- Angioplasty/Bypass or MI/heart attack in the last six months; or in combination with history of diabetes, stroke and/or continued tobacco use
- Alzheimer's disease, Dementia or Cognitive Impairment
- Bankruptcy, Chapter 7, that has not been discharged
- Cancer treatment, current; or certain internal organ cancer diagnosed within the past three to five years – contact underwriter with specific details
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling) or with current tobacco use
- CVA (stroke) within one year; or with history of diabetes or cardiac history
- Diabetes if uncontrolled (glycohemoglobin A1C 10.0 and above) or if complications present (amputation, retinopathy, kidney or vascular disease) or in combination with cardiac, stroke or morbid obesity. Juvenile onset diabetes (diagnosed prior to age 20)
- Disabled for most non-musculoskeletal related impairments (i.e. on SSDI or DI due to depression, PTSD or other medical issues.)
- Drug use within the last three years or daily marijuana use
- DUI within last year or two or more within the past five years
- Epilepsy/Seizures diagnosed within one year
- Felony or Misdemeanor, not released from probation or parole for at least one year or charge pending; all felony convictions are otherwise individual consideration
- Gastric Bypass within six months
- Heart Surgery within six months or in combination with Diabetes or Stroke history
- Heart Valve Surgery within one year
- HIV positive/AIDS
- IOLI / SOLI – Investor Owned or Stranger Owned Life Insurance
- Kidney Dialysis or Chronic Renal Failure
- Mental Disorder/PTSD requiring hospitalization or disability in last year
- Multiple Sclerosis, if disabling or progressive
- Organ Transplant, awaiting or recipient
- Parkinson's Disease if disabling
- Parole or Probation (see Felony or Misdemeanor above)
- Pregnancy with current gestational diabetes, toxemia, eclampsia, pre-eclampsia. Would reconsider at six weeks post partum.
- Surgery (major) pending
- Suicide attempt in last year; or more than one attempt within two years
- Valve replacement within last year

# Medical Condition

# Probable Action

	LIFE	DIR
Abscess .....	No rating .....	Standard
AIDS .....	Decline.....	Decline
Alcoholism (total abstinence - >2 years).....	Moderate rating to Standard.....	Decline
Allergies/Allergic Reaction .....	No rating .....	Standard
ALS (Lou Gehrig's Disease).....	Decline.....	Decline
Alzheimer's disease.....	Decline.....	Decline
Amputations, if not due to peripheral vascular disease.....	Rate for cause .....	Decline
Anemia .....	Rate for cause .....	Decline
Aneurysm, abdominal .....	Table 4 to Decline .....	Decline
Aneurysm, cerebral, stable after full recovery .....	No rating to moderate rating.....	Decline
Angina pectoris (current; stable).....	Table 6 to Decline .....	Decline
Anxiety, mild .....	No rating .....	Standard or ER
Aortic insufficiency murmur (depends on age).....	Standard to Decline .....	Decline
Appendectomy/Appendicitis .....	No rating .....	Standard
Atrial fibrillation (depends on frequency and cause) .....	No rating to moderate rating.....	Decline
Arthritis, osteo.....	No rating .....	ER or Decline
Arthritis, rheumatoid (depends on severity).....	No rating to Decline .....	Decline
Arthroscopic knee surgery (within 1 year) .....	No rating .....	Exclusion Rider
after one year - full recovery .....	No rating .....	Standard or ER
Asthma (depends on age, attacks, medications) .....	No rating to Decline .....	ER or Decline
Back disorder.....	No rating .....	ER or Decline
Bartholin cyst.....	No rating .....	Standard
Bell's palsy (fully recovered; after three months) .....	No rating .....	Standard
Blindness (depends on cause) .....	No rating .....	Exclusion Rider
Bone or joint disorder .....	Rate for cause .....	ER or Decline
Bone spur		
present.....	No rating .....	Exclusion Rider
surgically corrected.....	No rating .....	Standard
Breast cancer, (after 3 years; depends on pathology) .....	Possible flat extra to Decline.....	Decline
Breast disorders, not cancer .....	No rating .....	Standard
Broken bone		
fully recovered .....	No rating .....	Standard or ER
not recovered or pins/plates inserted .....	No rating .....	ER or Decline

DIR = Disability Income Rider ER = Exclusion Rider

**This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.**

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

For Agent Use Only – Not For Use With The Public

# Medical Condition

# Probable Action

	LIFE	DIR
Bronchiectasis (depends on severity)	No rating to Decline	ER or Decline
Bronchitis (acute)	No rating	Standard
Bronchitis (chronic)	No rating to Decline	ER or Decline
Bundle branch block, right/incomplete	No rating	Standard
Bundle branch block, right/complete	No rating to Table 4	Standard or Decline
Bundle branch block, left/complete		
with cardiac evaluation	Table 4 to Decline	Decline
with no cardiac evaluation	Decline	Decline
Bursitis	No rating	ER or Decline
Cancer, internal	Call for quote	Call for quote
Cancer, skin, basal cell (removed)	Usually Standard	Exclusion Rider or Decline
Cancer, skin, squamous cell (removed)	Possible Standard	Decline
Cancer, skin, melanoma	Possible Standard	Decline
Cardiomyopathy		
present or chronic	Decline	Decline
resolved >3 years	Table 4 to Decline	Decline
Cartilage - torn		
present	No rating	Exclusion Rider
fully recovered	No rating	Standard or ER
Cataracts (recovered 3 months)	No rating	Standard or ER
Cerebral palsy	Table 4 to Decline	Decline
Chronic fatigue syndrome (fully recovered)	No rating	Decline
Chronic obstructive lung disease (COPD) (depends on severity)	Table 2 to Decline	Decline
Cirrhosis of the liver	Decline	Decline
Colitis, spastic	No rating	Standard or ER
Colitis, ulcerative	No rating to Decline	ER or Decline
Concussion, cerebral		
within six months	Postpone	Postpone
after six months - no residuals	No rating	Standard or ER
Congestive heart failure	Table 6 to Decline	Decline
Convulsions	No rating to Table 6	Decline
Coronary artery disease	No rating to Decline	Decline

DIR = Disability Income Rider ER = Exclusion Rider

**This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.**

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

For Agent Use Only – Not For Use With The Public

# Medical Condition

# Probable Action

	LIFE	DIR
Crohn's disease .....	Table 2 to Decline .....	Decline
Cyst - sebaceous, Bartholin.....	No rating .....	Standard
Cystic fibrosis.....	Decline.....	Decline
Cystitis.....	No rating .....	Standard
Cystocele, rectocele		
surgically corrected .....	No rating .....	Standard
present.....	No rating .....	Exclusion Rider
D & C (dilatation and curettage) - benign results		
first year.....	No rating .....	ER or Decline
after one year - no recurrence .....	No rating .....	Standard
Defibrillator/Ventricular Tachycardia .....	Decline.....	Decline
Depression.....	No rating to Decline .....	Decline
Dermatitis - atopic.....	No rating .....	Standard
Diabetes mellitus (depends on age of onset, control).....	No rating to Decline .....	Decline
Dislocation - one occurrence; fully recovered .....	No rating .....	Standard
Diverticulitis and diverticulosis .....	No rating to Moderate Rating.....	ER or Decline
Drug abuse (total abstinence 5 years).....	No rating to Decline .....	Decline
Emphysema .....	Table 4 to Decline .....	Decline
Endocarditis.....	Rate for cause .....	Decline
Epilepsy, petit mal - no attack in one year .....	No rating .....	Decline
Epilepsy, grand mal/others - no attack in one year .....	No rating to moderate rating .....	Decline
Esophageal stricture.....	Rate for cause .....	ER or Decline
Fibrositis, myositis .....	No rating .....	ER or Decline
Fibromyalgia .....	No rating to moderate rating.....	Decline
Fractured skull (no residuals) .....	No rating .....	Standard or ER
Fracture (other than skull)		
full recovery.....	No rating .....	Standard or ER
not recovered or pins/plates inserted .....	No rating .....	Exclusion Rider or Decline
Gall bladder disorder - present.....	No rating .....	ER or Decline
Gastroenteritis .....	No rating .....	Standard or ER
Genitourinary disorder (rate for cause) .....	No rating to moderate rating .....	Standard or ER
Glaucoma.....	No rating .....	ER or Decline

DIR = Disability Income Rider ER = Exclusion Rider

**This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.**

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

**For Agent Use Only – Not For Use With The Public**

## Medical Condition

## Probable Action

	LIFE	DIR
Gout .....	No rating .....	Exclusion Rider
Headache, migraine .....	No rating .....	Standard or ER
Hearing impaired .....	No rating .....	Exclusion Rider
Heart attack (depends on age/severity) .....	No rating to Decline .....	Decline
Heart bypass surgery (depends on age/severity) .....	No rating to Decline .....	Decline
Heart valve replacement .....	Table 4 to Decline .....	Decline
Hepatitis, chronic		
Hep. B (treated and resolved) .....	Table 4 to Decline .....	Decline
Hep. C (treated and resolved) .....	Table 4 to Decline .....	Decline
Other .....	Call for quote .....	Decline
Hernia .....	No rating .....	ER or decline
Herniated disc .....	No rating .....	Exclusion Rider
High blood pressure (well controlled) .....	No rating .....	Standard
Hip disorder .....	Rate for cause .....	ER or Decline
Histoplasmosis, nonsystemic, six months after recovery .....	Table 2 to Decline .....	Decline
Hodgkin's disease .....	Call for quote .....	Decline
Hydronephrosis (fully recovered/depends on cause) .....	Table 2 to decline .....	ER or Decline
Hysterectomy		
benign .....	No rating .....	Standard
malignant .....	Flat extra to Decline .....	Decline
Ileitis, regional .....	Table 4 to Decline .....	Decline
Kidney failure, dialysis .....	Decline .....	Decline
Kidney infection/pyelonephritis		
(if no recurrence in 2+ years; depends on cause) .....	No rating .....	Standard or ER
Kidney removal (depends on cause) .....	Call for quote .....	Decline
Leukemia (in remission 5+ years) .....	Flat extra to Decline .....	Decline
Ligament injury - full recovery .....	No rating .....	Standard or ER
Lou Gehrig's Disease - ALS .....	Decline .....	Decline
Lupus, systemic .....	Table 4 to Decline .....	Decline
Lupus, discoid (skin only; in remission, no steroid use) .....	No rating .....	Decline
Malaria - single attack .....	No rating .....	Standard
Meniere's disease .....	No rating .....	Exclusion Rider
Meningitis (full recovery) .....	No rating .....	Standard

DIR = Disability Income Rider ER = Exclusion Rider

This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

For Agent Use Only – Not For Use With The Public



# Medical Condition

# Probable Action

	LIFE	DIR
Mental retardation (depends on severity) .....	Moderate rating to Decline .....	Decline
Murmur (mitral) .....	Moderate rating to Decline .....	ER or Decline
Mitral valve prolapse.....	No rating to Decline .....	Standard to Decline
Mononucleosis (infectious; uncomplicated recovery) .....	No rating .....	Standard
Multiple sclerosis (not progressive or disabling) .....	Table 2 to Decline .....	Decline
Myasthenia gravis.....	Call for quote.....	Decline
Myocarditis .....	Call for quote.....	Decline
Muscular dystrophy.....	Decline.....	Decline
Nephritis		
single episode and no complications .....	No rating .....	Standard or ER
others.....	Mod. rating/Decline .....	Decline
NonHodgkins lymphoma .....	Call for quote.....	Decline
Osteomyelitis.....	No rating/Moderate rating.....	Decline
Pacemaker .....	Table 3 to Decline.....	Decline
Pancreatitis .....	Rate for cause .....	Decline
Paraplegic .....	Table 6 to Decline .....	Decline
Parkinson's disease.....	Table 3 to Decline.....	Decline
Pericarditis(present).....	Rate for cause .....	Decline
recovered.....	No rating .....	Standard or ER
Peripheral vascular disease (not severe).....	Table 2 at best .....	Decline
Phlebitis		
full recovery .....	No rating .....	Exclusion Rider
multiple episodes (depends on cause) .....	Table 2 to Decline .....	Decline
Pleurisy		
single episode and recovered.....	No rating .....	Standard
others.....	Rate for cause .....	Decline
Pneumonia full recovery, no further work up needed.....	No rating .....	Standard
Pregnancy - current		
no current or past complications.....	No rating .....	Postpone
with history of complications .....	Rate for cause .....	ER or Decline
Prostate; prostatitis; TURP (no malignancy)		
acute episode - no recurrence for 3 years.....	No rating .....	Standard
recurrent/chronic.....	No rating .....	ER or Decline

DIR = Disability Income Rider ER = Exclusion Rider

This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

For Agent Use Only – Not For Use With The Public

## Medical Condition

## Probable Action

	LIFE	DIR
Psychosis (schizophrenia) .....	Table 6 to Decline .....	Decline
Quadriplegic .....	Highly rated to Decline.....	Decline
Raynaud's disease (full recovery) .....	No rating .....	Exclusion Rider
Raynaud's phenomenon (depends on cause) .....	No rating to Decline .....	ER or Decline
Rheumatic fever, no heart damage.....	No rating .....	Standard
Sarcoidosis (depends on organs involved).....	Moderate rating to Decline .....	Decline
Sebaceous cyst - removed.....	No rating .....	Standard
Sciatica .....	No rating .....	ER or Decline
Sleep Apnea (consistent cpap use).....	Possible Standard .....	Decline
Stroke (after one year; full recovery) .....	Table 4 at best.....	Decline
Suicide attempt (after 2 years) .....	Flat extra to Decline.....	Decline
Tennis elbow .....	No rating .....	Standard or ER
Thyroid disorder		
hyperthyroid - if medically stable .....	No rating .....	Standard or ER
hypothyroid - controlled with medication.....	No rating .....	Standard
Transient ischemic attack (TIA) (no residuals).....	No rating to moderate rating.....	Decline
Tuberculosis (full recovery; no residuals) .....	No rating .....	Standard to Decline
Tumors .....	Call for quote.....	Call for quote
Ulcer (depends on type) .....	No rating to moderate rating.....	Exclusion Rider
Varicose veins .....	No rating .....	Standard or ER

DIR = Disability Income Rider ER = Exclusion Rider

**This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.**

The "Probable Action" guidelines are provided as a courtesy for general information purposes and should not be interpreted as tentative quotes or binding in any way.

**For Agent Use Only – Not For Use With The Public**

### After Issue Contract Change Quick Reference Guide - NL and LSW Life Insurance Products

Contract changes (after the rewrite period of 120 days from the application date) are considered "after issue" changes. These changes are processed in Contract Change - In Force Customer Service.

Three forms unique to after issue contract changes:

Form 1441 Policy Change Application is used for contract changes

Form 20007 Term Conversion Application

Form 20114 Policy Change/Term Conversion Supplement to The Application is used anytime the after issue change or term conversion requires underwriting. *It should be noted that additional underwriting requirements may be needed at the underwriter's discretion.*

**All changes should be submitted with a completed Customer Services Agency Transmittal (catalog #45208) via email to: [ContractChange@NationalLifeGroup.com](mailto:ContractChange@NationalLifeGroup.com) or Fax to 802-229-3131.**

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Term Conversions	20007 Agent Report NL: 1441G LSW: 8121G Illustration ABR Disclosure Statement NL: 9747 LSW: 8083 Interest Crediting Strategies (if converting to IUL) NL: 8411 LSW: 8613 1441S Variable Supplemental App (if converting to VUL) 20114 if underwriting is required	Form 20007: <i>Complete top portion of the form indicating term policy number or policy number of policy with term rider being converted, effective date of new policy and check box.</i>  Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K	Form: 20114: If the new policy will have an increased face amount, additional riders, or an improvement in the premium class.	Please note if new policy will have a term rider underwriting is required.  Any ABR rider on the term policy may be carried over to the new policy.	Yes	Yes
Exercise Additional Insurance Option (AIO) Traditional Life Only	Same as Term Conversions listed above.	Form 20007: Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K				
Death Benefit Option Change	1441	Form 1441: Part A: 1, 2, 3, Part B: 5, 6b Part G			No	Yes
Lost Policy	1502	1, 4, 5		Dated at ____ on ____/____/____ plus signatures	Yes	Yes
Paid Up Insurance	2185			ONLY AVAILABLE ON TRADITIONAL WHOLE LIFE POLICIES	No	Yes
Reinstatement				<b>CONTACT HOME OFFICE</b>	Yes	Yes
<b>Add or Increase Benefits/Riders</b> <b>Please check Agent's Guide for Rider availability by product or contact the Contract Change Department at the Home Office.</b>						
Accelerated Benefits Rider - Terminal (ABR)	1441 ABR Disclosure Statement NL: 9747 LSW: 8083	Form 1441: Part A: 1, 2, 3 Part B: 3 Part G				
Accelerated Benefits Rider - Chronic	1441 20114 ABR Disclosure Statement NL: 9747 LSW: 8083 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes

Add or Increase Benefits/Riders (Continued)						
Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Accelerated Benefits Rider - Critical	1441 20114 ABR Disclosure Statement NL: 9747 LSW: 8083 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Insurance Option Rider	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Paid Up Rider (APAR, SPAR, MPAR) <i>Traditional Life Only</i>	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Protection Rider	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		NL: No LSW: Yes	Yes
Children's Term Rider (CTR)	1441 Agent Report: NL: 1441G LSW: 8121G HIPAA 8164 (for each child)	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part D: 1,2 Part G			Yes	Yes
Disability Income Rider (DIR)	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Guaranteed Insurability Rider (GIR/GIO)	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Other Insured Rider (OIR)	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part C Part E: 1-18 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F Age/Amount requirements for OIR coverage applied for	Required signatures: Owner, Primary Insured & Primary Other Insured	Yes	Yes
Term Rider	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes

For Agent Use Only – Not For Use With The Public

Add or Increase Benefits/Riders (Continued)						
Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the policy anniversary
Waiver of Premium (WP)	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Change in Class						
<b>LSW</b> Change to preferred non-tobacco (Non-smoker change only)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	First 3 years: Oral fluid or Urinalysis After 3 years: Oral fluid or Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
<b>LSW</b> Change to non-tobacco class (non-preferred)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	First 3 years: Oral fluid or Urinalysis After 3 years: Oral fluid or Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
<b>LSW</b> Change to better rate class within tobacco group (preferred)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9 Part G	Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F  Exam, blood, APS may be requested by underwriter  Additional requirements may be requested after underwriting initial review		No	Yes
<b>LSW</b> Change to better rate class within tobacco group (non-preferred)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F  <b>Consult with underwriter for additional requirements</b>		No	Yes
<b>NL</b> Change to nonsmoker within 3 years from issue or 12 months from 'Attained Age 20' letter	1441 HIPAA 8164 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	First 3 years: Urinalysis After 3 years: Urinalysis Form 20114: Part A, Part C (if applicable), Part F			
<b>NL</b> Change to nonsmoker beyond 3rd anniversary	1441 HIPAA 8164 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F			
<b>NL</b> Change to preferred/elite			<b>Contact Home Office</b>			
Request to reduce or remove rating	1441 HIPAA 8164 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 8 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F  Contact the Underwriter for additional requirements		No	Yes

For Agent Use Only – Not For Use With The Public

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
<b>Face Amount Change</b>						
<b>Decrease</b> face amount Available on all products	1441	Form 1441: Part A: 1, 2, 3 Part B: 2, 6b Part G			Available on exception basis only. Contact Home Office	Yes: UL, IUL, VUL no more than 25% of largest face amount in-force within preceding 12 months.  All Products: New Face amount cannot be lower than minimum plan amount
<b>Increase</b> face amount (not applicable for Traditional Life Insurance or Term Insurance)	1441 Agent Report: NL: 1441G LSW: 8121G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 1, 6b Part C if increasing OIR Part G	Age/Amount requirements for increase amount	Contact Home Office for quote	Available on exception basis only. Contact Home Office	Yes
<b>Terminate a Benefit or Rider</b>	1441	Form 1441: Part A: 1, 2, 3 Part B: 4, 6b Part G			Yes	Yes
<b>Split Policy</b> NL Traditional Whole Life and Term Only	20007	Form 20007: <i>Complete top portion of the form indicating existing policy, and the check box "Split Policy"</i>  Part A, Part B, Part D, Part E, Part F, Part G (see notes), Part J		Part G of 20007: Indicate policy # being split and the face amount of each policy (existing and new)	No	Yes
<b>Increase</b> face amount by Exercising Guaranteed Insurability Option (GIO) Rider	1441 Agent Report: NL: 1441G LSW: 8121G	Form 1441: Part A: 1-3 Part B: 1, 6b Part G				

For Agent Use Only – Not For Use With The Public

For Agent Use Only – Not For Use With The Public

For Agent Use Only – Not For Use With The Public