Underwriting Voluntary Group Term Life Insurance

The employee and spouse (if applicable) must complete the health questionnaire on an Evidence of Insurability (EOI) application. When applying for spouse coverage, the spouse must complete and sign the EOI form.

Upon initial enrollment of a new group, if the employee and/or spouse is under age 60, within normal height and weight requirements (see back of this flyer), and can truthfully answer NO to the health questions, we will approve up to the guarantee issue amount of term life insurance coverage within the limitations of each group's plan design.

What is EOI Underwriting?

Underwriting is a process in which an applicant provides past and present health information in order for us to determine if the applicant is eligibile for certain insurance coverages. Evidence of Insurability information must be reviewed and coverage approved by us before such coverage becomes effective.

While the information contained in the Evidence of Insurability form will suffice in the majority of cases, we reserve the right to ask for further medical evidence—questionnaires, Attending Physician's Statement (APS), medical examination, blood and urine tests, and/or an EKG if necessary. The applicant may be responsible for payment of any fee charged for completion of APS form(s)/release of medical records. We will pay for paramedical exams requested by the medical underwriters.

When is EOI Required?

Evidence of Insurability is required if an applicant requests insurance in excess of the guarantee issue amount, is a late enrollee, or if the group has not met the policy's minimum participation requirements.

Once we receive the evidence of insurability application and any additional requirements, the medical underwriter will review. If coverage is approved, we will notify the employee and employer via an approval letter of the total benefit amount approved and the effective date. The effective date of coverage is the date the application is approved. Premium is due the first of the month following approval date. If coverage is denied, we will notify the employee by letter of the declination reason. We will also notify the employer by letter of the declination (no medical information will be provided).

If an applicant is denied coverage by medical underwriting, the applicant may appeal the decision in writing. The applicant may also furnish further medical documentation for re-evaluation and review.

Medical Underwriting Timeframe: 90% of all complete applications are processed within 15 business days. Processing of applications that require additional investigation, such as lab tests, physician reports, etc. is contingent upon the information being received in a timely manner. Applications requiring further information from the employer, the insured, and/or the providers are kept active in the medical underwriting process for 60 days.

What are underwriting guidelines?

Underwriting guidelines are designed to help adequately classify disability and life insurance risks. Care is taken to understand and comply with legislation and insurance department regulations and to treat all applicants fairly. The underwriting guidelines utilized are specific and proprietary to and are consistent with industry practices. They are reviewed on an ongoing basis to keep current with improved medical technology, social changes and industry trends. The underwriting guidelines are administered consistently and fairly in each case.

Uninsurable Conditions for Voluntary Group Term Life

- Adrenal dysfunction
- AIDS and AIDS Related Complex (ARC)
- Alcoholism—total abstinence for less than five years
- Blood disease or disorder—chronic, uncorrected
- Buerger's disease
- Cancer-internal, treated within the last seven years
- Cerebrovascular disease (including stroke, transient ischemic attack, hemorrhage within five years)
- Collagen vascular disease (connective tissue diseases) (Lupus (SLE))
- Diabetes mellitus (except non-insulin dependent with onset over age 40)
- Drug abuse—total abstinence for less than five years
- Heart disease (including coronary artery disease, ischemic heart disease, history of heart attack or by-pass surgery, cardiac pacemaker, chronic/recurrent arrhythmia)
- Inflammatory bowel disease (Crohn's disease, ileitis, ulcerative colitis)
- Intestinal by-pass surgery within two years
- Kidney condition - chronic
- Leukemia
- Liver disease or disorder—chronic or recurrent
- Lung or respiratory disorders—chronic, requiring steroid or multiple medications
- Multiple Sclerosis
- Muscular Dystrophy
- Pancreatic impairment
- Paralysis - paraplegia, hemiplegia or quadriplegia
- Parkinson's disease
- Psychotic disorders
- Transplant (organ)

Table for Maximum Acceptable Height and Weight

Provided there is no other physical disorder or impairment

Male and Female Age 16 and Over

	Weight	
Ht.	Min.	Max.
4'8"	80	165
4'9"	83	171
4'10"	86	177
4'11"	89	183
5'0"	92	189
5'1"	95	196
5'2"	98	202
5'3"	101	209
5'4"	105	215
5'5"	108	222
5'6"	111	229
5'7"	115	236
5'8"	118	243

	Weight	
Ht.	Min.	Max.
5'9"	122	250
5'10"	125	258
5'11"	129	265
6'0"	133	273
6'1"	136	280
6'2"	140	288
6'3"	144	296
6'4"	148	304
6'5"	152	312
6'6"	156	320
6'7"	160	328
6'8"	164	337
6'9"	168	345

Male and Female Juvenile Age 0-15

	Weight	
Ht.	Min.	Max.
20"	5	14
21"	6	15
22"	7	17
23"	8	18
24"	9	20
25"	10	21
26"	11	22
27"	12	24
28"	13	25
29"	14	26
30"	15	27
31"	17	28
32"	18	29
33"	20	30
34"	21	32

	Weight	
Ht.	Min.	Max.
35"	22	34
3'0"	23	36
3'1"	25	38
3'2"	26	41
3'3"	28	43
3'4"	29	45
3'5"	31	47
3'6"	32	50
3'7"	34	52
3'8"	35	55
3'9"	37	57
3'10"	39	60
3'11"	40	63
4'0"	42	65
4'1"	44	68

	Weight	
Ht.	Min.	Max.
4'2"	46	71
4'3"	48	73
4'4"	50	76
4'5"	55	87
4'6"	58	91
4'7"	60	94
4'8"	62	98
4'9"	64	101
4'10"	71	105
4'11"	74	108
5'0"	81	128
5'1"	84	132
5'2"	87	136
5'3"	90	141
5'4"	93	145

	Weight	
Ht.	Min.	Max.
5'5"	96	150
5'6"	99	154
5'7"	102	159
5'8"	105	164
5'9"	108	169
5'10"	118	174
5'11"	121	179
6'0"	125	184
6'1"	128	189
6'2"	132	194
6'3"	136	200
6'4"	139	205

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