

# Foresters Advantage Plus II, Your Term & SMART UL

## Non-Medical Underwriting Guide

It is the responsibility of the Underwriting Department to properly evaluate all applicants for insurance coverage. This requires sound, underwriting practices consistent with Foresters Financial™ philosophy for the selection of risks. In order to provide the best possible service, Foresters Underwriting Team must also rely on the producer to develop complete and accurate information at point of sale.

This manual is a guide intended to help the producer understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision-making, and that other factors, including Foresters Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed producers. It is not intended for public distribution, nor is it to be used in any solicitation or marketing of Foresters products.

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## **INTRODUCTION**

You are an important part of the underwriting process and as participant in the sale, processing, underwriting and issue of our life insurance certificates we want you to be familiar with our underwriting philosophy and practices. Attention to these guidelines will help to speed up certificate issue and to explain underwriting decisions when the policy is placed.

The most important step in the underwriting process is accurate detailed answers to all questions on the application. It is important that the application show detailed health history for all proposed insured's to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious problems at time of claim.

## **PRODUCT INFORMATION**

Individual life insurance coverage is provided by Foresters Financial™, a trade name and trademark of The Independent Order of Foresters (a fraternal benefit society, 789 Don Mills Road, Toronto, Ontario Canada, M3C 1T9) and its subsidiaries.

Underwriting guidelines, procedures and forms may vary by type of life insurance and state. Be sure to consult all materials relative to your specific product and state. By following the procedures outlined in this manual and the marketing guidelines you will maximize your percentage of issued life insurance applications.

## **FIELD UNDERWRITING**

As an appointed producer you are authorized to solicit, write applications and otherwise transact the business of insurance in any state where you are both properly licensed by the state and authorized by Foresters to conduct business.

As an appointed producer you may not solicit applications in any manner prohibited by or inconsistent with the provisions of Foresters rules, regulations, or policies. If you have any questions regarding any type of solicitation transaction please contact your agency or refer to Foresters Producer Portal (ezbiz) Solicitation Rules in the Contracting Section.

The following practices are not acceptable:

1. Applications altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state of the applicant, the producer's signature, or any changes to information deemed to be material to the issuance of the certificate, unless initialed by all parties to the contract (agent, owner and proposed insured).
2. Paper applications with a stamped signature rather than handwritten ink signatures.

Good Field Underwriting is critical to the success of Insurance Operations, and consists of more than just careful questioning of the proposed insured.

The following suggestions should help you and your clients in obtaining coverage as quickly as possible and on the most equitable basis:

1. Furnish complete information on past medical history to include date of first diagnosis, type of treatment, dates and physician information.
2. If medical history is involved, identify the disease or condition for which treatment was obtained.
3. Complete all underwriting questionnaires as appropriate.

Do not underestimate the proposed insured's knowledge of the diagnosed condition or the reason for the operation or treatment.

1. The writing producer is never authorized to disregard a proposed insured's answers, or to impose his or her judgment as to what is or is not important to record. The writing producer is never authorized to approve or alter an application for the proposed insured.
2. Only the Underwriting Team can make the final decision; therefore, never suggest or promise that coverage will be issued.

## **RESIDENCE/CITIZENSHIP**

The applicant's primary residence must be in a state where the product is approved for sale, state of solicitation or residence. Check the product availability maps on our agent website <https://portal.foresters.biz/> for availability details.

Foresters will consider applicants between the ages of 18 and 70 years old with a valid Green Card and select Visa's. Please refer to the Immigration Guidelines document on the agent website for full details.

## **FOREIGN TRAVEL/RESIDENCY**

Travel in the course of business or pleasure will be considered up to and including 12 weeks. Underwriting foreign travel/residency will vary depending on international risks and how changes in political, security and health "environments" could impact the risk in that area. It is advisable to call Underwriting for a more accurate risk assessment as travel advisories are always changing.

Coverage is not available for applicants planning to reside in a foreign country indefinitely.

## **MILITARY**

Foresters welcomes applications from active duty military personnel (as long as the solicitation, application completion or sale did not occur on a military installation) and each case will be underwritten based on individual consideration and state laws. State regulations require the use of point of sale disclosure documents when selling to active duty military personnel. Insurance will not be offered to individuals who have been deployed or have received notice of deployment.

It is also important to note that Foresters is currently not registered to sell on military installations.

Individuals on "Active Duty" or full-time duty in the active military service of the United States, including members of the National Guard and Reserves, while serving under published orders for a period for 31 days or more are not eligible for riders that have a War Exclusion Clause, including ADR, and Waiver of Premium Benefit. Please complete a Military Questionnaire or provide the following details on the application:

- Branch of service
- Present duty status
- Current rank
- Length of present assignment
- Military occupational specialty
- Indicate whether supplemental or hazardous duty pay based on duties is being collected
- Indicate whether the insured will be transferred overseas, if so, where?
- Indicate whether the insured will be transferred to a new unit
- Indicate whether the insured or their unit will be alerted for duty (if presently in Reserve of National Guard)

## **OCCUPATION**

The occupation of a proposed insured is a major factor in their eligibility and many of those occupations may eliminate an applicant from qualifying for the basic product. Applicants with occupations that are exceptionally hazardous will be declined or rated, for example:

- Any occupation that involves working above certain heights
- Any occupation that involves handling explosives
- Any occupation that involves handling hazardous materials

## **AVOCATIONS**

Examples of recreational activities that may eliminate a proposed insured from Non-medical issue include:

- Scuba diving. The decision depends primarily on the level of certification and depths. Please have applicant complete Scuba and Skin Diving Questionnaire.
- Motorized racing (automobiles, motorcycles, boats). The decision depends on the level of competition, size and power of engine, etc.
- Hang-gliding, skydiving. Please have applicant complete Aerial Sports Questionnaire.
- Mountain/Rock Climbing. Please have applicant complete Climbing and Mountaineering Questionnaire.

## **BENEFICIARY DESIGNATION**

The beneficiaries must meet the insurable interest requirements under state insurance law. Please refer to Foresters Producer Portal (ezbiz) Beneficiary 101.

## **TEMPORARY INSURANCE AGREEMENT (TIA)**

The TIA is a temporary insurance agreement that allows the proposed insured to have coverage during the underwriting process. It is available to applicants who, on the date the application is being signed, are more than 15 days old but have not had their 71<sup>st</sup> birthday and for face amounts applied for up to a maximum of \$1,000,000. The proposed insured must truthfully answer "No" to the 3 questions asked in the TIA agreement and provide their first month premium for the TIA to take effect. The maximum payout is the lesser of the face amount applied for or \$500,000.

## NON-MEDICAL UNDERWRITING

Non-Medical underwriting requires answers to the Lifestyle Questions, Part 1: Medical Questions and Other Insurance questions on the application. A Pharmacy and an MIB check will be run on every proposed insured. If the proposed insured does not qualify for non-medical rates, the application will be declined. In some situations a new application will be required for a fully underwritten product. Non-medical limits are based on the proposed insured's age nearest and total non-medically underwritten insurance in force with Foresters and are as follows:

### YOUR TERM NON-MEDICAL ISSUE LIMITS

Age	Face Amount
18 - 55	\$400,000
56 +	\$150,000

### SMART UL AND ADVANTAGE PLUS II NON-MEDICAL ISSUE LIMITS

Age	Face Amount
0 - 15	\$150,000
16 - 55	\$400,000
56 - 75	\$150,000

For Advantage Plus II, if either the 10-Year or 20-Year Term Rider is added at issue, the maximum rider benefit amount is:

- The maximum rider benefit amount for issue ages 18-55 is \$400,000, minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-up Additions Rider (if applicable), plus any other non-medical coverage currently in force with Foresters.
- The maximum rider benefit amount for issue ages 56-75, is \$150,000 minus the total face amount of the base certificate, plus the amount of paid-up additional insurance purchased under a Single Payment Paid-up Additions Rider (if applicable), plus any other non-medical coverage currently in force with Foresters.

## BUILD

### OVERWEIGHT

Of significant importance in evaluating one's insurability is the relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Obesity may also be associated with other disorders such as diabetes and other endocrine disorders.

### UNDERWEIGHT

Underweight generally is of less significance than overweight concerning long-term disabilities and illnesses, however, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, or a chronic underlying disease. Frequently, thin individuals have a low resistance to acute illnesses.

### WEIGHT REDUCTION

When weight reduction has been accomplished, and the weight has been stable for one year, full credit will be given for weight loss. If there has been weight loss and the weight has not been stable for a period of 12 months, half credit will be given for the weight lost. Example: Female 5'7", 231lbs; lost 36 lbs within 2 months. If current weight is 195 lbs, allow ½ credit by adding 18 lbs, for a total of 213 lbs, before referencing the appropriate build table.

## **ADULT BUILD CHARTS (16+) – YOUR TERM, ADVANTAGE PLUS II, SMART UL**

Minimum Weight (lbs)	Height (ft)	Maximum Weight (lbs)
82	4'8	185
85	4'9	193
88	4'10	198
91	4'11	207
94	5'0	212
97	5'1	221
101	5'2	225
104	5'3	234
107	5'4	243
111	5'5	250
114	5'6	259
118	5'7	265
121	5'8	274
125	5'9	281
128	5'10	292
132	5'11	298
136	6'0	307
140	6'1	314
144	6'2	325
147	6'3	336
151	6'4	342
155	6'5	353
160	6'6	360

\*\*For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 7:30PM EST, Monday to Friday.

# JUVENILE BUILD CHART

Juvenile Build Chart Male & Female						
Height	Ages 0-9			Ages 10-15		
	Weight			Weight		
	Min.	Avg.	Max.	Min.	Avg.	Max.
18"	5	8	19			
19"	5	8	19			
20"	5	8	19			
21"	6	9	22			
22"	7	11	24			
23"	8	12	26			
24"	9	13	28			
25"	10	14	30			
26"	11	16	32			
27"	12	17	34			
28"	13	18	36			
29"	14	19	38			
30"	16	21	41			
31"	17	22	43			
32"	18	23	45			
33"	19	24	47			
34"	21	26	49			
35"	22	28	51			
36"	23	29	53			
37"	24	30	56			
38"	26	32	59			
39"	28	34	62			
40"	29	36	64			
41"	30	38	67			
42"	32	40	70			
43"	34	42	73			
44"	35	44	75			
45"	37	47	79			
46"	39	50	83			
47"	41	52	87			
4'0"	42	53	89	42	58	123
4'1"	44	56	93	43	62	127
4'2"	46	58	97	47	66	131
4'3"	49	61	101	49	69	136
4'4"	51	64	105	50	72	141
4'5"	54	67	109	57	76	142
4'6"	56	70	113	63	79	143
4'7"	59	73	118	66	82	147
4'8"	61	76	122	68	85	151
4'9"	64	80	127	71	88	154
4'10"	66	83	131	73	92	157
4'11"	69	87	136	73	96	161
5'0"	71	90	140	74	100	165
5'1"				77	105	169
5'2"				80	109	173
5'3"				86	113	179
5'4"				91	117	184
5'5"				94	122	189
5'6"				97	126	194
5'7"				101	131	199
5'8"				104	135	204
5'9"				107	140	210
5'10"				110	144	216
5'11"				114	149	221
6'0"				117	154	226
6'1"				121	159	231
6'2"				124	164	236
6'3"				128	169	241
6'4"				131	174	246



## SUBMITTING INFORMATION

If all the available information is submitted with the application, it is more likely that a decision can be made with a single review.

For non-medical cases, Foresters requires additional information for each "Yes" answer in the Lifestyle and Medical Questions sections. You can help speed up the Underwriting process by completing, at the time of the application, the Underwriting Questionnaire that is applicable to each "Yes" answer. The following questionnaires are the most common and should cover most of your cases:

- Alcohol Usage
- Chest Pain
- Cyst, Lump or Tumor
- Diabetes
- Drug and Substance Usage
- Mental Health

For all other "Yes" answers, you can provide the following details in the "Additional Information" section of the application:

- Diagnosis
- Date first diagnosed
- Treatment
- Prescribed medications and equipment
- Medical facilities
- Dates of hospitalization and duration of each stay
- Physicians' names, addresses and telephone numbers (if different from question 19 in the application)

The full list of Foresters questionnaires is available for those who wish to use them, but you may not need them if complete details are provided in the "Additional Information" section (*Impairments with available questionnaires are noted with a "Q" in the Medical Impairment section*).

### Additional Questionnaires:

- Activities of Daily Living (required for ages 75+)
- Aerial Sports
- Arrhythmia/Atrial Fibrillation/Irregular Heartbeat
- Arthritis
- Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder
- Aviation
- Back and Neck
- Benign Prostate
- Climbing & Mountaineering
- Digestive System Disorders
- Epilepsy and Seizure Disorder
- Foreign Travel
- Hazardous Sports
- Heart Murmur
- High Blood Pressure/Hypertension
- Kidney and Urinary Disorders
- Lupus
- Military
- Prostate Cancer
- Respiratory Disorders
- Scuba and Skin Diving
- Sleep Apnea/Sleep Disorder
- Tobacco

All questionnaires can be found in the "Forms & Brochures" section of Foresters producer website under "Underwriting & Questionnaires"
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In the event of insufficient/no details provided on the application for a "Yes" answer or of a discrepancy between information from MIB/Pharmacy checks and the application, Foresters will contact the producer for further information and may request to have a questionnaire completed.

## IMPAIRMENTS

Some medical impairments cannot be considered for coverage. Please refer to the attached Impairment Guide.

Certain combinations of impairments are often uninsurable. The following are some examples:

- Chronic kidney disease with high blood pressure
- Depressive and/or anxiety problems in combination with alcohol abuse
- Diabetes in combination with Coronary Artery Disease (CAD), Cardiovascular Disease (CVD), or kidney disease.

## UNDERWRITING IMPAIRMENT GUIDE

Although clients may qualify for Non-medical products, if ratable up to 200% mortality (+100, or 4 tables or table D), the impairments listed below as "decline" should not be submitted on a Non-medical basis.

The following guide applies to single impairments. Individuals with multiple impairments may not qualify.

## OTHER IMPAIRMENTS

Impairment	Guideline	Decision
Criminal Activity	If on probation /parole, incarcerated or criminal charges pending If no jail time served, individual consideration 1 year after end of probation	Decline for Non Medical and Fully-Underwritten
	If jail time has been served, consider 5 years after parole	Decline for Non Medical and Fully-Underwritten
Driving Record (Assumes no jail time or probation, otherwise see Criminal Activity above)	Single DUI within 12 months/2 DUI, last within 5 years	Decline for Non Medical
	More than 2 DUI	Call Risk Assessment Line

## MEDICAL IMPAIRMENTS

Impairment	Criteria	Life (NM)
ADL assistance required		Decline
AIDS / HIV +ve		Decline
Alcoholism	Within 5 years	Decline
Alcohol Usage Q	After 5 years, without relapse, no current use	Accept
Alzheimer's / Dementia		Decline
Amputation	Caused by injury	Accept
	Caused by disease	Decline
Anemia	Iron deficiency	Accept
Aneurysm		Decline
Angina	See Heart Disease	Decline
Angioplasty	See Heart Disease	Decline
Aortic Insufficiency		Decline
Aortic Stenosis		Decline
Arrhythmia		Decline
Artery Blockage		Decline
Arthritis Arthritis Q	Osteoarthritis	Accept
	Rheumatoid – Mild with no limitations	Accept
	Rheumatoid – Moderate or severe (Rx include Humira, Embrel, Prednisone)	Decline
Asthma Ages 6-75	Mild/Moderate	Accept
Respiratory Disorders Q	Severe-Hospitalization	Decline
Blood Pressure	Controlled	Accept

Impairment	Criteria	Life (NM)
High Blood Pressure Q		
Bronchitis	Acute	Accept
	Chronic	Decline
By-Pass Surgery	See Heart Disease	Decline
Build	Weight is above or below the Build Chart on page 6	Decline
Cancer Cyst, Lump, Tumor Q	Basal Cell Carcinoma (Skin)	Accept
	Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment	Accept
	All other cancers including Hodgkin's Lymphoma	Decline
Cerebral Palsy		Decline
Chronic Bronchitis	See COPD	Decline
Chronic Obstructive Lung Disease (COPD)		Decline
Cirrhosis of Liver		Decline
Circulatory Surgery		Decline
Colitis-Ulcerative Digestive Systems Disorders Q	Mild to moderate, intermittent	Accept
Congestive Heart Failure		Decline
Crohn's Disease Digestive Systems Disorders Q	>5 years in remission	Accept
CVA /Stroke /TIA		Decline
Cystic Fibrosis		Decline
Depression/Anxiety Mental Health Q	Mild > age 25, onset more than 1 year or longer, no hospitalization or time off work	Accept
	Severe, major depression, bipolar disease, schizophrenia	Decline
Diabetes – Type 2 Treated with <b>oral medication or diet</b> ; and good control; and non-smoker or <1 pack/day  For consideration of build and diabetes refer to <a href="#">Diabetes Ratings for Nonmed Business- Advantage Plus II, Foresters Term or Smart UL</a>	Current age 20-29, duration since <u>diagnosis &lt; 5 yrs</u> Current age 30+ any duration since diagnosis	Accept
Diabetes Treated with Insulin; or any treatment with poor control, or complications such as heart disease, kidney disease, peripheral vascular disease, neuropathy or build and diabetes combination that exceeds limits refer to <a href="#">Diabetes Ratings for Nonmed Business- Advantage Plus II, Foresters Term or Smart UL</a>	Any age or duration.	Decline
Diverticulitis/Diverticulosis Digestive System Disorders Q		Accept
Down's Syndrome		Decline
Drug Use ( other than marijuana)		Decline
Drug use – Age 18 and up Marijuana (recreational)  Marijuana (medical)	Up to 6 days per week Daily Use	Accept Individual consideration may be given
	Depends on reason for use	Individual consideration will be given
Drug and Substance Usage Q		
Emphysema	See COPD	Decline

Impairment	Criteria	Life (NM)
Epilepsy / Seizure Epilepsy and Seizure Q	Controlled on meds, no seizures for 2 years, no complications	Accept
Fibromyalgia	No depression, working full-time	Accept
Gallbladder Disorders		Accept
Gastric Bypass Digestive Systems Disorders Q	After 1 year, weight stabilized	Accept
Gastritis		Accept
Gout		Accept
Heart Blockage		Decline
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline
Heart Murmur Heart Murmur Q	"innocent", no symptoms, no treatment	Accept
Other Heart Murmur		Decline
Heart Surgery/Procedure		Decline
Heart Valve Disease/Surgery		Decline
Height and Weight	See Build	See Build
Hemophilia		Decline
Hepatitis	A , recovered	Accept
	B or C	Decline
Hodgkin's Disease		Decline
Hypertension		
High Blood Pressure Q	Controlled	Accept
Hysterectomy	Non cancer	Accept
Kidney Disease	Stones, acute infection	Accept
Kidney &Urinary Disorders Q	Other chronic kidney disease	Decline
Leukemia		Decline
Liver disease		Decline
Lou Gehrig's Disease (ALS)		Decline
Lupus Erythematosus	Discoid	Accept
Lupus Q	Systemic	Decline
Marfan's Syndrome		Decline
Marijuana – Age 18 and up Recreational	Up to 6 days per week Daily Use	Accept Individual consideration may be given
Medical	Depends on reason for use	Individual consideration will be given
Drug and Substance Usage Q		
Mitral Insufficiency		Decline
Mitral Stenosis		Decline
Multiple Sclerosis		Decline
Muscular Dystrophy		Decline
Narcolepsy Sleep Apnea/Sleep Disorders Q	Occasional Episodes	Accept
Nursing Home/Skilled Nursing facility or Psychiatric Facility resident		Decline
Oxygen Use		Decline
Pacemaker		Decline
Pancreatitis Digestive System Disorders Q	Single attack , acute >1 year ago, non alcohol related, no complications	Accept
	Alcohol related, chronic	Decline
Paralysis	Paraplegia and Quadriplegia	Decline
Parkinson's Disease		Decline
Peripheral Vascular or Arterial Disease (PVD, PAD)		Decline
Prostate Disorder Benign Prostate Q	Infection, inflammation	Accept
Sarcoidosis	Localized, non-pulmonary	Accept
	Pulmonary	Decline

Impairment	Criteria	Life (NM)
Sleep Apnea Sleep Apnea/Sleep Disorders Q	Treated and controlled	Accept
Spina Bifida		Decline
Splenectomy	Due to trauma	Accept
Stroke/ CVA/ TIA		Decline
Suicide Attempt		Decline
Thyroid Disorders	Treated, no symptoms	Accept
Transient Ischemic Attack (TIA)		Decline
Tuberculosis	Treatment completed, inactive	Accept
Ulcer/GERD Digestive System Disorders Q		Accept
Weight	See Build	See Build
Weight Loss	Unexplained	Decline
Wheelchair Use	Due to chronic illness or disease (includes injury or disability resulting in the permanent and ongoing use of a wheelchair)	Decline

\*\*For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 7:30PM EST, Monday to Friday.

## MEDICATIONS

This list is not exhaustive but includes medications that are not eligible for non-medical coverage.

Medications	Indication
Abilify	Psychotic Disorder
Amiodarone HCL	Arrhythmia
Anastrozole	Cancer
Anoro Ellipta	Serious COPD
Antabuse	Alcohol/Drugs
Aricept	Dementia/Cognitive Disorder
Arimidex	Cancer
Benlysta	Systemic Lupus
Bevespi Aerosphere	Serious COPD
Bidil	CHF
Calcitriol	Kidney Disease/Failure
Carbidopa-Levodopa	Parkinson's
Casodex	Cancer
Clopidogrel	Heart Disease, Stroke/TIA, PVD/PAD
Daliresp	Serious COPD
Digoxin	Heart Failure/Arrhythmias
Donepezil HCL	Dementia/Cognitive Disorder
Effient	Heart Disease, Stroke/TIA, PVD/PAD
Exelon	Dementia/Cognitive Disorder
Femara	Cancer
Geodon	Psychotic Disorder
Hydralazine	Severe Hypertension
Hydrea	Cancer
Inspira	CHF
Isosorbide	Angina
Lanoxin	Heart Failure/Arrhythmias
Lithium	Bi-polar Disorder
Lupron	Cancer
Methyldopa	Severe Hypertension
Namenda	Anti-Dementia
Nitrostat	Angina/Chest pain
Pegasys	Hepatitis
Plavix	Heart Disease, Stroke/TIA, PVD/PAD
Pletal	Heart Disease, Stroke/TIA, PVD/PAD
Ranexa	Angina/Chest pain
Ribavirin	Hepatitis
Rilutek	ALS
Risperdone	Psychotic Disorder
Sensipar	Kidney Disease/Failure
Serzone	Psychotic Disorder
Sinemet	Parkinson's
Stiolto Respimat	Serious COPD
Tamoxifen	Cancer
Trelegy Ellipta	Serious COPD
Utibron Neohaler	Serious COPD
Zemplar	Kidney Disease/Failure
Zyprexa	Psychotic Disorder

## **CERTIFICATE CHANGE INFORMATION**

### OVERVIEW

These types of changes include requests from the applicant or producer to change the coverage either by increasing or decreasing benefits, adding or deleting benefits, adding or deleting family members or reinstating coverage that has lapsed. Changes that increase Foresters liability require underwriting approval.

### UNDERWRITING POLICY CHANGES

All medical history is reviewed including claims information on file. Current underwriting guidelines are followed and insurability requirements must be met.

As with New Business applications, the underwriting review process may include requests for information through Attending Physicians Statement, Exam, Blood Profile, Inspection Report, Motor Vehicle Report (MVR), or MIB Inc.

- Benefit changes - If current guidelines would require modification to coverage with a rating, it is normal underwriting procedure to deny a benefit change to avoid compromising current benefits.

### 90-DAY CHANGES

Changes made to certificates within 90 days of issue. Changes could include:

- Increasing or decreasing certificate face amount
- Increasing or decreasing rider coverage amount
- Adding or removing riders (e.g. Accidental Death Rider)
- Changing the plan type (e.g. changing from a 20-year term to a 15-year term)

To request changes within 90 days of certificate issue, we require the following:

- The original certificate issue package to be returned.
- A signed letter from the owner, advising of the requested changes.
- If the request is for an increase in coverage (e.g. face amount increase or addition of a rider), a check from the owner for the difference in premium.

Note: These changes are effective as of the original certificate issue date. Therefore, ensure that the check will cover the difference in premium from the original issue date to the date the request is being submitted.

After the change has been completed, a new certificate issue package will be provided to you for delivery to the owner. The New Business delivery processes should then be followed.

### POST 90 DAY CHANGES

Changes made to certificates beyond the 90 day change period can include:

- Decrease in certificate face amount
- Decrease in rider coverage amount
- Addition or removal of riders
- Change to non-tobacco premium basis
- Reduction or removal of rating

To request changes beyond the 90 day change period, we require the following:

- A properly completed and signed Application for Change.