

The Principal Financial Group®

Life Underwriting Guide

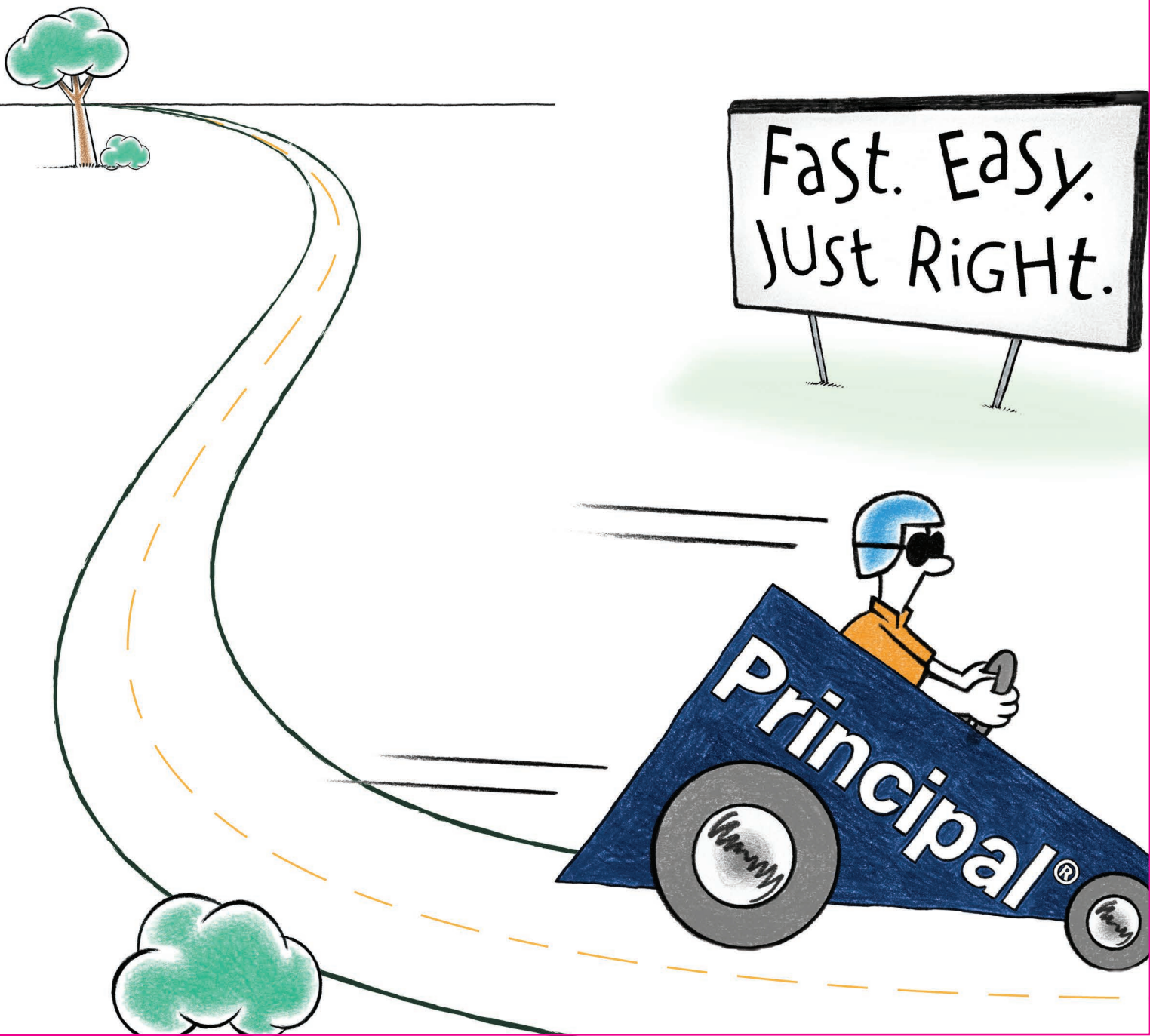




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The right partner. The right services.

The Principal Financial Group® leads the industry with a remarkably fast underwriting and issue process.

Competitive turnaround times

- We've expanded our team to help us expedite your cases.
- Top-tier industry time service
- 1035 unit to proactively expedite transfer of proceeds

Easy to work with

- Applications accepted electronically or by fax (1035 paperwork needs wet signature).
Toll-free fax: 1-866-542-1359
- Quick Quotes System for submitting informal inquiries
- Dedicated home office case managers plus access to your underwriter when you need it.
Toll-free phone: 1-800-654-4278

TeleApp

Streamline the underwriting process and eliminate requirements:

- Eliminates redundant paramed questions
- Eliminates inspections through \$5 million
- Fewer Attending Physician Statements (APS) required

On-line services

New business application forms

The Principal provides easy access to life new business application forms via our Principal eFinancial ProfessionalSM secured web site called Principal Virtual Supply. We have also teamed with the following companies to ensure our application materials are available to customers who subscribe to their services.

- iPipelineTM
- Ebix's Vital Forms

Submitting new applications

Submit new business applications electronically to help streamline the new business process. We support the following electronic submissions:

- Principal Direct FTP (file transfer protocol)
- Principal FTP website

We have also teamed with the following companies to ensure new application submission is available to customers who subscribe to their services:

- PaperClip Incorporated
- ExamOne
- iPipeline's iGOTM

Traditional submissions such as U.S. mail and fax are also welcomed.



Pending case status

Receive important up-to-date information on pending life and disability insurance new business via:

- Principal Pending Business Report
- Principal Direct FTP from us in ACORD format

We have also teamed with the following companies to ensure our pending new business information is available to customers who subscribe to their services:

- Oracle/SkyWire
- SmartOffice™
- AgencyWorks

We have also teamed with the following companies to ensure underwriting rules are available to customers who subscribe to their services:

- XRAE

Unique survivorship features

Reconsideration

- Available for rated or uninsurable risks
- Underwriting for second insured not required

Seven classes of uninsurable

- U1 (our most favorable uninsurable risk class) through U7 (life expectancy of less than one year)
- No minimum life expectancy

Opt-out underwriting

- For U7 risks with life expectancy less than one year
- Routine requirements waived

Business case advantage

Flexible, partnership approach – collaborate for creative solutions

- Understand concept and key issues
- Work with Advanced Solutions when needed

Multi-life underwriting

- Available for employer-sponsored plans
- Home office pre-approval required
- Four underwriting programs available

Nonqualified executive benefits – aggregate funding on COLI

- Liberalized financial underwriting limits
 - 30 times income to age 55
 - 15 times income age 56 and over
- Streamlined underwriting requirements
 - Physical measurements + ECG + Labs + APS
 - No paramed or MD exams required
 - No inspections required
 - Employer census provides financial information
- Preliminary underwriting and selection of participants using TeleApp
- Added level of service – we order all requirements and APS reports for you
- Pre-completed application forms provided for formal signatures



Impairments

The impairment information on the following pages has been provided to help give you a general idea of potential underwriting outcomes based on medical and non-medical life insurance underwriting. By initially obtaining specific, detailed information, your underwriter will be able to provide the right quote quickly and easily.

Descriptions of possible underwriting outcomes represent tentative, non-binding assessments based on hypothetical parameters using our underwriting guidelines at the time of publication. Actual underwriting outcomes may possibly be more favorable than illustrated using available Healthy Lifestyle Credits and our Automatic Standard Approval Program (ASAP). We reserve the right to apply individual consideration to any case. All cases are subject to full underwriting, and assessments are subject to change based on actual file review. For more information, contact your home office underwriter.

The impairments table is set up as follows:

- **Impairment** – The name of the impairment, including a short description. Conditions are listed alphabetically
- **Risk Factors** – The criteria the underwriter uses to classify the risk
- **Typical Requirements** – Medical requirements the underwriter is likely to request in addition to the routine age and amount medical requirements
 - **For Faster Decision** – These are the specific details to include in your application package to enable the underwriter to quickly and easily provide the right quote. This information may be used to determine appropriate APS acquisition, thereby expediting the underwriting process and limiting the need for subsequent requirement requests.
- **Likely Underwriting Decision** – The risk classification or rating necessary for the impairment based on the factors and requirements presented. Many impairments outline a best-case scenario, typical case and worst-case rating.

Impairments | MEDICAL

ALCOHOL ABUSE (Includes alcoholism and problem drinking)		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Amount of past and present alcohol consumption declared • Any diagnosis of abuse or dependence • Past history of treatment • Results of all investigations, including liver enzymes and alcohol markers • How long abstinent or consuming in moderation • Any relapses • Member of a self-help group such as Alcoholics Anonymous • Treatment with medication • Any co-morbid conditions, including any history of other substance abuse, driving offenses or participation in hazardous sports • Any history of marital or job instability • Any medical complications 	<p>Requirements: APS, medical exam, MVR, blood test, alcohol questionnaire, inspection report selectively</p> <p>For faster decision:</p> <ul style="list-style-type: none"> • Provide details of medical treatment. • Document any residential care/ treatment including dates and length of treatment. • Outline any favorable aspects such as continued employment, attendance in Alcoholics Anonymous or similar body, etc. 	<p>Ratings depend primarily on applicant's age, time since last use and any co-morbid factors.</p> <p>Alcoholism: Best Case: Standard (over age 30 and > five years since last consumption) Worst Case: Decline</p> <p>Problem Drinking: Best Case: Table 2-4 (over age 30 and mild) Worst Case: Decline</p>
ALZHEIMER'S DISEASE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Age at onset of symptoms • Treatment, including any medications • Activities of daily living • Living independently • Type of assistance, if required • Judgment intact • Stable course 	<p>Requirements: APS, Inspection Report selectively</p> <p>For faster decision:</p> <ul style="list-style-type: none"> • Any neuropsychiatric testing such as cognitive or memory testing • Activity levels • ADLs affected • IADLs affected 	<p>All cases: Decline</p>
ANEMIA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Type of anemia • Severity/degree of anemia • Cause of anemia, if known • Treatment • Blood test results • Details of testing done and referrals to specialists/hematologists (include dates, names of tests and doctors seen) • Medications • Any concurrent impairment 	<p>Requirements: APS</p> <p>For faster decision:</p> <ul style="list-style-type: none"> • Results of all investigations and testing to include cause and/or source of bleeding • Details of treatment • Details of ongoing surveillance of the condition, including recent complete blood count (CBC) 	<p>Ratings depend on type of anemia and assume anemia is fully investigated and stable. Decisions can range from Preferred to Decline.</p> <p>Iron deficiency anemia: Preferred possible for best-case scenario</p> <p>Hemolytic anemia: Preferred possible for best-case scenario</p>

ANEURYSM		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> Precise diagnosis Type or location of aneurysm Date of diagnosis Cause Size and stability of aneurysm Currently present Treatment Smoking history Presence of associated coronary artery disease, hypertension, cerebrovascular, other peripheral vascular or renal disease, or COPD Blood pressure control 	<p>Requirements: APS</p> <p>For faster decision:</p> <ul style="list-style-type: none"> All tests and details of ongoing surveillance Details of any lifestyle modifications Details of blood pressure and lipid control Presence of associated coronary artery disease, hypertension, cerebrovascular, other peripheral vascular or renal disease, or COPD Smoking history Presence or absence of symptoms 	<p>Can consider on a rated basis 6 to 12 months post-op depending on the type of aneurysm.</p> <p>Abdominal: No surgery: Best case is Table 6 provided diameter <5 cm, with no increase in size within last three years or since diagnosis If diameter >5 cm: Decline With surgery: Individual consideration</p> <p>Cerebral: No surgery: \$7.50 per \$1,000 if small, stable and no complications Large: Decline With surgery: Standard after two years</p> <p>Thoracic: No Surgery: Decline With Surgery: Table 4 after two years</p>
ANGINA PECTORIS		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Coronary Artery Disease.		
ANGIOPLASTY		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Coronary Artery Disease.		
APNEA/SLEEP APNEA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> Current age Type of apnea (obstructive, central or mixed) Severity Treatment (CPAP or surgery) Compliance with treatment Date of last sleep study Current height/weight Presence of cardiovascular disease and/or risk factors including hypertension, arrhythmias Any associated overweight or obesity Smoking history 	<p>Requirement: APS</p> <p>For faster decision:</p> <ul style="list-style-type: none"> Type, frequency, severity, and duration of symptoms Results of sleep study including, apnea index and degree of oxygen desaturation Treatment and compliance with treatment Any associated impairments History of motor vehicle or industrial accidents attributed to sleepiness 	<p>Mild disease and no complications: Preferred or Super Preferred possible</p> <p>Moderate disease untreated and no complications: Table 2-3</p> <p>Moderate disease treated and compliant with therapy: Preferred possible</p> <p>Severe disease untreated and no complications: Decline</p> <p>Severe disease treated and compliant with therapy: Standard</p>
ARTERIOSCLEROSIS		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Coronary Artery Disease.		

ASTHMA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Current symptoms • Frequency and severity of asthma attacks • Type of medication and frequency of use • Compliant with medications • Hospitalizations or ER visits • Limitations to activities • Smoking history • Occupational or environmental exposure • Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Results of investigations including pulmonary function tests • Frequency of symptoms • Duration and intensity of exacerbations • Treatment and response to treatment • Frequency of night-time symptoms • Smoking history • Time off work • Level of activity 	Minimal or mild asthma: Preferred or Super Preferred Moderate: Standard to Table 2 Severe: Table 6 to Decline
ATRIAL FIBRILLATION		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Date of diagnosis and age at onset • Age of applicant • Frequency of attacks • Associated symptoms and complications • Risk factors for stroke • Exercise tolerance • Underlying cardiac and non-cardiac disease • Full cardiac evaluation • Paroxysmal vs. Chronic • Treatment including use of anticoagulant medication 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Type of atrial fibrillation • Details of treatment • Copies of all cardiac Investigations • Current level of activity 	Found on examination, no investigation: Postpone Paroxysmal Atrial Fibrillation (PAF) with infrequent attacks: Standard Chronic Atrial Fibrillation: Table 2-6 Less favorable outcome for co-morbid complications
BARRETT'S ESOPHAGUS		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Ongoing risk factors • Results of all investigations including biopsy • Stable course • Medication/treatment • Response to medication treatment • Compliant with medical treatment and surveillance • Complications (e.g., hemorrhage, perforation) 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Results of all investigations including biopsy • Details of ongoing follow-up (e.g., endoscopy) • Details of lifestyle modification (stop smoking and alcohol use) 	Best case: Preferred or Super Preferred if no dysplasia and good follow-up done on a regular basis Typical case: Standard to Table 2 Worst case: Decline

BLOOD PRESSURE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Hypertension.		
BYPASS SURGERY		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Coronary Artery Disease.		
CANCER		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to specific organ or type of cancer.		For all forms of cancer: Consideration for insurance begins once treatment has been completed, assuming the client is well followed.
CANCER: BASAL CELL CARCINOMA/SQUAMOUS CELL CARCINOMA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Date of diagnosis • Pathology reports including confirmation of basal cell carcinoma • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Family history of atypical/dysplastic nevi or dysplastic nevus syndrome • Details of regular full body surface skin examinations • Any recurrence or spread • Ongoing risk factors such as multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology report including post-operative • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking) 	Complete excision: Possible Preferred or Super Preferred
CANCER: BREAST		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Date of diagnosis • Type and stage of cancer • Size of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Any serious complications from treatment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology report • Stage and grade of tumor • Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen) • Hospital reports • Details of follow-up (mammograms, bone scan, etc.) 	Best case: Standard for carcinoma in situ after 2-3 years since treatment Typical case: Unable to consider until 2-3 years after completion of treatment (chemo or radiation), then possible Table rating and/or a flat extra depending on stage and grade Worst case: Decline

CANCER: COLON		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Date of diagnosis • Stage and grade of the tumor • Any hereditary syndrome that may be associated with other types of cancer • Family history of colon cancer types of cancer • What treatment • Length of remission • Ongoing follow-up including colonoscopy results • Any recurrence • Any complications from treatment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology report and staging information • Details and date(s) of treatment • Hospital reports • Details of follow-up (colonoscopy and tumor markers) 	Best case: Standard after three years Typical case: Unable to consider until 2-3 years after completion of treatment (chemo or radiation), then possible Table rating and/or a flat extra depending on stage and grade Worst case: Decline
CANCER: LEUKEMIA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type of leukemia and stage of cancer • Treatment • Date treatment completed • Any recurrence or secondary cancer 	Requirements: APS, blood testing if current results are not available For faster decision: <ul style="list-style-type: none"> • Pathology reports • Evidence of regular follow-up • Hospital treatment reports 	Acute lymphoid leukemia/acute myeloid leukemia: Best case: Standard Typical case: Standard with a flat extra Worst case: Decline Chronic lymphoid leukemia/hairy cell leukemia: Best case: Table 4 Typical case: Table 8 – Decline Worst case: Decline
CANCER: LUNG		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type of cell and stage of cancer • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) • Any serious complications from treatment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology report and staging • Treatment and hospital report • Evidence of regular follow-up (CT scans etc.) 	Carcinoma (all types) Stage 1: Best case: Standard after seven years Typical case: Standard with a flat extra Worst case: Decline if less than or equal to three years since primary treatment Stage 2-3: Best case: Standard after nine years Typical case: Standard with a flat extra Worst case: Decline if less than or equal to five years since primary treatment

CANCER: PROSTATE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type of treatment • Date treatment completed • Stage and Gleason Grade • Any recurrence or spread • Serial PSA levels including current PSA • Any serious complications from treatment 	Requirements: APS, blood profile to include PSA if current results are not available For faster decision: <ul style="list-style-type: none"> • Pathology reports • Type of treatment • Evidence of regular follow-up and PSA testing • Copies of PSA tests 	If client is under age 70, rate class will depend on years since primary treatment, the stage of cancer and Gleason grade of the tumor. Best case: Standard Typical case: Standard with a flat extra Worst case: Decline
CANCER: MALIGNANT MELANOMA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Date of diagnosis • Type of cancer/tumor • Depth and thickness of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Details of regular full body surface skin examinations • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology report • Evidence of regular dermatology follow-up • Hospital treatment reports 	Best case: Standard Typical case: Standard with a flat extra Worst case: Decline
CANCER: THYROID		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Type of thyroid cancer (papillary, follicular, anaplastic, etc.) • Pathology • Age of applicant • Type of treatment and date(s) performed • Any remission and for how long • Any recurrence • Any complications from treatment 	Requirements: APS For faster decision: <ul style="list-style-type: none"> • Pathology report • Treatment and hospital report • Evidence of regular follow-up 	Best case: Standard Typical case: Standard or Standard with a flat extra Worst case: Decline

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Smoking history and current tobacco use • Build, any current weight loss • Severity of symptoms • Degree of impaired respiratory function • Speed of disease progression • Alpha-1 antitrypsin deficiency or other biochemical abnormality • Any concurrent impairment (e.g., CAD, cancer, malnutrition) • Any hospitalization • Any treatment with oxygen is a decline 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pulmonary function tests (PFT), serial PFTs • Details of lifestyle modification • Level of activity 	Best case: Standard Typical case: Table 2-8 Worst case: Decline
CORONARY ARTERY DISEASE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Severity of the disease (how many vessels and which ones) • Current symptoms • Treatment • Medications • Smoking history • Any concurrent serious impairment • Any history of congestive heart failure or arrhythmia • Active lifestyle • Blood pressure and cholesterol readings • Family history 	Requirements: APS, EKG (or TST) if current test is not available For faster decision: <ul style="list-style-type: none"> • Cardiac test results (e.g., angiogram, recent stress tests, perfusion) • Detailed list of medications • Copies of lipid testing • Details of any lifestyle change. Best ratings possible with testing including perfusion and stress echocardiograms within the past 12 months 	Unable to consider until six months post-surgery Best case: Standard Typical case: Table 2-8 Worst case: Decline
CROHN'S DISEASE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Severity of the disease • Frequency of flare ups • Severity of symptoms • Medication – ongoing oral steroid therapy • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle 	Best case: Possible Preferred Typical case: Standard – Table 5 Worst case: Table 6 – Decline

DIABETES		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Type of diabetes • Treatment • Medication • Degree of control – blood sugar readings • Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease • Current height and weight • Blood pressure 	<p>Requirements: APS, blood (if not already required or current results not available)</p> <p>For faster decision:</p> <ul style="list-style-type: none"> • Type of diabetes including age at onset • Copies of specialist reports (neurologist, nephrologist, endocrinologist) • History of blood sugar control – copies of blood tests (incl. Hemoglobin A1c where possible) • Details of risk factor modification • Active lifestyle 	<p>Type 1 Also known as Insulin Dependent Diabetes Mellitus (IDDM) Best case: Table 3-4 Typical case: Table 5-8 Worst case: Decline (complications, poor or uncontrolled)</p> <p>Type 2 Also known as Non-Insulin Dependent Mellitus (NIDDM) or Adult Onset Diabetes Best case: Standard Typical case: Table 2-4 Worst case: Decline (complications, poor or uncontrolled)</p>
EMPHYSEMA		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to COPD.		
EPILEPSY/SEIZURE DISORDER		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Age onset • Compliance with medication • Control of seizures • Reason for the seizure activity • Any alcohol use • Any other significant medical conditions 	<p>For faster decision:</p> <ul style="list-style-type: none"> • Type of epilepsy • Age diagnosed • Duration of history • Date of last seizure and number of seizures per year 	<p>Best case: Standard Typical case: Table 2-6 Worst case: Decline</p>
GASTRIC SURGERY FOR OBESITY		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Pre-operative weight • Current weight • Any co-morbid conditions (such as diabetes, hypertension, coronary disease) • Date of surgery • Type of surgery • Any surgical complications • Outcome of surgery (weight loss, improvement of risk factors) 	<p>Requirements: APS</p> <p>For faster decision:</p> <ul style="list-style-type: none"> • Supply all medical reports relating to the surgical procedure and follow-up • Current weight 	<p>Unable to consider until 6 months after surgery.</p> <p>Restrictive surgery (gastric banding or gastroplasty): 6 months to 3 years: Table 3 >3 years: Standard to Table 2</p> <p>Malabsorptive surgery/bypass: <1 year: Postpone 1-5 years: Table 4 >5 years: Standard to Table 2</p>
HEART ATTACK		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Coronary Artery Disease.		

HEPATITIS B		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Date of diagnosis • Is this acute or chronic infection • Laboratory results (liver function) • If chronic, was a biopsy done • Any alcohol usage or other medical conditions 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Laboratory results • Sonograms, CTs, biopsy results 	Best case: Standard Typical case: Table 2-6 Worst case: Decline
HEPATITIS C		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Duration of the disease • Laboratory results • Has a biopsy been done • Does the client use alcohol, and if so, amount per day 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Laboratory results • Biopsy results • Sonogram and/or CT scan results 	Best case: Table 3-4 Typical case: Table 5-8 Worst case: Decline
HYPERTENSION		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Type of hypertension (essential or secondary to another impairment) • Medication/treatment • Response to medication treatment • Current BP readings and history of readings for past 2 years (demonstrate stable course) • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, stroke, kidney disease, build) 	Requirements: APS, para or medical exam, selectively For faster decision: <ul style="list-style-type: none"> • Record of blood pressure readings • Copies of any cardiac investigation • Details of risk factor modification • Active lifestyle 	Rating depends on severity of hypertension. May qualify for Preferred or Super Preferred if well-controlled and compliant with medication.
LIVER FUNCTION TEST		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • How many liver functions are outside the normal lab range? • Is client taking any medications or using alcohol? • Is there a medical condition that is causing the elevation in liver function? • How long has this finding been monitored by the attending physician? • Is this a new finding which has not been fully evaluated with additional testing? 	Requirements: APS, Hepatitis screens, all markers, selectively For faster decision: <ul style="list-style-type: none"> • All laboratory tests • Any sonograms • Details of medications being taken • Amount of alcohol used • Results of any investigations for elevated liver functions 	Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, and any diagnosis for the elevated liver function finding. Best case: Preferred or Super Preferred Typical case: Standard to Table 4 Worst case: Decline
MYOCARDIAL INFARCTION		
Risk Factors	Typical Requirements	Likely Underwriting Decision
Refer to Coronary Artery Disease.		

PARKINSON'S DISEASE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Severity of the disease • History of falling or indications of dementia • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., depression) 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Details of type of Parkinson's • Type of treatment • Compliance and response to medication • Severity of the disease • Active and independent lifestyle (outline Activities of Daily Living) 	Best case: Standard Typical case: Table 2-4 Worst case: Table 5 – Decline
PERIPHERAL ARTERY DISEASE (PAD)/PERIPHERAL VASCULAR DISEASE (PVD)		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Smoking status – if currently smoking this will have a greater impact on disease progression • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build) 	Requirements: APS, medical exam, insurance blood profile, EKG – selectively For faster decision: <ul style="list-style-type: none"> • Copies of any vascular and cardiac investigation • Details of any ongoing symptoms • Ankle-brachial index (ABI) score • Details of risk factor modification • Active lifestyle 	Best case: Standard Typical case: Table 2-4 Worst case: Table 5 – Decline
PULMONARY NODULE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis • Size and number of nodules • Any treatment • Date treatment completed • Benign pathology • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Copies of tests • Details of follow-up • Demonstrated stability of nodule(s) 	Best case: Preferred possible Typical case: Standard Worst case: Decline
RHEUMATOID ARTHRITIS		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Severity of symptoms • What medications are being taken • Any limitations of daily activities • No other significant medical condition(s) 	Requirement: APS For faster decision: Laboratory results	Best case: Preferred or Super Preferred Typical case: Standard to Table 3 Worst case: Table 4 to Decline

STROKE		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Current symptoms/extent of neurological deficit • Cause of stroke • Treatment • Medications • Number of strokes • Smoking history • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications 	Best case: Table 4 Typical case: Table 4 with a flat extra Worst case: Decline
TRANSIENT ISCHEMIC ATTACK (TIA)		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Date of diagnosis and age at onset • Any neurological deficit • Number of episodes • Treatment • Medications • Smoking history • Test results • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications 	Best case: Standard Typical case: Table 2-3 for single TIA, Table 4 with a flat extra for multiple TIAs Worst case: Decline
ULCERATIVE COLITIS		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Age of onset • Severity of the disease • Frequency of flare-ups • Severity of symptoms • Date of last episode • Extra-colonic complications • Effect on ADLs • Medication (ongoing oral steroid therapy) • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up 	Requirement: APS For faster decision: <ul style="list-style-type: none"> • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle 	Best case: Possible Preferred Typical case: Standard to Table 5 Worst case: Table 6 to Decline

Impairments | NON-MEDICAL

AVIATION		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Pilot experience • Flight ratings and type of license held • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying • Purpose of flights and number of flying hours per year • Medical history • Lifestyle 	Requirement: Aviation Statement For faster decision: <ul style="list-style-type: none"> • Overall experience • Hours flown per year • Pilot experience • Flight ratings • Aircraft • Details of specialized flying 	Best case: Preferred or Super Preferred possible* Typical case: Standard* Worst case: Aviation Exclusion Rider if available or Decline *Flat extra may apply to base rating
CLIMBING AND MOUNTAINEERING		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Frequency • Type of terrain: established trails • Altitude/heights • Location: North America/Europe or elsewhere • Medical history • Lifestyle 	Requirement: Sport Statement, Foreign Travel questionnaire, if applicable For faster decision: <ul style="list-style-type: none"> • Overall experience • Frequency • Type of terrain • Difficulty of climbs 	Best case: Preferred or Super Preferred possible* Typical case: Standard* Worst case: Hazardous Sports Exclusion Rider if available or Decline *Flat extra may apply to base rating
DRIVING		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Types of infractions • Frequency of infractions • DWI (Multiple) • Other suspensions and number of suspensions • Accident (at fault) • Risk-taking avocations 	Requirement: MVR For faster decision: <ul style="list-style-type: none"> • Number and types of violations • Date of last violation • Date of last suspension, length of, and reason for suspension 	Best case/typical case: Preferred or Super Preferred for infrequent, minor violations Worst case: Decline NOTE: A single DUI can be considered with a flat extra 0-1 year since violation. Standard is available after 2-3 years.

MOTOR VEHICLE RACING		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Type of vehicle/size of engine • Type of fuel • Frequency • Speeds attained (average, highest) • Type of course • Location (outside U.S. or Canada) • Concurrent avocations 	Requirements: Sport Statement, Foreign Travel Questionnaire (if applicable) For faster decision: <ul style="list-style-type: none"> • Type of racing and frequency • Speeds attained 	Best case: Preferred or Super Preferred Typical case: Standard to Standard with a flat extra Worst case: Decline
SCUBA DIVING		
Risk Factors	Typical Requirements	Likely Underwriting Decision
<ul style="list-style-type: none"> • Current age • Experience including certification • Depths and frequency of dives • Medical history • Lifestyle • Dive location (e.g., lake, open ocean, beaches) • Dive sites (e.g., wreck, salvage) • Diving activities (e.g., search and rescue, caves, ice) • Commercial diving 	Requirement: Avocation Questionnaire, Foreign Travel Questionnaire (if applicable) For faster decision: <ul style="list-style-type: none"> • Type of diving (location, site, activities) • Experience • Frequency 	Best case/typical case: Preferred or Super Preferred Worst case: Decline



Automatic Standard Approval Program

How it works

Automatic Standard Approval Program (ASAP) is designed to help eliminate low substandard ratings. While some companies have eliminated their program or changed their guidelines, The Principal® still supports ASAP. Here's how ASAP works:

- Improves ratings up to Table 3 or flat extras to \$7.50 to Standard
- Can be applied up to and including age 70
- Appropriate for cases with face amounts up to and including \$5 million
- Can be used on select permanent life insurance products*
- Applies to medical ratings only. No driving, hazardous sports, aviation or lifestyle cases (drug/alcohol use)

* For product-specific eligibility, contact your home office underwriter.

How does our program differ from other companies?

The Principal does not limit or exclude cancer or coronary heart disease. Many competitors use the same criteria, but they exclude cancer or coronary. Also, our Healthy Lifestyle Credit (HLC) program can be used in conjunction with ASAP. The combination of HLC and ASAP provides an opportunity in some cases to move somebody outside a Table 3 to Standard. For example, when we rate a person a Table 5 and use HLC to get them to a Table 3, we can then use ASAP to get to a Standard rating.

What are the benefits?

Our ASAP eliminates the low, substandard ratings that can be the most challenging to present to your client. Consequently, you can present an offer to a client that has a greater chance of being placed. The greatest benefit is the competitive Standard rate received by your client without a reduction in the compensation paid to you.

EXAMPLES		
ASAP with HLC	ASAP Only	Survivorship
Male, age 65, \$1 million face amount, universal life insurance. Medical history includes elevated liver enzymes and asthma. The case is rated Table 5, but because the client has earned favorable Healthy Lifestyle Credits, he gets a two-table improvement. The remaining three tables are removed using ASAP, and the policy is approved as Standard.	Female, age 68, \$2.5 million face amount, universal life insurance. Medical history includes Type II diabetes. The case is rated Table 3. ASAP is used to reduce the Table 3 and approve the policy as Standard.	ASAP can be used on both lives to reduce Table 2-3 ratings for face amounts \$5 million and under and may also be used with Healthy Lifestyle Credits as previously illustrated.

Unlike many of our competitors, The Principal does not exclude cancer or coronary artery disease from our Automatic Standard Approval Program.

Healthy Lifestyle Credits

What are Healthy Lifestyle Credits?

The Principal feels all applicants should be given credit for doing the right things to take care of themselves. Because of this philosophy, we use Healthy Lifestyle Credits (HLCs) as an underwriting tool to help clients get the most favorable rating possible. The underlying basis of our HLCs is an evaluation of several coronary and cancer risk factors of a client as follows.

Risk profile factors

- Blood pressure
- Cholesterol
- Pulse
- Weight
- Family history
- Preventive cancer screening tests
- Preventive heart screening tests
- Routine physicals

A scoring system is used for each factor, with positive points for favorable factors and negative points for less favorable factors. If a factor is considered neutral, a score of zero is given to reflect the neutral result. These factors combine to make up an insured's Healthy Lifestyle Credit Score. The resulting score is used in conjunction with our Preferred/Super Preferred Guidelines (Pages 24 and 25) to determine an insured's rating.

How do HLCs help your clients?

Through our review of the risk profile factors, our underwriters establish an HLC score using our criteria. Favorable HLCs can help your clients earn up to two tables of credit that offset table ratings that have been assessed. The end result is a reduction or elimination of a rating for their medical history. Our Automatic Standard Approval Program, which is designed to help eliminate low substandard ratings, can also be used in conjunction with HLCs. Here are a few guidelines to keep in mind with HLCs:

- Ratings for asthma, anxiety, depression, colitis, sleep apnea, body build and blood pressure are examples of covered conditions. (This listing is not all inclusive of covered conditions.)
- A few conditions are excluded, including ratings for cardiovascular disease, diabetes and flat extras.
- As an added benefit, there are no limitations due to age, plan or face amount.

EXAMPLES		
Condition	Original assessment	After HLCs
Sleep Apnea	Table 5	Table 3
Depression	Table 5	Table 3
Asthma	Table 4	Table 2
Build	Table 2	Standard

Height/Weight Charts

Super Preferred, Preferred, Super Standard, Standard Build Height																											
AGE 20-44 MALE AND FEMALE																											
Height	4'8"	4'9	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5	6'6	6'7	6'8	6'9	
Super Preferred	132	137	141	145	151	156	161	166	172	177	183	188	193	200	204	210	216	223	229	236	242	248	255	262	268	275	
Preferred	149	154	160	165	171	177	183	189	195	201	207	213	220	226	233	240	247	253	260	268	275	282	289	297	304	312	
Super Standard/ Standard	162	168	174	180	186	193	199	206	212	219	226	233	240	247	254	261	269	276	284	292	299	307	315	323	332	340	

Super Preferred, Preferred, Super Standard, Standard Build Height																											
AGE 45-64 MALE AND FEMALE																											
Height	4'8"	4'9	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5	6'6	6'7	6'8	6'9	
Super Preferred	143	150	155	160	167	172	178	185	190	195	202	207	212	219	223	229	235	246	253	260	267	273	281	289	295	303	
Preferred	158	164	169	175	181	187	194	200	206	213	219	226	233	240	247	254	261	269	276	284	291	299	307	315	323	331	
Super Standard/ Standard	167	173	179	185	192	198	205	211	218	225	232	239	246	253	261	268	276	284	292	300	308	316	324	332	341	349	

Super Preferred, Preferred, Super Standard, Standard Build Height																											
AGE 65 & UP MALE AND FEMALE																											
Height	4'8"	4'9	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5	6'6	6'7	6'8	6'9	
Super Preferred	148	154	159	165	172	177	183	190	195	200	208	213	218	225	229	235	241	253	260	267	274	281	289	297	303	311	
Preferred	162	168	174	180	186	193	199	206	212	219	226	233	240	247	254	261	269	276	284	292	299	307	315	323	332	340	
Super Standard/ Standard	167	173	179	185	192	198	205	211	218	225	232	239	246	253	261	268	276	284	292	300	308	316	324	332	341	349	

Note: To qualify for Preferred or Super Preferred (or Super Standard), a client needs to meet our Preferred/Super Preferred Guidelines (Page 24 and 25) and meet our Healthy Lifestyle Credit scorecard thresholds for each risk profile factor (Pages 20 and 21).



Balanced Approach to Preferred/Super Preferred

Preferred/Super Preferred classes are designed for individuals whom we expect to have lower or better mortality than individuals rated Standard.

How does our program differ from other programs?

- The Principal uses a “scorecard” approach that allows positive credits to offset negative risk factors.
- We allow individuals taking medication for high blood pressure and cholesterol to qualify for a Preferred rating.
- We provide credits for regular checkups and preventive screening tests.
- Preferred ratings are available with aviation/sports exclusions.
- Individuals with an imperfect family history or other risk factors may still qualify for a Preferred rating if there are enough favorable credits.

Basic guidelines

The following describes our criteria for rating a case Preferred or Super Preferred:

- Preferred ages = 20 to 85;
Super Preferred ages = 20 to 80
- A scorecard approach is used for each factor, with positive points for favorable factors and negative points for unfavorable factors.
- Tobacco use:
 - Super Preferred class requires no tobacco use for prior 60 months.
 - Preferred Non-Tobacco class requires no tobacco use for prior 24 months (prior 36 months for ages 71 to 85).
 - Preferred Tobacco class includes all forms of tobacco.

Note: To qualify for Preferred or Super Preferred (or Super Standard), a client needs to meet our Preferred/Super Preferred Guidelines (Page 24 and 25) and meet our Healthy Lifestyle Credit scorecard thresholds for each risk profile factor (Pages 20 and 21).

EXAMPLE 1

Scenario	Our Rating	Competitor Rating
<ul style="list-style-type: none"> Male, age 68 Blood Pressure = 130/87 6'0" and 215 pounds Pulse = 74 and regular Cholesterol/HDL = 6.2 EKG = normal Family history: father suffered a heart attack at age 62 Last complete physical was 18 months ago, including a colonoscopy and PSA. All results were normal. 	<p>Client meets criteria to remain Preferred. When looking at the entire scorecard, we are able to overcome high cholesterol/HDL ratio using Healthy Lifestyle Credits (HLCs).</p> <ul style="list-style-type: none"> Final rating: Preferred 	<p>Client is not allowed the Preferred class due to high cholesterol/HDL.</p>

EXAMPLE 2

Scenario	Our Rating	Competitor Rating
<ul style="list-style-type: none"> Female, age 52 Blood Pressure = 128/76 5'5" and 135 pounds Pulse = 72 and regular Cholesterol/HDL = 3.2 EKG = normal Family history: mother died of breast cancer at age 65 Last complete physical was 9 months ago including mammogram, which was within normal limits Mammograms last 10 years have been within normal limits 	<p>Client meets criteria to remain Super Preferred/Preferred. When looking at the entire scorecard, we are able to offset family history using favorable HLCs due to regular mammograms.</p> <ul style="list-style-type: none"> Final rating: Super Preferred 	<p>Client is not allowed the Super Preferred class due to family history (mother died of breast cancer at age 65).</p>

EXAMPLE 3

Scenario	Our Rating	Competitor Rating
<ul style="list-style-type: none"> Female, age 74 Blood pressure = 145/80 5'1" and 181 pounds Pulse = 72 and regular Cholesterol/HDL = 5.8 EKG = normal Family history: both parents died in their 90s No heart disease or cancer noted in family history Last exam was 12 months ago, including a colonoscopy and mammogram within normal limits 	<p>Client meets criteria to earn a Preferred rating. When looking at the entire scorecard, we are able to overcome build and cholesterol/HDL ratio by using HLCs for family history and frequent checkups.</p> <ul style="list-style-type: none"> Final rating: Preferred 	<p>Client is not allowed the Preferred class due to her build and cholesterol/HDL ratio.</p>

Preferred/Super Preferred Guidelines

	PREFERRED	SUPER PREFERRED
FAMILY HISTORY <ul style="list-style-type: none"> Includes: parents & siblings Cardiovascular defined as: Coronary Artery Disease, Peripheral Vascular Disease, Stroke, and Transient Ischemic Attack 	<ul style="list-style-type: none"> No death prior to age 60 of: <ul style="list-style-type: none"> Cardiovascular Disease Breast Cancer Colon Cancer Ovarian Cancer Prostate Cancer Diabetes Disregard cancer of opposite sex except for colon cancer Family history not considered for applicants aged 71+ 	<ul style="list-style-type: none"> No death prior to age 65 of: <ul style="list-style-type: none"> Cardiovascular Disease Breast Cancer Colon Cancer Ovarian Cancer Prostate Cancer Diabetes Disregard cancer of opposite sex except for colon cancer Family history not considered for applicants aged 71+
BLOOD PRESSURE <ul style="list-style-type: none"> Use exam average if no hypertension treatment Use 12 month average if hypertension history 	Cannot exceed: <ul style="list-style-type: none"> 150/85 at ages 20-44 155/90 at ages 45-64 160/92 at ages 65-85 	Cannot exceed: <ul style="list-style-type: none"> 140/83 at ages 20-44 145/85 at ages 45-64 150/90 at ages 65-85
LIPIDS <ul style="list-style-type: none"> Medication may be disregarded We assess the ratio within the context of the entire lipid profile 	No Preferred if: <ul style="list-style-type: none"> Cholesterol/HDL is 7.0+ 	No Super Preferred if: <ul style="list-style-type: none"> Cholesterol/HDL is 5.0+
HISTORY OF: <ul style="list-style-type: none"> Alcohol abuse Drug abuse Cancer Diabetes 	<ul style="list-style-type: none"> No personal history of alcohol or drug abuse within 10 years No personal history of diabetes or cancer ever Exception – Basal and Squamous Cell Personal history of certain cancers will be allowed. Consult your home office underwriter for criteria. 	<ul style="list-style-type: none"> No personal history of alcohol or drug abuse, diabetes or cancer ever Exception – Basal and Squamous Cell
FOREIGN RESIDENCY/ TRAVEL	<ul style="list-style-type: none"> Applicant must be a U.S. citizen or permanent U.S. resident Travel to hazardous area may disqualify for Preferred and Super Preferred Consult with your home office underwriter for applicants who are not U.S. citizens or permanent residents 	

Note: To qualify for Preferred or Super Preferred (or Super Standard), a client needs to meet our Preferred/Super Preferred Guidelines (Page 24 and 25) and meet our Healthy Lifestyle Credit scorecard thresholds for each risk profile factor (Pages 20 and 21).



	PREFERRED	SUPER PREFERRED
TOBACCO¹ <ul style="list-style-type: none"> Tobacco use includes any tobacco or nicotine product (i.e., cigar, patch, gum & marijuana) Best offer for marijuana use within one year is Tobacco/Standard 	<ul style="list-style-type: none"> No tobacco use for: two years, ages 20-70 three years, ages 71-85 Exception – 12 or fewer cigars per year with a negative urine For Tobacco/Preferred rates all preferred criteria must be met except tobacco use 	<ul style="list-style-type: none"> No tobacco use for: five years, ages 20-80
DRIVING²	<ul style="list-style-type: none"> No more than two moving violations in the past three years No driving under the influence or reckless driving in five years 	
OCCUPATION/ MILITARY/AVIATION/ HAZARDOUS SPORTS	<ul style="list-style-type: none"> Not ratable for occupation and military For aviation and hazardous sports risk, refer to your home office underwriter 	

¹ Tobacco definitions:

- Tobacco:** Current or past use in the prior 24 months of any tobacco including cigarettes, cigars, pipe, chew, snuff or nicotine aids. (For ages 71-85, a client will be classified as tobacco if they have used any types of tobacco in the last 3 years.)
 - Marijuana use within one year requires Tobacco classification in all states except New Jersey.
- Non-tobacco:** No tobacco use in any form currently or in the prior 24 months.
- Exception to non-tobacco:** Twelve or fewer cigars in the prior 12 months with admitted use on the application (or TeleApp) and a negative urine specimen for nicotine will qualify for non-tobacco.

² Subject to review of specific infractions.



Financial Underwriting

As a valued partner of The Principal, we strive to give you an edge in doing business with us. We are committed to maintaining market-leading underwriting and service, and we want you to be familiar with our financial underwriting requirements and guidelines when submitting cases to us.

Financial requirements

FACE AMOUNT	FINANCIAL UNDERWRITING SUPPLEMENT FOR LIFE INSURANCE	INSPECTION REPORT WITH FINANCIAL QUESTIONS	THIRD PARTY FINANCIAL VERIFICATION
\$2,000,000 to \$5,000,000	X		
\$5,000,001 to \$10,000,000	X	X	
\$10,000,001 and up	X	X	X
Any face amount, age 70+, trust less than two years	X	X	X

Note: Underwriters have discretion to request additional financial information at any age and/or amount.

Premium to income ratio

- If net worth is less than or equal to \$5 million, acceptable ratio of premium to income is up to 25 percent.
- If net worth is greater than \$5 million, acceptable ratio of premium to income is up to 40 percent.
- If net worth is greater than \$10 million, acceptable ratio of premium to income is up to 60 percent.

Personal financial underwriting guidelines

PURPOSE OF INSURANCE	FORMULAS AND GUIDELINES	INFORMATION NEEDED																
Income replacement	<p>MAXIMUM COVERAGE</p> <table><tr><td>Ages:</td><td>Multiply income by:</td></tr><tr><td>20-29</td><td>20-25</td></tr><tr><td>30-39</td><td>15-20</td></tr><tr><td>40-49</td><td>12-15</td></tr><tr><td>50-54</td><td>10-12</td></tr><tr><td>55-59</td><td>8-10</td></tr><tr><td>60-65</td><td>5-8</td></tr><tr><td>Over 65</td><td>2-5</td></tr></table>	Ages:	Multiply income by:	20-29	20-25	30-39	15-20	40-49	12-15	50-54	10-12	55-59	8-10	60-65	5-8	Over 65	2-5	<ul style="list-style-type: none">• Gross annual income• How amount of insurance was determined• Other coverage in force or pending with all carriers
Ages:	Multiply income by:																	
20-29	20-25																	
30-39	15-20																	
40-49	12-15																	
50-54	10-12																	
55-59	8-10																	
60-65	5-8																	
Over 65	2-5																	
Estate planning	<ul style="list-style-type: none">• Estate growth factor up to 8% <p>Estate growth period:</p> <ul style="list-style-type: none">• Ages 20-65 – 75% of life expectancy not to exceed 15 years• Ages 66-80 – 75% of life expectancy not to exceed 10 years• Ages 81+ – Use current estate value; no growth assumptions• Assume 50% of estimated future estate value will be lost to estate tax• Insurance amount = 50% of estimated future estate value	<ul style="list-style-type: none">• Estate analysis• Net worth• How insurance amount was determined• Risk amounts																

Note: If you have questions regarding juvenile, charitable insurance or creditor insurance, please contact your home office underwriter.

Business financial underwriting guidelines

PURPOSE OF INSURANCE	FORMULAS AND GUIDELINES	INFORMATION NEEDED
Key executive	<ul style="list-style-type: none"> Up to 10 times annual income Business owner and beneficiary 	<ul style="list-style-type: none"> Verification of income List of other key executives and their coverage Explanation of lay role to employer
Buy-sell and stock redemption plans	<ul style="list-style-type: none"> Percent of ownership = X value of company Cross purchase – partners are owners and beneficiaries Entity purchase – business is owner and beneficiary Value of business and how the value was determined 	Business financials: <ul style="list-style-type: none"> Balance sheet Income statement List of owners/ownership percent Confirmation all partners are similarly insured
Executive Bonus/ S Owner	<ul style="list-style-type: none"> Insurance amount = a multiple of the executive's income 	<ul style="list-style-type: none"> Verification of income
Deferred compensation	<ul style="list-style-type: none"> Insurance amount = a multiple of the executive's income 	<ul style="list-style-type: none"> Deferred compensation plan formula and description of insurance benefit Verification of compensation

Note: If you have questions regarding creditor insurance, please contact your home office underwriter.



Save Time with TeleApp

As a financial professional, we know that your time is better spent focusing on sales and service. Let us complete the medical portion Part B (Part II) of the application for you using our **free TeleApp service**. We employ our own trained professionals and use a state-of-the-art reflexive system, designed by our underwriters, to guide your clients through the insurability questions.

Our reflexive questions let the underwriters gain additional insight into medical impairments that our traditional application process doesn't allow. No more back and forth between your client and underwriting trying to clarify vague paper application medical questions. We are so confident in the quality of the information we obtain through TeleApp that we require fewer routine requirements and have reduced APS ordering by 40 percent.

Five easy steps

1. **Complete Part A (Part I) of the application**, and obtain Part C signatures. Explain the interview process to your client. The **TeleApp Guide (BB10268)** provides step-by-step instructions to help prepare your client.
2. **Schedule the interview** using one of the scheduling options shown below. Interviews may be scheduled from 7 a.m. to 10 p.m. CST, Monday through Thursday, and 7 a.m. to 7 p.m. CST, Friday.
3. **Submit the initial application** and other required forms (supplemental applications, illustrations, blood consent and Field Office Report) to your New Business coordinator for processing.
4. **The TeleApp interviewer calls your client** at the scheduled time and completes the insurability questions (Part B/Part II). The average interview takes 15-20 minutes. A draft copy of the completed interview responses will be sent to you once the application is received in the home office.
5. **Deliver the policy to the client.** The home office provides two copies of the completed application. Your client reviews the information and signs both copies. One copy is attached to the policy and remains with the client. Return the entire packet, along with the signed application (Part D), to the home office.

Benefits of using TeleApp

- **It's free!**
- Improved policy issue time
- Less paperwork and follow-up
- Fewer routine requirements, attending physician statements and paramedical exams
- Advisors don't have to ask awkward medical questions
- You choose whether or not we schedule the paramedical examination.
- Clients' medical information is gathered by our professional interviewers, not third-party vendors.

Helpful hints

- Immediate interviews are fast and easy. 888-TeleApp (888-835-3277), option 2.
- Scheduled interviews with a specific date and time have an 80 percent first-call completion rate (35 percent when not scheduled). If you're not completing an immediate interview, it's better to schedule a specific day and time.
- When scheduling an interview, let us know the state in which the application was signed. We can then tailor the interview to the state-specific application questions.
- The confirmation number provided by the TeleApp counselor and the date and time of the interview should be recorded on the Field Office Report for Life applications or the Producer's Report for Disability applications.

Scheduling the interview

You can choose to have your client complete an immediate interview or you can schedule a future date and time when it is most convenient for your client using the following options:

- To immediately complete the interview, call 888-TeleApp (888-835-3277), option 2.
- To schedule an interview, call 888-TeleApp (888-835-3277), option 1.
- Submit a request using the online form at www.principal.com/teleapp.

When scheduling an interview, please provide this information:

- Producer's name and phone number
- Client's name, Social Security number and date of birth
- Products and total amounts applied for
- Signature state (the signing state)
- Client's telephone number and time to call

Staying informed

You may access your pending business report at Principal eFinancial ProfessionalSM (Principal eFP) at any time to monitor the status of the TeleApp interview. Or you can call our TeleApp department any time you have questions, 888-TeleApp (888-835-3277), option 1.

Preparing your clients

By helping clients know what to expect, we can more efficiently complete the interview and build a positive customer experience. On average, interviews take 15-20 minutes and cover the following topics:

- General activities and health habits
- Annual income and net worth information
- Foreign travel history for the last five years
- Names and dosages for all medications currently being taken
- Names, addresses and phone numbers of medical providers
- Approximate dates of any injuries, surgeries, emergency room visits, hospitalizations, illnesses or conditions

For more information

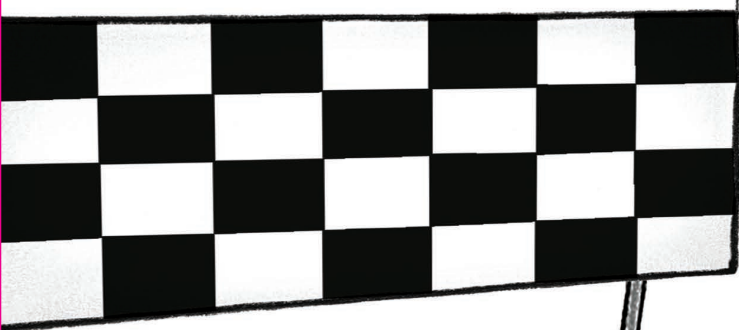
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FINISH RiGHT WiTH PRiNCiPaL UNDERRiGHTSM



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