

Underwriting Guidelines

Committed to Complete and Professional Risk Selections



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Underwriting and New Business Overview

North American Company uses a common-sense approach to underwriting to help ensure that our decisions are fair to the proposed insured, deliverable by the producer, and profitable for the company. Our staff of highly skilled underwriters are dedicated to making it as easy as possible to do business with us.

To accomplish our objectives, North American New Business and Underwriting offer the following:

- **Skilled underwriting and medical experience**
- **A holistic approach to evaluating impairments:**
 - We use common sense
 - Favorable and unfavorable risk factors are balanced on a case-by-case basis to deliver the best risk class possible
- **Competitive time service:**
 - Highly competitive turnaround times from receipt of application to approval
 - An average of less than one day turnaround from time of last requirement to approval
- **Specialized underwriting for large cases:**
 - A dedicated Special Risk Unit for applications of \$5,000,000 and up
- **Process**
 - To help ensure timely turnaround times and high standards of service quality, please contact your up-line for underwriting service needs
 - Paperwork (other than 1035 Exchange forms and premium remittance) will be processed using fax copies

The information in this guide is accurate at the time of print.

Contact Information by Department

Company business hours are Monday–Thursday, 7:30 a.m.–5 p.m. CT; Friday, 7:30 a.m.–12:30 p.m. CT.

Department	Telephone/Fax/Email	Department	Telephone/Fax/Email
Amber Team	855-714-4502 Fax 855-714-4507 amber@sfgmembers.com	Ruby Team	866-606-2943 Fax 800-978-7959 ruby@sfgmembers.com
Amethyst Team	855-714-4510 Fax 855-714-4503 amethyst@sfgmembers.com	Sapphire Team	855-288-8149 Fax 855-288-8150 sapphire@sfgmembers.com
Emerald Team	800-669-9100 Fax 800-951-9430 emerald@sfgmembers.com	Topaz Team	855-714-4508 Fax 855-714-4511 topaz@sfgmembers.com
Opal Team	855-704-4781 Fax 855-704-4780 opal@sfgmembers.com	Administrative Office	877-872-0757

Regular Mail

North American Company
P.O. Box 5089
Sioux Falls, SD 57117-5089

Overnight Mail

North American Company
One Sammons Plaza
Sioux Falls, SD 57193-0001

Approved Paramed Facilities

Use an approved paramedical service for traditional applications. These approved paramedical services provide a full range of services throughout the United States.

Facility	Telephone	Website
APPS	800-727-2999	www.appsnational.com
EMSI	800-872-3674	www.emsinet.com
ExamOne	900-768-2061	www.examone.com
Portamedic	866-335-5575	www.portamedic.com
Superior Mobile Medics, Inc.	800-898-3926	www.superiormobilemedics.com
For Laboratory Services		
CRL	800-882-1922	www.crlcorp.com
For APSs and PHI's		
Parameds.com	718-575-2000	www.parameds.com
GIS	800-369-3640, ext. 7510	www.geninfo.com

Connect 24/7 with Our Secure Producers Website

Access our agent Website through www.NorthAmericanCompany.com for the most up-to-date information on your cases.

- Pending Business provides hourly updates on your pending cases.
- Policy Data Center provides daily updates on your in-force business.
- Forms Factory provides you with the most current state required forms for policy application and policy changes, which can be completed online and printed from your computer.

Helpful Tips

When completing a life application with your client, the plan of insurance section should include only the insurance plan name, not the rate classification. For example, plan of insurance should be listed as Custom Guarantee® universal life insurance, not Custom Guarantee Super Preferred Non-Tobacco.

North American will automatically underwrite each case for the best possible rate classification. Inclusion of the rate classification on the policy application, which the applicant may or may not qualify for, may result in the issue of a policy amendment. To help avoid the issuance of a policy amendment, which requires the client's signature, please do not include the rate classification on the policy application.



Traditional Underwriting Requirements*

Face Amount	Ages 16-45	Ages 46-55	Ages 56-70	Ages 71-75	Ages 76+
\$0 to \$99,999	Physical Measurements Blood/HOS MVR	Physical Measurements Blood/HOS	Paramed Blood/HOS	Paramed Functional Capacity Exam Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS MVR
\$100,000 to \$250,000	Physical Measurements Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR
\$250,001 to \$500,000	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG MVR
\$500,001 to \$999,999	Paramed Blood/HOS MVR	Paramed Blood/HOS EKG MVR	Paramed Blood/HOS EKG MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR
\$1,000,000 to \$2,000,000	Paramed Blood/HOS PHI MVR	Paramed Blood/HOS EKG PHI MVR	Paramed Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire
\$2,000,001 to \$5,000,000	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Financial Questionnaire
\$5,000,001 to \$10,000,000	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS EKG PHI MVR Third Party Financial Report
\$10,000,001 and up	M.D. Exam Blood/HOS EKG PHI MVR Third Party Financial Report	M.D. Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report	M.D. Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report	Paramed Functional Capacity Exam Blood/HOS Treadmill PHI MVR Third Party Financial Report

* Prescription report may also be reviewed.

Medical Evidence for Ages 0-15:	
0-\$250,000	Fully completed application with medical questions completed by agent
\$250,001 & up	Individual consideration. Contact Underwriting for requirements

Age & Amount Attending Physician Statement (APS) Guidelines:*	
Ages 16-50	Risk Amounts \$2,000,001 & up: APS required if M.D. consulted within past year
Ages 51-60	Risk Amounts \$1,000,001 & up: APS required if M.D. consulted within past year
Ages 61-70	Risk Amounts \$250,001 - \$2,000,000: APS required if M.D. consulted within past year Risk Amounts \$2,000,001 & up: APS required if M.D. consulted within past two years
Ages 71 & up	All amounts, APS required

* Attending Physician Statements may be requested on any risk amount and any age at the underwriter's discretion.

Requirement Substitutions

- Any stress testing completed within the past 12 months may be substituted in lieu of a current Treadmill EKG.
- If a health assessment has been completed by the primary care physician within the past six months, a Paramed exam may be used in lieu of a M.D. exam.

Definition of Requirements

Blood/HOS	Blood Profile and Home Office Specimen
EKG	A 12-lead resting electrocardiogram (without interpretation)
Financial Questionnaire	A financial statement on the proposed insured, completed by the agent
Functional Capacity Exam	Cognitive testing that is completed by the paramedical examiner. Must be scheduled with an approved paramedical service.
IBU	Interview by underwriter. A phone interview conducted by an experienced life insurance underwriter. Initiated by the Administrative Office, these questionnaires are requested in lieu of the APS for moderate impairment cases.
M.D. Exam	North American's preferred vendors can help arrange for M.D. exams in most areas. Any physician, except the proposed insureds personal physician, may perform M.D. examinations.
MVR	Motor Vehicle Report obtained through the Administrative Office
Paramed	Paramed Report
PHI	Personal History Interview
Physical Measurements	Height, weight, blood pressure, and pulse reading secured by a paramedical examiner
AdvancedApp Interview	Part 2 completed by Professional Call Center interview
Third Party Financial Report	Certified Public Accountant prepared net income statement and balance sheet
Treadmill	Treadmill Stress Test (without interpretation)

Age & Amount APS Guidelines:	
<i>Ages 18-50</i>	Risk Amounts \$2,000,001 & up: APS required if M.D. consulted within past year
<i>Ages 51-60</i>	Risk Amounts \$1,000,001 & up: APS required if M.D. consulted within past year
<i>Ages 61-70</i>	Risk Amounts \$250,001 - \$2,000,000: APS required if M.D. consulted within past year Risk Amounts \$2,000,001 & up: APS required if M.D. consulted within past two years
<i>Ages 71 & up</i>	All amounts, APS required

Requirement Substitutions

- Any stress testing completed within the past 12 months may be substituted in lieu of a current Treadmill EKG.

Tobacco Use Definitions

Underwriting classes vary by product. Please refer to the marketing guides and plan description for rate classes available.

Super Preferred

Must not have used any tobacco or nicotine-based products (including “patches,” electronic cigarettes, and “nicotine gum”) as outlined in the Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications chart starting on pg. 11.

Preferred Non-Tobacco

Must not have used any tobacco or nicotine-based products (including “patches,” electronic cigarettes, and “nicotine gum”) as outlined in the Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications chart starting on pg. 11.

Preferred Tobacco

In addition to the Preferred Underwriting Guidelines listed, all forms of tobacco and nicotine products allowed.

Non-Tobacco

Proposed insureds have not used tobacco in any form and have not used any product containing nicotine within the past 12 months. Lab test results must be negative for nicotine byproducts.

Tobacco

Proposed insureds have smoked cigarettes or used other tobacco products, including patches, gum, inhalers or other stop-smoking products within the past 12 months or are found to have nicotine byproducts in their lab test results.

Rate Classification Guidelines

These rate classification guidelines apply to North American's product portfolio.

Build Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications for Builder IUL®, Custom Growth CV®, Custom TermGUL®, Guarantee Builder IUL®, Rapid Builder IUL®, and Survivorship GIUL

Super Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71+	Female Ages 70 & Under	Female Ages 71+	Male/ Female 70 & Under Minimum	Male/ Female 71+ Minimum
4'10"	137	143	127	134	91	100
4'11"	141	148	131	138	94	104
5'0"	146	153	136	143	97	107
5'1"	151	158	140	148	100	111
5'2"	156	164	145	153	104	115
5'3"	161	169	149	158	107	118
5'4"	166	174	154	163	110	122
5'5"	171	180	159	168	114	126
5'6"	176	186	164	173	118	130
5'7"	181	191	169	178	121	134
5'8"	187	197	174	184	125	138
5'9"	192	203	179	189	128	142
5'10"	198	209	184	195	132	146
5'11"	203	215	189	200	136	150
6'0"	209	221	194	206	140	154
6'1"	215	227	200	212	144	158
6'2"	221	233	205	218	148	163
6'3"	227	240	211	224	152	168
6'4"	233	246	216	230	156	172
6'5"	239	253	222	236	160	176

For ages 71 and greater, weight must be stable the past two years.

Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71+	Female Ages 70 & Under	Female Ages 71+	Male/ Female 70 & Under Minimum	Male/ Female 71+ Minimum
4'10"	146	153	137	143	91	100
4'11"	151	158	141	148	94	104
5'0"	156	163	146	153	97	107
5'1"	164	169	151	158	100	111
5'2"	167	175	156	164	104	115
5'3"	172	180	161	169	107	118
5'4"	177	186	166	174	110	122
5'5"	183	192	171	180	114	126
5'6"	189	198	176	186	118	130
5'7"	194	204	181	191	121	134
5'8"	200	210	187	197	125	138
5'9"	206	216	192	203	128	142
5'10"	212	222	188	209	132	146
5'11"	218	229	203	215	136	150
6'0"	224	235	209	221	140	154
6'1"	230	242	215	227	144	158
6'2"	236	249	221	233	148	163
6'3"	243	256	227	240	152	168
6'4"	249	263	233	246	156	172
6'5"	256	270	239	253	160	176

For ages 71 and greater, weight must be stable the past two years.

Build Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications for ADDvantage® and Custom Guarantee®

Super Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71+	Female Ages 70 & Under	Female Ages 71+	Male/ Female 70 & Under Minimum	Male/ Female 71+ Minimum
4'10"	134	143	124	134	91	100
4'11"	138	148	128	138	94	104
5'0"	143	153	133	143	97	107
5'1"	148	158	137	148	100	111
5'2"	153	164	142	153	104	115
5'3"	158	169	146	158	107	118
5'4"	163	174	151	163	110	122
5'5"	168	180	156	168	114	126
5'6"	173	186	161	173	118	130
5'7"	178	191	166	178	121	134
5'8"	184	197	171	184	125	138
5'9"	189	203	176	189	128	142
5'10"	195	209	181	195	132	146
5'11"	200	215	186	200	136	150
6'0"	206	221	191	206	140	154
6'1"	212	227	197	212	144	158
6'2"	218	233	202	218	148	163
6'3"	224	240	208	224	152	168
6'4"	230	246	213	230	156	172
6'5"	236	253	219	236	160	176

For ages 71 and greater, weight must be stable the past two years.

Preferred Non-Tobacco Height & Weight Limits						
Height	Male Ages 70 & Under	Male Ages 71+	Female Ages 70 & Under	Female Ages 71+	Male/ Female 70 & Under Minimum	Male/ Female 71+ Minimum
4'10"	143	153	134	143	91	100
4'11"	148	158	138	148	94	104
5'0"	153	163	143	153	97	107
5'1"	158	169	148	158	100	111
5'2"	164	175	153	164	104	115
5'3"	169	180	158	169	107	118
5'4"	174	186	163	174	110	122
5'5"	180	192	168	180	114	126
5'6"	186	198	173	186	118	130
5'7"	191	204	178	191	121	134
5'8"	197	210	184	197	125	138
5'9"	203	216	189	203	128	142
5'10"	209	222	195	209	132	146
5'11"	215	229	200	215	136	150
6'0"	221	235	206	221	140	154
6'1"	227	242	212	227	144	158
6'2"	233	249	218	233	148	163
6'3"	240	256	224	240	152	168
6'4"	246	263	230	246	156	172
6'5"	253	270	236	253	160	176

Substandard Build Chart for all North American Products

Table Ratings for Build																
Male and Female																
Height	Table 1 Weight		Table 2 Weight		Table 3 Weight		Table 4 Weight		Table 5 Weight		Table 6 Weight		Table 8 Weight		Table 10 Weight	
	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+	Age 70 & Under	Ages 70+
4'10"	172	177	187	187	196	196	201	201	206	206	211	211	215	215	220	220
4'11"	178	183	193	193	203	203	208	208	213	213	218	218	223	223	228	228
5'0"	184	189	200	200	210	210	215	215	220	220	225	225	230	230	236	236
5'1"	191	195	20	20	217	217	222	222	228	228	233	233	238	238	244	244
5'2"	197	202	213	213	224	224	230	230	235	235	241	241	246	246	252	252
5'3"	203	208	220	220	231	231	237	237	243	243	248	248	254	254	260	260
5'4"	210	215	227	227	239	239	245	245	251	251	256	256	262	262	268	268
5'5"	216	222	234	234	246	246	252	252	258	258	264	264	270	270	277	277
5'6"	223	229	242	242	254	254	260	260	266	266	273	273	279	279	285	285
5'7"	230	236	249	249	262	262	268	268	275	275	281	281	287	287	294	294
5'8"	237	243	256	256	270	270	276	276	283	283	289	289	296	296	303	303
5'9"	244	250	264	264	278	278	284	284	291	291	298	298	305	305	312	312
5'10"	251	257	272	272	286	286	293	293	300	300	307	307	314	314	321	321
5'11"	258	265	280	280	294	294	301	301	308	308	315	315	323	323	330	330
6'0"	265	272	288	288	302	302	310	310	317	317	324	324	332	332	339	339
6'1"	273	280	296	296	311	311	318	318	326	326	334	334	341	341	349	349
6'2"	280	287	304	304	319	319	327	327	335	335	343	343	350	350	358	358
6'3"	288	295	312	312	328	328	336	336	344	344	352	352	360	360	368	368
6'4"	296	304	320	320	337	337	345	345	353	353	361	361	370	370	378	378
6'5"	304	313	329	329	346	346	354	354	363	363	371	371	379	379	388	388

Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications

	Super Preferred Non-Tobacco		Preferred Non-Tobacco	
	Builder IUL, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL	ADDvantage and Custom Guarantee	Builder IUL, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL	ADDvantage and Custom Guarantee
<i>Aviation</i>	Ages 70 and under: Private pilots (ages 27-65) may qualify with 300+ hours, IFR, 50-150 flight hours per year, and all flights within the USA. Ages 71 and over: No participation in the last 12 months or with plans to participate in the future.	Ages 70 and under: Non-ratable pilots for major airlines only, or with the Aviation Exclusion Rider. Ages 71 and over: No participation in the last 12 months or with plans to participate in the future.	Ages 70 and under: Flat extra allowed for aviation. Ages 71 and over: No participation in the last 12 months or with plans to participate in the future.	Ages 70 and under: Non-ratable commercial and private pilots are acceptable. Ages 71 and over: No participation in the last 12 months or with plans to participate in the future.
<i>Blood Pressure</i>	Ages 50 and below: Has blood pressure that is 140/85 or better, without treatment from all sources. Ages 51-60: Has blood pressure that is 145/85 or better, without treatment from all sources. Ages 61-70: Has blood pressure that is 150/85 or better without treatment from all sources. Ages 71 and over: Has blood pressure that is 150/85 or better, without treatment from all sources and no pulse pressure greater than 75.	Ages 50 and below: Has blood pressure that is 135/85 or better, without treatment from all sources. Ages 51-60: Has blood pressure that is 140/85 or better, without treatment from all sources. Ages 61-70: Has blood pressure that is 145/85 or better without treatment from all sources. Ages 71 and over: Has blood pressure that is 150/85 or better, without treatment from all sources and no pulse pressure greater than 75.	Ages 50 and below: Has blood pressure that is 140/90 or better with or without treatment from all sources. Ages 51-60: Has blood pressure that is 145/90 or better with or without treatment from all sources. Ages 61-70: Has blood pressure that is 150/90 or better with or without treatment from all sources. Ages 71 and over: Has blood pressure that is 150/90 or better, with or without treatment from all sources and no pulse pressure greater than 75.	Ages 50 and below: Has blood pressure that is 140/85 or better with or without treatment from all sources. Ages 51-60: Has blood pressure that is 145/85 or better with or without treatment from all sources. Ages 61-70: Has blood pressure that is 145/90 or better with or without treatment from all sources. Ages 71 and over: Has blood pressure that is 150/90 or better, with or without treatment from all sources and no pulse pressure greater than 75.
<i>Cholesterol</i>	Ages 70 and under: Has a cholesterol count, with or without treatment, of 220 or less, with a total cholesterol/HDL ratio of 5.0 or less. Ages 71 and over: Has a cholesterol count, with or without treatment, of 150-250, with a HDL of at least 45.	Ages 70 and under: Has a cholesterol count, with or without treatment, of 220 or less, with a total cholesterol/HDL ratio of 4.5 or less. Ages 71 and over: Has a cholesterol count, with or without treatment, of 150-250, with a HDL of at least 45.	Age 70 and under: Has a cholesterol count, with or without treatment, of 240 or less with a total cholesterol/HDL ratio of 6.0 or less. Age 71 and over: Has a cholesterol count, with or without treatment, of 150-260, with an HDL of at least 40.	Ages 70 and under: Has a cholesterol count, with or without treatment, of 240 or less, with a total cholesterol/HDL ratio of 5.5 or less. Ages 71 and over: Has a cholesterol count, with or without treatment, of 150-260, with a HDL of at least 40.
<i>Citizenship</i>	Is a US citizen or has had a permanent resident status for at least 2 years			

Unisex Requirements for Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications

	Super Preferred Non-Tobacco		Preferred Non-Tobacco	
	Builder IUL, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL	ADDvantage and Custom Guarantee	Builder IUL, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL	ADDvantage and Custom Guarantee
Driving	Has not had more than 1 moving violation in the past 3 years, or a DWI, DUI, reckless driving conviction, or non-administrative license suspension in the past 5 years.		Has not had more than 2 moving violations in the past 3 years, or a DWI, DUI, reckless driving conviction, or non-administrative license suspension in the past 5 years.	
Drug / Alcohol	No history of drug or alcohol abuse or treatment within the past 10 years.			
Family History (not applicable for age 71 & older)	Has not had a natural parent or sibling diagnosed with or die from coronary artery disease or cancer prior to age 60.		Has not had a natural parent die from coronary artery disease or cancer prior to age 60.	
Foreign Travel	Travel to countries or areas considered hazardous by North American may be excluded (may vary by state).			
Military	Not an active duty military risk.			
Personal History	Ages 70 and under: No history of cancer (excluding non-melanoma skin cancers), diabetes, cardiovascular disease, coronary artery disease, or other significant health problems. Ages 71 and over: Attending physician statement demonstrating regular health care. Must be a standard risk before credits. No history of chronic or recurring mental illness or depression. No history of cancer (excluding non-melanoma skin cancers), heart disease or stroke.			
Recreation	No participation in hazardous sports within the past 2 years with no future plans to participate in hazardous sports. Non-technical scuba diving with max. depth of 50 ft. is acceptable.		Non-ratable hazardous sports (e.g. racing, scuba diving, skydiving) are acceptable.	
Tobacco	Ages 70 and under: Has not used tobacco or nicotine, in any form, in the past 3 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine byproducts. Ages 71 and over: Has not used tobacco or nicotine, in any form, in the past 5 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine byproducts.	All ages: Has not used tobacco or nicotine, in any form, in the past 5 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine byproducts.	Ages 70 and under: Has not used tobacco or nicotine, in any form, in the past 2 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine byproducts. Ages 71 and over: Has not used tobacco or nicotine, in any form, in the past 3 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine byproducts.	All ages: Has not used tobacco or nicotine, in any form, in the past 3 years. Occasional cigar (up to 12 per year) is acceptable if admitted on the application and urine specimen is negative for nicotine byproducts.

Additional Requirements Super Preferred Non-Tobacco and Preferred Non-Tobacco Underwriting Classifications for Ages 71 and Over

	Super Preferred Non-Tobacco		Preferred Non-Tobacco	
	Builder IUL, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL	ADDvantage and Custom Guarantee	Builder IUL, Custom GrowthCV, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL	ADDvantage and Custom Guarantee
Cognitive Function	No evidence of cognitive impairment.			
Falls	No history of falls within the past five years.			
Kidney Function	Has an estimated glomerular filtration rate (eGFR) that is greater than 70.		Has an estimated glomerular filtration rate (eGFR) that is greater than 60.	
Physical/Social Activity	Physically active including, but not limited to, travel, exercise, and social activities. Independent in all Activities of Daily Living and Instrumental Activities of Daily Living.			
Serum Albumin	Level greater than 3.9 g/dl.		Level greater than 3.8 g/dl.	

Requirements for Tobacco Underwriting Classifications

ADDvantage, Builder IUL, Custom GrowthCV, Custom Guarantee, Custom TermGUL, Guarantee Builder IUL, Rapid Builder IUL, and Survivorship GIUL

PREFERRED TOBACCO

- All requirements needed for the Preferred Non-Tobacco class for the appropriate issue age.
- Tobacco Usage: Tobacco use allowed.
- No diagnosis of chronic bronchitis.
- No diagnosis of chronic obstructive pulmonary disease.
- No diagnosis of arteriosclerotic vascular disease.

STANDARD TOBACCO

- All requirements needed for the Standard Non-Tobacco class for the appropriate issue age.
- Tobacco Usage: Tobacco use allowed.

Substandard

Table ratings are available for both medical and non-medical reasons and vary by product and issue age. Please refer to the product marketing guide for issue ages, underwriting classifications and table ratings.

- **Non-medical flat extras (all products)**
 - May be applied to all rate classes except Super Preferred NT, Preferred NT ages 71+, and Preferred TB ages 71+ (and Standard NT and Standard TB for ages 86+ on Survivorship GIUL).
- **Medical flat extras (all products)**
 - May be applied to the Standard Non-Tobacco and Standard Tobacco rates (except for ages 86+ on Survivorship GIUL).
- Temporary flat extras are non-commissionable.

Special Considerations

- **Foreign Nationals** – U.S. residence for at least the past two years with intent to remain in the U.S. permanently is required in order to be considered for coverage. We require that the proposed insured have either a Green Card or hold one of the following temporary visas: H1B/Specialty Worker, L1/Intracompany Transferee, or TN-1/NAFTA Visa. We also require a social security number due to the U.S. Patriot Act. In addition, we also require that coverage amounts be supported by U.S. income or assets.
- **Foreign Residence & Travel** – U.S. citizens making short trips out of the country for business, pleasure, or educational purposes to non-hazardous areas are usually acceptable risks. Contact Underwriting for those making longer trips or who may be residing outside of the U.S. If an offer can be considered, facultative reinsurance may be required.
- **Medical Examinations** – All medicals must be performed by approved paramedical facilities providing both paramedic and MD exam services. Under special circumstances, exceptions can be made by the underwriting team. Refer to the list of approved paramedical facilities, assigned according to your underwriting office.
- **Multiple Occupations** – List all occupations on the application. The occupation involving the greatest hazard will determine the classification.
- **Non-Medical** – Non-medical insurance is only available for ages 0 through 15 with face amounts of \$250,000 or less. For amounts above \$250,000 contact Underwriting for medical requirements.

Financial Underwriting

PERSONAL INSURANCE

Personal insurance includes coverage meant to be income replacement and/or to maintain an estate. Purposes of Personal Insurance include mortgage redemption, debt repayment, funds for final expenses and burial, family maintenance, estate preservation, estate and inheritance taxes, educational funds and charitable bequests.

Income Replacement

Application intended to cover income replacement needs may be considered according to the age and amount guidelines listed below. Earned income includes salary, wages, tips, regular bonus, regular commission, deferred compensation, and other employee benefits that are the direct result of the proposed insured's effort and abilities that will cease at their death. Where income fluctuates from year to year, use a three year average.

Ages	Income Multiples*
20-30	30 x
31-40	25 x
41-50	20 x
51-60	15 x
61-70	10 x
71+	5 x

* Factor multiplied by earned income.

Requirements:

- For risk amounts of \$2,000,001+, a Financial Questionnaire.
- For risk amounts of \$5,000,001+, a Third Party Financial Report.

Estate Preservation

Use this estate preservation formula to determine amounts that will generally be underwritten on the basis of net worth.

Formula: (Estate value appreciation at interest rate of 7.5%) x
($\frac{1}{2}$ of life expectancy) x (maximum tax rate of 50%)

Requirements:

- Cover letter explaining the purpose of the insurance, the reason for the amount applied for and how the proposed insurance solution will meet the client's needs.
- A Financial Questionnaire.
- For risk amounts of \$5,000,001+, a Third Party Financial Report.

Juvenile Coverage

North American's death benefit guidelines are as follows:

- \$250,000 for pre-high school age and younger (minimum age 15 days)
- \$500,000 for high school through college ages

The primary underwriting principle we follow is: What is the financial loss to the beneficiary should the child pass prematurely? We understand investment, tax-free accumulation, and money-purchase concepts; however, they are secondary considerations and have limited impact on our decision.

Requirements for these death benefits:

- Both parents are insured for twice the child's death benefit. Please list this information on the agent's report or cover letter.
- All siblings are insured equally—list names and death benefits on the agent's report or cover letter.
- Applications for minors must be signed by the parent or guardian with whom the child lives on a regular basis.

Cover letters are required to explain the following cases:

- If both parents are not insured for twice the child's death benefit.
- If all the siblings are not insured equally.
- If the death benefit is over the above guidelines, explaining the additional financial loss to the beneficiary.
- For grandparent-owned insurance, list each grandchild and their death benefit as well as the parents' in-force insurance. A parent's signature is required on the application. Please consult with the underwriter as necessary.

Final decisions will be made by the underwriter based on all factors of the case.

BUSINESS INSURANCE

Key Person Coverage

Coverage amount may be up to 10 times the annual income derived from the business covered.
Coverage amount is dependent upon the type of business and applicant's duties.

Requirements:

- Financial Questionnaire demonstrating income derived from the business being covered.
- List of other key persons and their coverage in favor of the business.
- For risk amounts of \$5,000,001+, a copy of business financials.

Buy/Sell or Stock Repurchase Coverage

Use this formula to determine the appropriate coverage amount.

Formula: (Ownership %) x (Value of the Company)

Requirements:

- Cover letter explaining the purpose of the insurance and how the amount applied for was determined.
- Details of buy/sell agreement and percentage of ownership in the business.
- Market value of the business with supporting corporate financials.

[illegible]

[illegible]



ADDvantage is issued on policy form series LS143AMP; Builder IUL is issued on policy form series LS172; Custom GrowthCV is issued on policy form series LS166; Custom Guarantee is issued on policy form series LS170; Custom TermGUL is issued policy form series LS167; Guarantee Builder IUL is issued on policy forms series LS175; Rapid Builder IUL is issued on policy form series LS169; Survivorship GIUL is issued on policy form series LS171, by North American Company for Life and Health Insurance, Administrative Office, Sioux Falls, SD 57193. Products, features, riders, issue ages, and endorsements may not be available in all jurisdictions. Limitations or restrictions may apply.

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