



August 13 2010 Number: 0268

Aviva announces new Premier and Preferred Underwriting Guidelines!

Aviva Life and Annuity Company is announcing new guidelines for Premier and Preferred classes on our permanent life insurance policies (Changes do not apply to Term policies). These changes are designed to provide greater flexibility and more competitive offers, and provide the best possible underwriting results for You, our valued customers.

Highlights of the new guidelines:

- Expanded height / weight ranges -- Premier class now using unisex ranges
- Age friendly guidelines for blood pressure, lipids and family history
- Enhanced flexibility for family history of cancer /cardiac disease
- Improved blood pressure and cholesterol ranges
- Prescriptions for blood pressure and lipids now acceptable for Premier Class
- Shortened tobacco cessation requirements -- Premier class lowered from 48 to 36 months
- Increased celebratory cigars to 4 per month

See the <u>attached underwriting charts</u> for updated Premier and Preferred guidelines.

All changes will be applied to applications dated on or after August 15, 2010.

If you have any questions about these new underwriting guidelines, please contact your Sales Director or Sales Support Team.

Thank you for doing business with Aviva!

Underwriting Guidelines Chart

for Non-TeleApp Cases All Products Except for Multi Choice SPL

Non-Medical limits include the total amount of coverage issued and placed in force within the last 5 years. Other limits include the total amount of coverage issued and placed in force within the last 2 years.

	Underwriting Requirements (MVRs, prescription checks and inspection reports are ordered by the Home Office)											
Amount Age	\$0 \$25,000	\$25,001 \$50,000	\$50,001 \$99,999	\$100,000 \$150,000	\$150,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,000	\$1,000,001 \$2,000,000	\$2,000,001 \$3,000,000	\$3,000,001 \$5,000,000	\$5,000,001 \$10,000,000	\$10,000,001 & Up
0 - 15			Non-Med Rx					Call the	Home Office Und	derwriter		
16 - 40		Non-Med MVR ³			Paramed, Blo	od¹, UA, MVR³			Blood¹, UA MVR⁴	UA, Blood ¹ Paramed, MVR ³ FINQ, EKG ²		Blood¹, UA ⁄IVR³, IR
41 - 45		Non-Med				med		UA, Blood ¹ Paramed, MVR ³ Rx, FINQ				
46 - 50		MVR³ Rx			U MY	od ¹ JA VR ³			Paramed		Paramed Blood ¹	M. D. Exam Blood ¹
51 - 55									Blood ¹ UA EKG ²		UA EKG ² MVR ³ Rx	UA TM EKG MVR ³ Rx
56 - 60			med A			Para Blo U	od¹ A		MVR ³ Rx FINQ		IR	IR
61 - 70		R	/X /R³			EK M\ R	/R³					
71 - 75		nmed, UA, Rx, Blo					JA, Blood¹, EKG²,				Paramed, Rx UA, IR Blood ¹	M. D. Exam UA, IR, Rx Blood ¹
76 - Product Limit		Evaluation, MVR ³				Senior Questio	nnaire, Senior Ev	aluation, FINQ			Sr. Ques. Sr. Eval. EKG ² , MVR ³	Sr. Ques. Sr. Eval. EKG ² , MVR ³

FINO -Financial Ouestionnaire

Inspection Report, to be ordered by the Home Office IR -

Prescription database check Rx -Sr. Ques. - Senior Questionnaire

Sr. Eval. - Senior Evaluation including cognitive and frailty test

² 12 lead resting EKG — mounted, uninterpreted.



¹ A Blood Profile will be required on proposed insureds age 16 and older if the new application face amount plus Aviva Life and Annuity in force policy amounts issued within the previous 2 years, total \$100,000 or more. A 12-hour fasting Blood Profile is recommended.

³ Motor Vehicle Report (MVR) will be ordered by the Home Office.

Preferred Underwriting Guidelines Chart - Permanent Products

Best Class - Premier Build Chart							
Height	Weight	Height	Weight				
5'0"	145	5'9"	190				
5'1"	150	5'10"	196				
5'2"	155	5'11"	201				
5'3"	160	6'0"	207				
5'4"	165	6'1"	213				
5'5"	170	6'2"	219				
5'6"	175	6'3"	225				
5'7"	180	6'4"	230				
5'8"	185	6'5"	237				

Preferred Build Chart								
Height	Weight	Height	Weight					
5'0"	164	5'9"	219					
5'1"	170	5'10"	225					
5'2"	176	5'11"	231					
5'3"	182	6'0"	237					
5'4"	192	6'1"	243					
5'5"	197	6'2"	249					
5'6"	203	6'3"	255					
5'7"	208	6'4"	261					
5'8"	214	6'5"	268					

Criteria	Premier Non-Tobacco	Preferred Non-Tobacco	Preferred Tobacco				
Issue Age Basis	Age Nearest						
Tobacco Usage	None in past 36 months Celebratory Cigar - 4 per month, no nicotine in urine, no MIB or APS or other information to the contrary	Available					
Cholesterol/ HDL Ratio	Up to age 70 - 260, 4.5 ratio Age 71+ - 280, 5.5 ratio						
Cholesterol Treatment		With or without treatment					
Blood Pressure	Up to age 70 - 145/85 Age 71+ - 150/90						
Blood Pressure Treatment		With or without treatment					
Build		See Build Charts					
Family History (Parents & Siblings) Coronary Artery Disease/Familial Cancer	Up to age 70 - No death of parent or sibling before age 60 Age 71+ - family history disregarded						
Personal History	Must classify as a ± 0 - (standard) medical risk without credits Would consider cancers (other than skin cancer) over 30 years						
Alcohol/ Substance Abuse	No history o	of alcohol/drug abuse or treatment within the pa	ast 10 years				
Aviation	Up to age 70 - Available if qualifies as a standard aviation risk or with an exclusion or flat extra Age 71+ - Individual consideration						
Avocation	Up to age 70 - Available if qualifies as a standard avocation risk or flat extra rating Age 71+ - Individual consideration						
Driving	Up to age 70 - No more than 2 moving violations in the past 3 years; no DUIs or reckless driving in the past 5 years Age 71+ - No more than 1 moving violation in past 3 years No DUI/ Reckless driving in past 5 years						

To be considered for Preferred status the applicant must complete the usual age/amount requirements and qualify for a standard (not substandard) risk class.

Exception: Best aviation and avocation risks may be considered for Premier/Preferred even if rated with a flat extra.

Underwriting Guidelines Chart

for TeleApp Cases All Products Except for Multi Choice SPL

Non-Medical limits include the total amount of coverage issued and placed in force within the last 5 years. Other limits include the total amount of coverage issued and placed in force within the last 2 years.

	TeleApp services include ordering and follow up of all requirements											
Amount Age	\$0 \$25,000	\$25,001 \$50,000	\$50,001 \$99,999	\$100,000 \$150,000	\$150,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,000	\$1,000,001 \$2,000,000	\$2,000,001 \$3,000,000	\$3,000,001 \$5,000,000	\$5,000,001 \$10,000,000	\$10,000,001 & Up
0 - 15			TeleApp Rx					Call the	Home Office Und	lerwriter		
16 - 40		TeleApp MVR		ī	eleApp, Mini Exa	m, Blood, UA, MV	R	TeleApp, Mir Blood, M		TeleApp, Mini Exam, Blood, UA, MVR, EKG, IR, FINQ	TeleApp, Mi Blood, MV	ni Exam, UA R, EKG, IR
41 - 45		TeleApp			Tele	Арр		TeleApp, UA Mini Exam MVR, Blood FINQ, Rx				
46 - 50		MVR Rx			Mini Blo U M'	Exam ood A VR			App Exam	TeleApp Mini Exam	TeleApp Mini Exam	TeleApp M. D. Exam
51 - 55					R	x		Blo U EI M	ood A KG VR	Blood UA MVR EKG Rx	Blood UA MVR Rx	Blood UA TM EKG MVR
56 - 60		Tele Mini U	Exam			Mini Blo	App Exam ood		X NQ	IR FINQ	EKG IR	Rx IR
61 - 70		M				MVI	A R, Rx KG					
71 - Product Limit		ni Exam, Blood, U J, Rx, Sr. Ques., Sr.			ГеlеАрр, Mini Exa	m, Blood, UA, M\	/R, FINQ, RX, EKG	i, S. Ques., Sr. Eval			TeleApp, UA Mini Exam, Rx MVR, Blood EKG, Sr. Ques Sr. Eval, IR	TeleApp, UA Mini Exam, Rx MVR, Blood EKG, Sr. Ques Sr. Eval, IR

FINQ -Financial Questionnaire

Sr. Ques. - Senior Questionaire

IR -Prescription database check RX -

Inspection Report, to be ordered by the Home Office Sr. Eval. - Senior Evaluation, including cognitive and frailty test

For face amounts over \$1,000,000, please provide a cover letter explaining the need and purpose of the coverage being requested.



Preferred Underwriting Guidelines Chart — **Term Products**

Premier Build Chart								
Height	ght Male Fem		Height	Male	Female			
5'0"	144	135	6'0"	207	180			
5'1"	148	138	6'1"	213	184			
5'2"	153	140	6'2"	219	188			
5'3"	158	143	6'3"	225	193			
5'4"	163	145	6'4"	230	197			
5'5"	168	148	6'5"	237	201			
5'6"	174	150	6'6"	243	205			
5'7"	179	155	6'7"	249	209			
5'8"	185	160	6'8"	256	214			
5'9"	190	165	6'9"	262	218			
5'10"	196	170	6'10"	268	222			
5'11"	201	175	6'11"	276	226			

Preferred Build Chart (Unisex)							
Height	Preferred	Height	Preferred				
5'0"	158	6'0"	228				
5'1"	163	6'1"	234				
5'2"	168	6'2"	241				
5'3"	174	6'3"	247				
5'4"	179	6'4"	253				
5'5"	185	6'5"	260				
5'6"	191	6'6"	267				
5'7"	197	6'7"	274				
5'8"	203	6'8"	281				
5'9"	209	6'9"	288				
5'10"	215	6'10"	295				
5'11"	221	6'11"	303				

Criteria	Premier NT	Preferred NT	Standard Plus NT	Preferred T				
Issue Age Basis	Age Nearest							
Tobacco Usage	None in past 60 months	None in past 36 months	None in past 12 months					
Cholesterol	220	240	270 (300 if HDL is 5.0 or less)	250				
Cholesterol Treatment	No treatment		Treatment allowed					
Cholesterol/ HDL Ratio	5.0	5.0 5.5		6.5				
Blood Pressure	Age 18-60 135/85 Age 61 up 145/90 No treatment	Age 18-60 140/90 Age 61 up 150/90 Treatment allowed	Age 18-45 140/90 Age 46-60 145/90 Age 61 up 150/90 Treatment allowed	Age 18-55 140/90 Age 56 up 150/90 Treatment allowed				
Build	Use existing Aviva Premier Build Chart	Us	se existing Aviva Preferred Build Cha	art				
Family History Coronary Artery Disease Familial Cancer	No death of parent or sibling artery disease o	before age 65 from coronary r familial cancer	Up to one death of parent or sibling before age 60 from coronary artery disease or familial cancer	No death of parent or sibling before age 60 from coronary artery disease or familial cancer				
Personal History	No coronary artery disease, diabetes, cancer, cerebrovascular disease. Must be classified as a standard mortality risk without application of coronary risk profile credit. No history of coronary artery disease, diabetes, or cancer, except certain types of skin cancer							
Alcohol/ Substance Abuse	No history							
Aviation	Available if qualifies as a standard aviation risk or with an exclusion or flat extra rating							
Avocation	Available if qualifies as a standard avocation risk or flat extra rating							
Driving	No more than	2 moving violations in the past 3 yea	ars; no DUI's or reckless driving in t	he past 5 years.				