

Foresters Your Legacy

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. 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, applicant and proposed insured).
2. Stamped signature rather than handwritten ink signatures.
3. Typed applications are acceptable with a handwritten signature.

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 applicant's knowledge of the diagnosed condition or the reason for the operation or treatment.

1. The writing producer is never authorized to disregard an applicant'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 map on the Your Legacy website for availability details.

Below are Foresters general guidelines, which are subject to underwriting discretion.

Foreign Nationals / Non Permanent Residents:

- Must have insurable loss in the US, such as a house, property, or investments.
- Must reside in the US a minimum of 6 months annually. Applicants must have a valid SSN, work visa or other immigration visa that validates status in the United States.
- Must be citizens from a country that is insurable.
- If residing in the US for less than one year a paramedical exam with blood and urine will be required over and above the usual Age & Amount Requirements.
- Maximum amount of insurance is \$500,000 and maximum age is 65.
- Must be employed or spouse or dependent of employed individual in the US.
- Must have valid photo identification (driver's license, passport).

FOREIGN TRAVEL/RESIDENCY

Applicants contemplating foreign travel or residence may be subject to unsatisfactory living conditions, and increased risk of infectious disease and accident hazards.

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

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.

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. 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. 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 an applicant 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. In addition, to comply with legislation relating to fraternal benefit societies, "...benefits (must) be paid to the member or to the estate or dependents of the member (life insured) either directly or indirectly". Please refer to the Beneficiary 101 Guide on the Your Legacy website.

TEMPORARY INSURANCE AGREEMENT (TIA)

The TIA is a temporary insurance agreement that allows the applicant 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 71st birthday and for face amounts applied for up to a maximum of \$1,000,000. The applicant must truthfully answer "No" to the 3 questions asked in the TIA agreement and provide the full single premium with the application for the TIA to take effect. The maximum payout is the lesser of the face amount applied for or \$500,000.

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

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.

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 standard non-medical rates, a substandard (rated) non-medical offer may be available. A specific underwriting questionnaire, motor vehicle report or Attending Physician's Statement may be ordered on non-medical applications when required. The following build charts, list of life style/medical impairments and a list of medications will help guide you in understanding when a Non-Medical certificate may be issued and on what basis.

ADULT BUILD CHARTS (16+)

This build chart is for single impairments of build only. Where multiple impairments occur the applicant may not qualify for the classification

Standard Non-Medical Build Chart Male & Female		Substandard Non-Medical Build Chart Range Male & Female	
Height (Ft)	Max Weight (Pds)	Height (Ft)	Max Weight (Pds)
4'8	185	4'8	186-207
4'9	193	4'9	194-214
4'10	198	4'10	199-222
4'11	207	4'11	207-230
5'0	212	5'0	213-238
5'1	221	5'1	222-246
5'2	225	5'2	226-254
5'3	234	5'3	235-262
5'4	243	5'4	244-270
5'5	250	5'5	251-279
5'6	259	5'6	260-288
5'7	265	5'7	266-296
5'8	274	5'8	275-305
5'9	281	5'9	282-314
5'10	292	5'10	293-324
5'11	298	5'11	299-333
6'0	307	6'0	308-342
6'1	314	6'1	315-352
6'2	325	6'2	326-362
6'3	336	6'3	337-372
6'4	342	6'4	343-382
6'5	353	6'5	354-392
6'6	360	6'6	361-402

The following two charts (Lifestyle Impairments and Medical Impairments) are for single impairments only. Where multiple impairments occur the applicant may not qualify for the classification. The letter "Q" denotes when a questionnaire is required.

Foresters uses the facility Examination Management Services Inc. (EMSI) to obtain Attending Physician Statements; a company that has offered this service for more than 30 years. EMSI uses a fully-automated tracking system which ensures consistent follow-ups every 3 days until the APS is received and then delivered digitally to the insurance company. Turnaround time for Foresters is an average of 15 calendar days from order to receipt of the report.

LIFESTYLE IMPAIRMENTS

Impairment	Guideline	Standard Non-Medical	Substandard Non-Medical
Criminal Activity	If on probation/parole, incarcerated or criminal charges pending	Decline	Decline
	If no jail time is served, individual consideration 1 year after end of probation		
	If jail time has been served, consider 5 years after parole	Decline	Decline
Driving Record	Single DUI within 12 months/2 DUI, last within 5 years	Decline	Decline
	More than 2 DUI	Call Risk Assessment Line	Call Risk Assessment Line

MEDICAL IMPAIRMENTS

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

Impairment	Criteria	Standard Non-Medical	Substandard Non-Medical
	Chronic	Decline	APS
By-Pass Surgery	See Heart Disease	Decline	APS
Cancer Cyst, Lump, Tumor Q	Basal Cell Carcinoma (Skin)	Accept	Accept
	Cancer with treatment completed over 10 years ago, with no recurrence, or recommended treatment	Accept	Accept
	All other cancers including Hodgkin's Lymphoma	Decline	APS
Cerebral Palsy		Decline	APS
Chronic Obstructive Lung Disease	Emphysema or Chronic Bronchitis	Decline	APS
Cirrhosis of Liver		Decline	Decline
Circulatory Surgery		Decline	APS
Colitis-Ulcerative Digestive Systems Disorders Q	Mild to moderate, intermittent	Accept	Accept
	Other	Decline	APS
Congestive Heart Failure		Decline	Decline
Crohn's Disease Digestive Systems Disorders Q	>5 years in remission	Accept	Accept
CVA /Stroke /TIA		Decline	APS
Cystic Fibrosis		Decline	Decline
Depression/Anxiety Mental Health Q	Mild > age 25, onset more than 1 year or longer, no hospitalization or time off work	Accept	Accept
	Severe, major depression, bi-polar disease, schizophrenia	Decline	APS
Diabetes Treated with oral medication or diet. Good control. Non-smoker or <1 pack/day. Diabetes Q	Current age 31-40, duration since diagnosis < 5 yrs	Accept	Accept
	Current age 41-50, duration since diagnosis <15 yrs	Accept	Accept
	Current age 51-60, duration since diagnosis <25 yrs	Accept	Accept
	Current age 61+, any duration since diagnosis	Accept	Accept
Diabetes Treated with Insulin. Poor control, or	Any age or duration.	Decline	APS

Impairment	Criteria	Standard Non-Medical	Substandard Non-Medical
complications such as heart disease, kidney disease, peripheral vascular disease or neuropathy. Diabetes Q			
Diverticulitis/Diverticulosis Digestive System Disorders Q		Accept	Accept
Down's Syndrome		Decline	Decline
Drug Use (other than marijuana)		Decline	Decline
Drug use – marijuana Drug and Substance Usage Q	Occasional social use (smoker rates apply)	Accept	Accept
Epilepsy / Seizure Epilepsy and Seizure Q	Controlled on meds, no seizures for 2 years, no complications	Accept	Accept
Fibromyalgia	No depression, working full-time	Accept	Accept
Gallbladder Disorders		Accept	Accept
Gastric Bypass Digestive Systems Disorders Q	After 1 year, weight stabilized	Accept	Accept
Gastritis		Accept	Accept
Gout		Accept	Accept
Heart Blockage		Decline	APS
Heart Disease	Heart Attack, Myocardial Infarction, Coronary Artery Disease and Angina Pectoris	Decline	APS
Heart Murmur Heart Murmur Q	"innocent", no symptoms, no treatment	Accept	Accept
Other Heart Murmur		Decline	APS
Heart Surgery/Procedure		Decline	APS
Heart Valve Disease/Surgery		Decline	APS
Hemophilia		Decline	APS
Hepatitis	A , recovered	Accept	Accept
	B or C	Decline	APS
Hodgkin's Disease		Decline	APS
Hypertension High Blood Pressure Q	Controlled	Accept	Accept
Hysterectomy	Non cancer	Accept	Accept
Kidney Disease Kidney &Urinary Disorders Q	Stones, acute infection	Accept	Accept
	Other chronic kidney disease	Decline	APS
Leukemia		Decline	APS
Liver disease		Decline	APS
Lou Gehrig's Disease (ALS)		Decline	Decline
Lupus Erythematosus Lupus Q	Discoid	Accept	Accept
	Systemic	Decline	APS
Marfan's Syndrome		Decline	Decline
Mitral Insufficiency		Decline	APS
Mitral Stenosis		Decline	APS
Multiple Sclerosis		Decline	APS

Impairment	Criteria	Standard Non-Medical	Substandard Non-Medical
Muscular Dystrophy		Decline	Decline
Narcolepsy Sleep Apnea/Sleep Disorders Q	Occasional Episodes	Accept	Accept
Nursing Home/Skilled Nursing Facility or Psychiatric Facility Resident		Decline	Decline
Oxygen Use		Decline	Decline
Pacemaker		Decline	APS
Pancreatitis Digestive System Disorders Q	Single attack , acute >1 year ago, non alcohol related, no complications	Accept	Accept
	Alcohol related, chronic	Decline	Decline
Paralysis	Paraplegia	Decline	Decline
Paralysis	Quadriplegia	Decline	APS
Parkinson's Disease		Decline	APS
Peripheral Vascular or Arterial Disease (PVD or PAD)		Decline	APS
Prostate Disorder Benign Prostate Q	Infection, inflammation	Accept	Accept
Sarcoidosis	Localized, non-pulmonary	Accept	Accept
	Pulmonary	Decline	APS
Sleep Apnea Sleep Apnea/Sleep Disorders Q	Treated and controlled	Accept	Accept
Spina Bifida		Decline	APS
Splenectomy	Due to trauma	Accept	Accept
Stroke/ CVA/ TIA		Decline	APS
Suicide Attempt		Decline	Decline
Thyroid Disorders	Treated, no symptoms	Accept	Accept
Transient Ischemic Attack (TIA)		Decline	APS
Tuberculosis	Treatment completed, inactive	Accept	Accept
Ulcer/GERD Digestive System Disorders Q		Accept	Accept
Weight	See Build Charts	See Build Charts	See Build Charts
Weight Loss	Unexplained	Decline	APS
Wheelchair Use	Due to chronic illness or disease (includes injury or disability resulting in the permanent and ongoing use of a wheelchair)	Decline	APS

**For further clarification please call the Risk Assessment Line at 1-877-622-4249 between the hours of 9AM – 5:00PM 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
Amantadine	Parkinson's
Amiodarone HCL	Arrhythmia
Anastrozole	Cancer
Antabuse	Alcohol/Drugs
Aricept	Dementia/Cognitive Disorder
Arimidex	Cancer
Atrovent	COPD
Benlysta	Systemic Lupus
Bidil	CHF
Calcitriol	Kidney Disease/Failure
Carbidopa	Parkinson's
Casodex	Cancer
Clopidogrel	Heart Disease, Stroke/TIA, PVD/PAD
Combivent	COPD
Daliresp	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
Ipratropium Bromide	COPD
Isosorbide	Angina
Lanoxin	Heart Failure/Arrhythmias
Lasix	Heart/Liver/Kidney Disorder
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
Risperdone	Psychotic Disorder
Sensipar	Kidney Disease/Failure
Seroquel	Psychotic Disorder
Serzone	Psychotic Disorder
Spiriva	Severe asthma or COPD
Tamoxifen	Cancer
Zemlar	Kidney Disease/Failure
Zyprexa	Psychotic Disorder

*We do not allow any certificate changes after 90 days.