

# Kansas City Life Insurance Company Life Underwriting Guide

For Agent Use Only



KANSAS CITY LIFE



# LIFE UNDERWRITING GUIDE

## Introduction

Kansas City Life Insurance Company is dedicated to making the application process as simple and streamlined as possible. This new Underwriting Requirements Guide includes information you need to get your case on its way to a quick underwriting decision. We have also included information regarding the Telephone Application process, should you choose that route to getting the application completed.

On the following pages, you will find separate sections for ages 0 – 70 and ages 71 and older that include medical requirements for age and amount, and guidelines for Preferred Elite Nontobacco, Preferred Nontobacco, Standard Select Nontobacco and Preferred Tobacco rate classes. This information also includes build charts for each age group and rate class. You will also find a medical impairment guide, financial underwriting guide, a description of the Telephone Application process and a medical abbreviation guide.

If you have any questions, please contact the New Business and Underwriting Department.

We hope this information assists you and we look forward to reviewing your next case.

### New Business Department Contact Information

Toll free: 800-572-2467, ext. 8025

Toll free fax: 877-295-3806

Email: *new\_business@kclife.com*

Tele-App call-back number: 888-852-5322

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## Medical Underwriting Guidelines

Amounts	0 – 17	18 – 40	41 – 49	50 – 60	61 – 70
\$0 to \$49,999	Non-Med	Non-Med	Non-Med	Non-Med	Non-Med
\$50,000 to \$99,999	Non-Med	Non-Med Urine-HIV MVR	Non-Med Urine-HIV	Paramed Blood Profile HOS	Paramed Blood Profile HOS
\$100,000 to \$250,000	Non-Med	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR RX Search
\$250,001 to \$500,000	Consult Home Office	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR RX Search	Paramed Blood Profile HOS / MVR EKG RX Search
\$500,001 to \$1,000,000	Consult Home Office	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR	Paramed Blood Profile HOS / MVR EKG RX Search	Paramed Blood Profile HOS / MVR EKG RX Search APS
\$1,000,001 to \$2,000,000	Consult Home Office	Paramed Blood Profile HOS / MVR RX Search	Paramed Blood Profile HOS / MVR RX Search	Paramed Blood Profile HOS / MVR EKG RX Search APS <2 years	Paramed Blood Profile HOS / MVR EKG RX Search APS / PFS
\$2,000,001 to \$5,000,000	Consult Home Office	Paramed Blood Profile HOS / MVR RX Search APS >\$3m EIR / PFS	Paramed Blood Profile HOS / MVR EKG RX Search APS / EIR PFS	Paramed Blood Profile HOS / MVR EKG RX Search APS / EIR PFS	Paramed Blood Profile HOS / MVR EKG RX Search APS / EIR PFS
\$5,000,001+	Consult Home Office	Paramed Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials	Paramed Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials	Paramed Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials	Paramed Blood Profile HOS / MVR EKG RX Search APS / IR 3rd Party Financials

### KEY

- **Non-Med** – Medical Questions Completed by Writing Agent/Applicant (application – Page 5)
- **Consult Home Office** – Contact Underwriter for Requirements
- **Urine HIV** – Urine Specimen Collected by Paramedical Examiner
- **MVR** – Motor Vehicle Report (ordered by Home Office)
- **Paramed** – Insurance Exam Completed by Paramedical Examiner
- **Blood Profile** – Blood Draw/Urine Collection Completed by Paramedical Examiner
- **HOS** – Urine Specimen Collected by Paramedical Examiner
- **EKG** – Electrocardiogram Completed by Paramedical Examiner
- **RX Check** – Prescription Database Search (ordered by Home Office)
- **EIR** – Electronic Inspection Report (ordered by Home Office)
- **PFS** – Personal Financial Statement (Form FQ)
- **APS** – Attending Physician Statement (ordered by Home Office)
- **IR** – Telephone Interview Completed by Applicant (ordered by Home Office)
- **Third Party Financials** – Attorney/Accountant or other Third Party Prepared Financial Statement Provided by Applicant

Amount is determined by coverage applied for plus coverage in force with Kansas City Life Insurance Company issued within the last two years.

## Preparing for the Tele-Interview and Understanding the Application Process

Thank you for applying to Kansas City Life Insurance Company for your life insurance needs. We are pleased to help you complete the insurance application in a convenient and confidential way by conducting a telephone interview. ExamOne, as a representative of Kansas City Life, will perform the interview. The applicant will be asked a series of questions in order to complete the life insurance application. These will include questions regarding the proposed insured's past and current medical history, family history, employment, income and net worth, as well as lifestyle questions such as tobacco use, driving record, foreign travel plans and recreational activities. The interview should take approximately 30 minutes; however, individuals with more complex medical histories may take a little longer.

You can help speed up the interview by having the applicant collect important information before they are contacted. You can help guide the applicant in this process. Please have the following information available:

- Names, addresses and phone numbers of physicians and hospitals from which the applicant has received medical care within the last 10 years
- Names and dosages of prescription medications the applicant is currently taking and for what purpose
- Current earned income and net worth
- Existing amounts of life insurance in force or applications pending with other companies. Include name of companies and amounts of coverage

A routine insurance exam may be required based on the applicant's age, medical history and coverage amount requested. An insurance examiner will obtain measurements of blood pressure, pulse, height and weight. The examiner will also draw a small amount of blood which will be analyzed for cholesterol level, blood sugar level as well as other blood chemistry values to assess the applicant's kidney and liver function. The applicant will be asked to provide a urine specimen which will be checked for the presence of blood, protein, sugar, nicotine, etc. An electrocardiogram may also be a requirement based on their age and the amount of life insurance coverage applied for.

To prepare for the insurance exam, you can achieve the best results if the applicant:

- Limits salt and high-cholesterol foods 24 hours prior to the examination
- Avoids strenuous exercise 12 hours prior to the examination
- Refrains from drinking alcoholic beverages for at least 12 hours prior to your appointment
- Limits caffeine and nicotine one hour prior to your appointment
- Drinks a glass of water one hour prior to the appointment
- Gets a good night of sleep prior to the examination

The applicant will receive a copy of their laboratory results directly from the laboratory or by logging on to [www.myexamone.com](http://www.myexamone.com).

For a separate piece including this information, see Form 12028.

## Tele-App Medical Underwriting Guidelines

Amounts	0 – 17	18 – 40	41 – 49	50 – 60	61 – 70
\$0 to \$49,999	Non-Med	Non-Med	Non-Med	Non-Med	Non-Med
\$50,000 to \$99,999	Non-Med	Non-Med Urine-HIV MVR	Non-Med Urine-HIV	Phy Meas Blood Profile HOS	Phy Meas Blood Profile HOS
\$100,000 to \$250,000	Non-Med	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR RX Search
\$250,001 to \$500,000	Consult Home Office	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR RX Search	Phy Meas Blood Profile HOS / MVR EKG RX Search
\$500,001 to \$1,000,000	Consult Home Office	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR	Phy Meas Blood Profile HOS / MVR EKG RX Search	Pay Meas Blood Profile HOS / MVR EKG RX Search APS
\$1,000,001 to \$2,000,000	Consult Home Office	Phy Meas Blood Profile HOS / MVR RX Search	Phy Meas Blood Profile HOS / MVR RX Search	Phy Meas Blood Profile HOS / MVR EKG RX Search APS <2 years	Phy Meas Blood Profile HOS / MVR EKG RX Search APS
\$2,000,001 to \$5,000,000	Consult Home Office	Phy Meas Blood Profile HOS / MVR RX Search APS >\$3m EIR	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR PFS
\$5,000,001+	Consult Home Office	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials	Phy Meas Blood Profile HOS / MVR EKG RX Search APS / EIR 3rd Party Financials

### KEY

- **Non-Med** – Medical Questions Answered during Telephone Interview
- **Consult Home Office** – Contact Underwriter for Requirements
- **Urine HIV** – Urine Specimen Collected by Paramedical Examiner and Medical Questions Completed by Writing Agent On Application
- **MVR** – Motor Vehicle Report (ordered by Home Office)
- **Paramed** – Insurance Exam Completed by Paramedical Examiner
- **Blood Profile** – Blood Draw/Urine Collection Completed by Paramedical Examiner
- **Phy Meas** – Height/Weight, Blood Pressure and Pulse Completed by Paramedical Examiner
- **HOS** – Urine Specimen Collected by Paramedical Examiner
- **EKG** – Electrocardiogram Completed by Paramedical Examiner
- **RX Check** – Prescription Database Search (ordered by Home Office)
- **EIR** – Electronic Inspection Report (ordered by Home Office)
- **PFS** – Personal Financial Statement (Form FQ)
- **APS** – Attending Physician Statement (ordered by Home Office)
- **Third Party Financials** – Attorney/Accountant or other Third Party Prepared Financial Statement Provided by Applicant

Amount is determined by coverage applied for plus coverage in force with Kansas City Life Insurance Company issued within the last two years.

## Preferred Elite Underwriting Guidelines

<b>Tobacco use</b>	Five years nicotine free
<b>Blood Pressure control</b>	0 – 50: 135/85 (No treatment) 51 – 70: 140/90 (No treatment)
<b>Cholesterol</b>	Total cholesterol ≤ 220, Chol/HDL ratio ≤ 5.0 (with or without treatment) Total cholesterol ≤ 230, Chol/HDL ratio ≤ 4.5 (with or without treatment) Total cholesterol ≤ 240, Chol/HDL ratio ≤ 4.0 (with or without treatment)
<b>Laboratory</b>	18 – 40 A1C < 5.8 41 – 59 A1C < 5.9 60 – 70 A1C < 6.0
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five years
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 20 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers)
<b>Family History</b>	No cardiovascular disease, stroke or cancer prior to age 60 (parents or siblings)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

PREFERRED ELITE			PREFERRED ELITE		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	127	5'9"	126	192
4'9"	86	132	5'10"	129	198
4'10"	89	136	5'11"	133	204
4'11"	92	141	6'0"	137	210
5'0"	95	146	6'1"	141	216
5'1"	98	151	6'2"	145	222
5'2"	102	156	6'3"	149	228
5'3"	105	161	6'4"	152	234
5'4"	108	166	6'5"	157	240
5'5"	112	171	6'6"	161	247
5'6"	115	176	6'7"	165	253
5'7"	119	182	6'8"	169	259
5'8"	122	187	6'9"	173	266



## Preferred Nontobacco Underwriting Guidelines

<b>Tobacco use</b>	Three years nicotine free (excludes cigar and chewing tobacco use up to 12 times per year and nicotine negative on insurance exam)
<b>Blood Pressure control</b>	0 – 50: 140/85 (with or without treatment) 51 – 70: 145/90 (with or without treatment)
<b>Cholesterol</b>	Total cholesterol ≤ 250, Chol/HDL ratio ≤ 6.0 (with or without treatment) Total cholesterol ≤ 265, Chol/HDL ratio ≤ 5.5 (with or without treatment)
<b>Laboratory</b>	18 – 40 A1C < 5.9 41 – 59 A1C < 6.0 60 – 70 A1C ≤ 6.0
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five years
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 10 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers) (excluding certain testicular and thyroid cancers if treatment completed >20 years ago)
<b>Family History</b>	No deaths from cardiovascular disease, stroke or cancer prior to age 60 (parents or siblings)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

PREFERRED			PREFERRED		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	136	5'9"	126	207
4'9"	86	141	5'10"	129	213
4'10"	89	146	5'11"	133	219
4'11"	92	151	6'0"	137	225
5'0"	95	157	6'1"	141	232
5'1"	98	162	6'2"	145	238
5'2"	102	167	6'3"	149	244
5'3"	105	173	6'4"	152	251
5'4"	108	178	6'5"	157	258
5'5"	112	184	6'6"	161	264
5'6"	115	189	6'7"	165	271
5'7"	119	195	6'8"	169	278
5'8"	122	201	6'9"	173	285

## Standard Select Nontobacco Underwriting Guidelines

<b>Tobacco use</b>	One year nicotine free (excludes cigar and chewing tobacco use up to 12 times per year and nicotine negative on insurance exam)
<b>Blood Pressure control</b>	0 – 60: 150/90 (with or without treatment) > 60: 155/90 (with or without treatment)
<b>Cholesterol</b>	Total cholesterol ≤ 260, Chol/HDL ratio ≤ 7.0 (with or without treatment) Total cholesterol ≤ 270, Chol/HDL ratio ≤ 6.5 (with or without treatment)
<b>Laboratory</b>	18 – 40 A1C < 6.0 41 – 59 A1C ≤ 6.0 60 – 70 A1C ≤ 6.2
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five years
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 10 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers) (excluding certain testicular, thyroid, prostate and cervical cancers if treatment completed >20 years ago)
<b>Family History</b>	One cardiovascular or cancer death prior to age 60 (parents or siblings)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots or private pilots up to age 70 with an instrument flight rating or IFR, at least 1,000 total flight hours and 50 – 250 annual flight hours)

STANDARD SELECT			STANDARD SELECT		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	146	5'9"	126	222
4'9"	86	151	5'10"	129	229
4'10"	89	157	5'11"	133	235
4'11"	92	163	6'0"	137	242
5'0"	95	168	6'1"	141	249
5'1"	98	174	6'2"	145	255
5'2"	102	180	6'3"	149	262
5'3"	105	185	6'4"	152	269
5'4"	108	191	6'5"	157	277
5'5"	112	197	6'6"	161	284
5'6"	115	203	6'7"	165	291
5'7"	119	210	6'8"	169	299
5'8"	122	216	6'9"	173	306

## Preferred Tobacco Underwriting Guidelines

<b>Tobacco use</b>	<i>Any</i> use in the last 12 months (includes cigarettes, pipe, e-cigarettes/vaping, marijuana and other nicotine substitutes) (See Preferred Nontobacco and Standard Select Nontobacco guidelines for occasional use exception guidelines)
<b>Blood Pressure control</b>	0 – 50: 140/85 (with or without treatment) 51 – 70: 145/90 (with or without treatment)
<b>Cholesterol</b>	Total cholesterol $\leq$ 250, Chol/HDL ratio $\leq$ 6.0 (with or without treatment) Total cholesterol $\leq$ 265, Chol/HDL ratio $\leq$ 5.5 (with or without treatment)
<b>Laboratory</b>	18 – 40 A1C $<$ 5.9 41 – 59 A1C $<$ 6.0 60 – 70 A1C $\leq$ 6.0
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five years
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 10 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers) (excluding certain testicular and thyroid cancers if treatment completed $>$ 20 years ago)
<b>Family History</b>	No deaths from cardiovascular disease, stroke or cancer prior to age 60 (parents or siblings)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

PREFERRED			PREFERRED		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	136	5'9"	126	207
4'9"	86	141	5'10"	129	213
4'10"	89	146	5'11"	133	219
4'11"	92	151	6'0"	137	225
5'0"	95	157	6'1"	141	232
5'1"	98	162	6'2"	145	238
5'2"	102	167	6'3"	149	244
5'3"	105	173	6'4"	152	251
5'4"	108	178	6'5"	157	258
5'5"	112	184	6'6"	161	264
5'6"	115	189	6'7"	165	271
5'7"	119	195	6'8"	169	278
5'8"	122	201	6'9"	173	285

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**MATURE UNDERWRITING GUIDELINES**  
**Ages 71 and older**

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# Mature Underwriting Guidelines

(Ages 71 and older)

Amounts	71+
\$0 to \$49,999	Non-Med APS
\$50,000 to \$99,999	Paramed Blood Profile HOS MVR / APS Senior Q
\$100,000 to \$250,000	Paramed Sr. Assessment Blood Profile HOS / MVR RX Search APS
\$250,001 to \$500,000	Paramed Sr. Assessment Blood Profile HOS / MVR RX Search EKG APS
\$500,001 to \$1,000,000	Paramed Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS / PFS
\$1,000,001 to \$2,000,000	Paramed Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS / PFS
\$2,000,001 to \$5,000,000	Paramed Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS / IR 3rd Party Financials
\$5,000,001+	Paramed Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS / IR 3rd Party Financials

## KEY

- **Non-Med** – Medical Questions Completed by Writing Agent/Applicant (application – Page 5)
- **Consult Home Office** – Contact Underwriter for Requirements
- **Urine HIV** – Urine Specimen Collected by Paramedical Examiner
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- **Paramed** – Insurance Exam Completed by Paramedical Examiner
- **Blood Profile** – Blood Draw/Urine Collection Completed by Paramedical Examiner
- **HOS** – Urine Specimen Collected by Paramedical Examiner
- **EKG** – Electrocardiogram Completed by Paramedical Examiner
- **RX Check** – Prescription Database Search (ordered by Home Office)
- **EIR** – Electronic Inspection Report (ordered by Home Office)
- **PFS** – Personal Financial Statement (Form FQ)
- **APS** – Attending Physician Statement (ordered by Home Office)
- **Senior Q** – Supplement Completed by Proposed Insured at Time of Application – Sent in with Application by Producer
- **Senior Assessment** – Five Word Delayed Word Recall/Get Up and Go/Clock Draw Completed by Paramedical Examiner
- **IR** – Telephone Interview Completed by Applicant (ordered by Home Office)
- **Third Party Financials** – Attorney/Accountant or other Third Party Prepared Financial Statement Provided by Applicant

*Amount is determined by coverage applied for plus coverage in force with Kansas City Life Insurance Company issued within the last two years.*

## Preparing for the Tele-Interview and Understanding the Application Process

Thank you for applying to Kansas City Life Insurance Company for your life insurance needs. We are pleased to help you complete the insurance application in a convenient and confidential way by conducting a telephone interview. ExamOne, as a representative of Kansas City Life, will perform the interview. The applicant will be asked a series of questions in order to complete the life insurance application. These will include questions regarding the proposed insured's past and current medical history, family history, employment, income and net worth, as well as lifestyle questions such as tobacco use, driving record, foreign travel plans and recreational activities. The interview should take approximately 30 minutes; however, individuals with more complex medical histories may take a little longer.

You can help speed up the interview by having the applicant collect important information before they are contacted. You can help guide the applicant in this process. Please have the following information available:

- Names, addresses and phone numbers of physicians and hospitals from which the applicant has received medical care within the last 10 years
- Names and dosages of prescription medications the applicant is currently taking and for what purpose
- Current earned income and net worth
- Existing amounts of life insurance in force or applications pending with other companies. Include name of companies and amounts of coverage

A routine insurance exam may be required based on the applicant's age, medical history and coverage amount requested. An insurance examiner will obtain measurements of blood pressure, pulse, height and weight. The examiner will also draw a small amount of blood which will be analyzed for cholesterol level, blood sugar level as well as other blood chemistry values to assess the applicant's kidney and liver function. The applicant will be asked to provide a urine specimen which will be checked for the presence of blood, protein, sugar, nicotine, etc. An electrocardiogram may also be a requirement based on their age and the amount of life insurance coverage applied for.

To prepare for the insurance exam, you can achieve the best results if the applicant:

- Limits salt and high-cholesterol foods 24 hours prior to the examination
- Avoids strenuous exercise 12 hours prior to the examination
- Refrains from drinking alcoholic beverages for at least 12 hours prior to your appointment
- Limits caffeine and nicotine one hour prior to your appointment
- Drinks a glass of water one hour prior to the appointment
- Gets a good night of sleep prior to the examination

The applicant will receive a copy of their laboratory results directly from the laboratory or by logging on to [www.myexamone.com](http://www.myexamone.com).

For a separate piece including this information, see Form 12028.

# Tele-App Medical Underwriting Guidelines

Mature (Ages 71 and older)

Amounts	71+
\$0 to \$49,999	Non-Med APS
\$50,000 to \$99,999	Phy meas Senior Q Blood Profile HOS / MVR APS
\$100,000 to \$250,000	Phy meas Sr. Assessment Blood Profile HOS / MVR RX Search APS
\$250,001 to \$500,000	Phy Meas Sr. Assessment Blood Profile HOS / MVR RX Search EKG APS
\$500,001 to \$1,000,000	Phy Meas Sr. Assessment Blood Profile HOS / MVR RX Search EKG APS
\$1,000,001 to \$2,000,000	Phy Meas Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS / PFS
\$2,000,001 to \$5,000,000	Phy Meas Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS 3rd Party Financials
\$5,000,001+	Phy Meas Sr. Assessment Blood Profile HOS / MVR EKG RX Search APS 3rd Party Financials

## KEY

- **Non-Med** – Medical Questions Answered during Telephone Interview
- **Consult Home Office** – Contact Underwriter for Requirements
- **Urine HIV** – Urine Specimen Collected by Paramedical Examiner and Medical Questions Completed by Writing Agent On Application
- **MVR** – Motor Vehicle Report (ordered by Home Office)
- **Paramed** – Insurance Exam Completed by Paramedical Examiner
- **Blood Profile** – Blood Draw/Urine Collection Completed by Paramedical Examiner
- **Phy Meas** – Height/Weight, Blood Pressure and Pulse Completed by Paramedical Examiner
- **HOS** – Urine Specimen Collected by Paramedical Examiner
- **EKG** – Electrocardiogram Completed by Paramedical Examiner
- **RX Check** – Prescription Database Search (ordered by Home Office)
- **EIR** – Electronic Inspection Report (ordered by Home Office)
- **PFS** – Personal Financial Statement (Form FQ)
- **APS** – Attending Physician Statement (ordered by Home Office)
- **Senior Q** – Supplement Completed by Applicant and Sent to Home Office with Application by Producer
- **Senior Assessment** – Five Word Delayed Word Recall/Get Up and Go/Clock Draw Completed by Paramedical Examiner
- **Third Party Financials** – Attorney/Accountant or other Third Party Prepared Financial Statement Provided by Applicant

*Amount is determined by coverage applied for plus coverage in force with Kansas City Life Insurance Company issued within the last two years.*

## Preferred Elite Underwriting Guidelines

### Mature (Ages 71 and older)

<b>Tobacco use</b>	Five years nicotine free
<b>Blood Pressure control</b>	140/90 average in last year (with or without treatment)
<b>Cholesterol</b>	Total cholesterol $\leq$ 240, Chol/HDL ratio $\leq$ 5.0 (with or without treatment)
<b>Laboratory</b>	A1C $\leq$ 6.0
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five years
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 20 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers)
<b>Family History</b>	No deaths from cardiovascular disease, stroke or cancer prior to age 60 (parents or siblings)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

PREFERRED ELITE			PREFERRED ELITE		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	127	5'9"	126	192
4'9"	86	132	5'10"	129	198
4'10"	89	136	5'11"	133	204
4'11"	92	141	6'0"	137	210
5'0"	95	146	6'1"	141	216
5'1"	98	151	6'2"	145	222
5'2"	102	156	6'3"	149	228
5'3"	105	161	6'4"	152	234
5'4"	108	166	6'5"	157	240
5'5"	112	171	6'6"	161	247
5'6"	115	176	6'7"	165	253
5'7"	119	182	6'8"	169	259
5'8"	122	187	6'9"	173	266



# Preferred Nontobacco Underwriting Guidelines

## Mature (Ages 71 and older)

<b>Tobacco use</b>	Three years nicotine free (excludes cigar and chewing tobacco use up to 12 times per year and nicotine negative on insurance exam)
<b>Blood Pressure control</b>	150/90 average in last year (with or without treatment)
<b>Cholesterol</b>	Total cholesterol $\leq$ 260, Chol/HDL ratio $\leq$ 6.0 (with or without treatment)
<b>Laboratory</b>	A1C $\leq$ 6.0
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 10 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers) (excluding certain testicular and thyroid cancers if treatment completed >20 years ago)
<b>Family History</b>	No deaths from cardiovascular disease, stroke or cancer prior to age 60 (parents only)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

PREFERRED			PREFERRED		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	136	5'9"	126	207
4'9"	86	141	5'10"	129	213
4'10"	89	146	5'11"	133	219
4'11"	92	151	6'0"	137	225
5'0"	95	157	6'1"	141	232
5'1"	98	162	6'2"	145	238
5'2"	102	167	6'3"	149	244
5'3"	105	173	6'4"	152	251
5'4"	108	178	6'5"	157	258
5'5"	112	184	6'6"	161	264
5'6"	115	189	6'7"	165	271
5'7"	119	195	6'8"	169	278
5'8"	122	201	6'9"	173	285

# Standard Select Nontobacco Underwriting Guidelines

## Mature (Ages 71 and older)

<b>Tobacco use</b>	One year nicotine free (excludes cigar and chewing tobacco use up to 12 times per year and nicotine negative on insurance exam)
<b>Blood Pressure control</b>	155/90 (with or without treatment)
<b>Cholesterol</b>	Total cholesterol $\leq$ 270, Chol/HDL ratio $\leq$ 7.0 (with or without treatment)
<b>Laboratory</b>	See personal history
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five years
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 10 years
<b>Personal History</b>	No cardiovascular disease, stroke or cancer (excluding certain non-melanoma skin cancers) (excluding certain testicular, thyroid, prostate and cervical cancers if treatment completed > 20 years ago) Type II Diabetes is acceptable if A1C<6.6, insulin not required and without complications.
<b>Family History</b>	No restrictions
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

STANDARD SELECT			STANDARD SELECT		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	150	5'9"	126	228
4'9"	86	155	5'10"	129	234
4'10"	89	161	5'11"	133	241
4'11"	92	167	6'0"	137	248
5'0"	95	172	6'1"	141	255
5'1"	98	178	6'2"	145	262
5'2"	102	184	6'3"	149	269
5'3"	105	190	6'4"	152	276
5'4"	108	196	6'5"	157	283
5'5"	112	202	6'6"	161	291
5'6"	115	208	6'7"	165	298
5'7"	119	215	6'8"	169	206
5'8"	122	221	6'9"	173	314

# Preferred Tobacco Underwriting Guidelines

## Mature (Ages 71 and older)

<b>Tobacco use</b>	<i>Any</i> use in the last 12 months (includes cigarettes, pipe, e-cigarettes/vaping, marijuana and other nicotine substitutes) (See Preferred Nontobacco and Standard Select Nontobacco guidelines for occasional use exception guidelines)
<b>Blood Pressure control</b>	150/90 average in last year (with or without treatment)
<b>Cholesterol</b>	Total cholesterol $\leq$ 260, Chol/HDL ratio $\leq$ 6.0 (with or without treatment)
<b>Laboratory</b>	A1C $\leq$ 6.0
<b>Build</b>	See chart below
<b>MVR</b>	Two violations in last three years, No DUI or reckless driving in last five
<b>Alcohol/Substance Abuse</b>	No history of, or treatment for alcohol or substance abuse in last 10 years
<b>Personal History</b>	No cardiovascular disease, diabetes, stroke or cancer (excluding certain non-melanoma skin cancers) (excluding certain testicular and thyroid cancers if treatment completed >20 years ago)
<b>Family History</b>	No deaths from cardiovascular disease, stroke or cancer prior to age 60 (parents only)
<b>Aviation or Hazardous Avocation</b>	No aviation or ratable avocations (except for commercial pilots)

PREFERRED			PREFERRED		
Height	Min. Weight	Max. Weight	Height	Min. Weight	Max. Weight
4'8"	83	136	5'9"	126	207
4'9"	86	141	5'10"	129	213
4'10"	89	146	5'11"	133	219
4'11"	92	151	6'0"	137	225
5'0"	95	157	6'1"	141	232
5'1"	98	162	6'2"	145	238
5'2"	102	167	6'3"	149	244
5'3"	105	173	6'4"	152	251
5'4"	108	178	6'5"	157	258
5'5"	112	184	6'6"	161	264
5'6"	115	189	6'7"	165	271
5'7"	119	195	6'8"	169	278
5'8"	122	201	6'9"	173	285

## Approved Paramedical Companies

Examination Management Services, Inc. (EMSI) *www.emsinet.com*, 800-872-3674

Portamedic *www.portamedic.com*, 800-782-7373

APPS *www.appsnational.com*, 800-PARA999 (800-727-2999)

ExamOne *www.examone.com*, 877-933-9261

ExamOne Superior Solutions *www.smminsurance.com*, 800-898-3926, 619-299-3926 for California

Examiners associated with appointed paramedical organizations will be aware of our requirements for the age and amount applied for. They should have the necessary supplies including blood profile kits.

**Kansas City Life strongly encourages the use of our approved paramedical vendors.**

**The many advantages include:**

- Vendors have been approved by Kansas City Life and provide strong assurances regarding security that our customer, employee, agent and Company nonpublic personal information (NPPI) will be held in strict confidence.
- Vendors are held to contracted service-level agreements providing leverage for issue resolution, efficiency and competitive pricing.
- Internal partner support for vendor-related issues.
- Ordered results are electronically transmitted directly to Kansas City Life and enter our workflow environment immediately for quick review and eliminates additional agent involvement.

## Financial Underwriting Guidelines

<b>Purpose</b>	<b>Formula</b>	
<b>Personal Coverage and Income Replacement (Factor x Income)</b>	<u>Age</u>	<u>Factor</u>
	to 40	30
	41 – 45	25
	46 – 50	20
	51 – 55	15
	56 – 60	12
	61 – 65	10
	66 – 70	5
	71 and older	IC
<b>Estate Planning</b>	Taxable Estate Value x Tax Rate	
<b>Juvenile Coverage</b>	Individual Consideration	
<b>Charitable Giving</b>	Individual Consideration	
<b>Buy/Sell, Stock Redemption</b>	Business Valuation x Percent of Ownership	
<b>Key Person</b>	5 – 10 x Current Salary Plus Bonus	
<b>Creditor, Loan Coverage</b>	Up to 80 percent of Outstanding Loan Amount	

Please keep in mind that the above guidelines are rules of thumb and should not be used in place of in-depth financial planning analysis of a client's needs. For more specific information and requirements, refer to the Financial Underwriting module.

# Temporary Insurance Agreement (TIA)

## General information

A Temporary Insurance Agreement (TIA) should be used whenever the life insurance applicant submits money or requests the initial premium be drafted for a policy (except an annuity) before it is issued. The TIA provides temporary insurance under the terms and conditions of the agreement. No money may be submitted on applications for more than \$1 million.

To be able to offer this type of temporary insurance, a certain number of guidelines must be followed. The agent must comply with all administrative requirements to avoid Home Office complications in processing applications and issuing policies.

The basic principles of the agreement are as follows:

1. If the proposed insured(s) answers “Yes” to any of the TIA health questions, no money should be collected and no TIA should be given to the client. The case should be submitted on a Cash on Demand (COD) basis.
2. If the proposed insured(s) answers “No” to all of the TIA health questions, the minimum advance payment is submitted to the agent in exchange for a signed copy of the appropriate TIA. This provides immediate coverage from the date of the TIA up to 60 days for the lesser of:
  - a. The amount of benefits applied for including any accidental or supplemental death benefits, less any existing insurance that is being reissued, exchanged or converted; or
  - b. \$500,000.

The amount limits shown on each form apply to all insurance currently outstanding under the TIAs. They do not apply to each TIA separately.

The temporary insurance begins immediately when the payment is given and a TIA is signed. Because of the added risk in insuring individuals before the medical exam is received, the agent should exercise care in selecting individuals for proposed insurance.

Although the health questions should eliminate most anti-selection, when in doubt, the agent should use a trial application without money.

If there is a claim while insurance is in effect under the TIA terms, the maximum amount of benefits allowable will be paid to the designated beneficiary. A charge will be deducted from the prepayment for the coverage from the date of the TIA to the date of death. The charge for the coverage is based on the premium for the policy requested. The unearned premium will be refunded.

### **Appropriate form**

The TIA form should be used in all situations when an individual life insurance policy is applied for on the proposed insured, except as provided below. It should not be used as a receipt for money when applying for an annuity.

The agent should submit one TIA for each application.

When family coverage is applied for, all family members to be covered should be included on the same TIA along with the proposed insured. A TIA is not available for alternate or additional policies.

### **Eligibility for coverage**

The following categories of persons are eligible for TIA coverage only if the proposed insured can answer “No” to all of the TIA health questions:

- Proposed insureds from 15 days to 70 years of age; and all proposed insureds under riders providing family coverage, providing the base policy proposed insured is insurable under the TIA.

### **Requirements for insurability**

All the TIA health questions on the separate TIA or the TIA health questions on the application must be answered “No” in regard to each person listed as a proposed insured except that health question No. 1 does not require a “Yes” answer for the following medical attentions:

- Routine office visits to a doctor for flu, colds and shots
- Pap smear
- Usual childhood disease
- Routine eye exams
- Screening type tests given by local public health organizations such as blood pressure tests, diabetes tests, X-rays (unless disease was discovered)
- Emergency room treatment for abrasions, flu and colds
- Physicals and blood tests for employment or marriage
- Physical checkups
- Wart removal
- Fractured limbs
- Appendectomy
- All bladder removal (if complete recovery)
- Minor knee or joint surgery
- Ear examination

## Premium requirements

To bind coverage under the TIA, the premium submitted with the applications should be the greater of the following:

1. The full modal (planned or single for Universal Life (UL) and Variable Universal Life (VUL) products) premium stated on the application or;
2. Two monthly premiums (one monthly premium for Pre-Authorization Check (PAC) or Combined Billing/Family Plan modes) in cash. No 'nets' against existing policy value, conversion credit or other policy value will be accepted as payment for any part of the two monthly premium minimum requirement. Dividends only may be used to offset the minimum requirement; however, a signed Form No. 244 must be submitted with the application.

"Monthly premium" referred to is defined as follows:

1. For new business, rollovers, conversions and exchanges:
  - a. Traditional policies: The full monthly premium
  - b. UL and VUL products: The greater of the planned premium on a monthly mode and the guaranteed monthly premium
  - c. For rollover to single premium UL and VUL: The guaranteed monthly premium
2. For UL and VUL reissues (changes) increasing coverage: The guaranteed monthly increase premium as calculated from the ratebook for the amount of the increase\*
3. For traditional reissues: The monthly difference between the old and new premium\*

*\*There may be additional premium required to activate the change or the new policy under these circumstances.*

If the TIA health questions have been answered "No," the agent can issue a TIA for all coverages up to \$1 million. However, the maximum coverage that can be bound under the TIA is \$500,000.

The agent can only collect a premium if the specified amount applied for is \$1 million or less. If the amount applied for exceeds \$1 million, the agent should not collect a premium and should not issue a TIA to the client.

For backdated policies, the minimum advance premium required will be the amount necessary to carry insurance from the date requested to 60 days after the date of the TIA. No exceptions for PAC or combined billing monthly modes will be permitted. For any policy requested to be dated ahead, no advance premium will be accepted, except for pension applications.



## **Completing the TIA**

The payment amount shown on the TIA must equal the amount submitted.

If a TIA is used after the application has been sent to the Home Office, the policy number from the Pending Business Report should be used to identify that proposed insured.

The date on the TIA must not be prior to, or more than, 30 days after the date of the application.

The separate TIA must be signed by the proposed insured or by the parent or guardian if the proposed insured is under age 15. The signature must match that of the proposed insured on the application. The applicant, if other than the proposed insured, must also sign the TIA. The agent must sign the TIA as a witness.

Payment will not be accepted if the TIA health questions have not been answered correctly.

Language on the TIA may not be changed in any way.

## **Refund of advanced premiums**

The advanced premium will be automatically refunded directly to the applicant and the TIA coverage will be terminated in any of the following situations:

1. If the policy has not been issued within 60 days from the date of the TIA;
2. If the required medical exam has not been received in the Home Office within 45 days from the date of the TIA;
3. If the proposed insured is rated above a Table H or a \$10 flat extra;
4. If the application is withdrawn by the applicant or declined by Kansas City Life;
5. If the check submitted for payment is not honored by the bank; or
6. If the TIA is completed or submitted incorrectly.

In all refund situations, the applicant will receive notification of the termination of coverage and the agent will be informed of this action so that personal contact may be made with the client.

## **TIA policy dating rules**

All standard issued policies except those on monthly special billing modes (e.g., PAC, Family Plan, Combined Billing or Government Allotment) will be dated on the date of the TIA, unless backdating is requested.

On monthly special billing modes, the policy will be dated the later of the date of the TIA or the first day of the month in which the application was approved.

**TIA coverage can only be bound for coverage up to \$1 million on all pending applications on the same proposed insured.**

## Medical Impairments

IMPAIRMENT	DETAILS	POSSIBLE OFFER
Alcohol Abuse-Treated and Total Abstinence	0 – 2 years ago 2 – 4 years ago 4 or more years ago	Postpone Table 4 – 12 Table 2 – 4
Anxiety	Mild Moderate Severe	Standard Standard-Table 2 Table 2 up
Atrial Fibrillation	Paroxysmal < 4 attacks a year Chronic	Standard-Table 2 Table 4-Decline
Asthma	Mild Moderate Severe	Standard Table 2 – 6 Table 6-Decline
Bipolar Disorder	Mild Moderate Severe	Table 2 – 4 Table 4 – 6 Decline
Breast Cancer	Call Home Office and provide age diagnosed, current age, stage, Ductal or Lobular, years since treatment, type of treatment: Mastectomy, Lumpectomy, Chemo, Radiation	Standard-Decline
Cancer-Other types	Call Home Office. Get type, stage, grade, date diagnosed, type of treatment, when treated, etc.	Standard-Decline
COPD/Emphysema	Minimal Mild Moderate Severe/Extreme Oxygen Use With current smoking or smoking in past year add 2 – 4 additional tables depending on severity.	Standard-Table 2 Table 2 – 4 Table 6 – 8 Decline Decline
Chronic Pain	Mild Moderate Severe	Standard-Table 2 Table 4 – 6 Decline
Congestive Heart Failure (CHF)	Current Past history, single episode with no continuing treatment or evidence of CHF	Decline Table 2-Decline
Coronary Artery Disease (CAD)	Depends on age at diagnosis, current age, severity, treatment, current heart function.	Table 2-Decline
Crohn's Disease	One year since last attack: Younger than age 20 Ages 20 and older	Decline Standard-Table 6
Depression	Mild Moderate Severe	Standard-Table 2 Table 4 – 6 Decline

## Medical Impairments

IMPAIRMENT	DETAILS	POSSIBLE OFFER
Diabetes	Type II-current age: Under age 20 20 – 29 30 – 39 40 – 49 50 – 59 60 – 69 70 – 79 ≥ 80 Type I Diabetes Current Tobacco use or use within the past year.	Decline Table 6 – 8 Table 4 – 7 Table 3 – 5 Table 2 – 4 Standard-Table 3 Standard-Table 2 Standard Add 2 – 3 tables to Type II offer Add 2 tables to Type II offer
Drug Use	Current Past history > 6 years ago	Decline Standard-Decline
Epilepsy/Seizures	Depends on type of seizure, number of seizures per year, date of last seizure, treatment.	Standard-Decline
Fibromyalgia	Mild Moderate Severe	Standard-Table 2 Table 4 – 6 Usually Decline
Gastric Surgery	Banding-time since surgery: ≤ 3 months 3 months to 2 years > 2 years Bypass-time since surgery: < 6 months > 6 months to < 2 years 2 years to 5 years > 5 years	Postpone Table B Standard-Table B  Postpone Table 3 Table 2 Standard-Table 2
Heart Valve Repair		Table 2-Decline
Heart Valve Replacement		Table 3-Decline
High Blood Pressure	Treated with good control	Preferred
Marijuana	Current use: Depends on age and frequency of use.	Standard Tobacco-Decline
Melanoma	Depends on thickness, lymph node involvement, metastasis, years since completion of initial treatment, H/O dysplastic nevi.	Standard-Decline
Prostate Cancer	Call Home Office and provide: How treated: Prostatectomy, Chemo, Radiation, Surveillance only. Stage, Grade, Gleason score, current PSA	Standard-Decline
Rheumatoid Arthritis	Mild Moderate Severe	Standard-Table 2 Table 2 – 4 Table 4-Decline

## Medical Impairments

IMPAIRMENT	DETAILS	POSSIBLE OFFER
Sleep Apnea	With treatment: Mild Moderate Severe Without treatment	Standard Standard-Table 3 Table 2-Decline Table 3-Decline
Stroke/Cerebral Vascular Accident (CVA)	Single Stroke: Mild Moderate Severe Multiple Strokes:	Table 4 with flat extra Table 6 with flat extra Decline Decline
Transient Ischemic Attack (TIA)	Time since TIA: < 6 months 6 – 12 months 1 – 3 years > 4 years Multiple TIAs	Postpone Table 3 plus flat extra \$5.00 x 2 Table 2 Standard Table 4 up with flat extra
Ulcerative Colitis	Depends on pattern, severity and duration of disease.	Standard-Decline

## Common Medical Abbreviations

A1C	Hemoglobin A1c
AAA	Abdominal Aortic Aneurysm
ADHD	Attention Deficit Hyperactivity Disorder
AFIB	Atrial Fibrillation
ASD	Atrial Septal Defect
APS	Attending Physician Statement
ASHD	Arteriosclerotic Heart Disease
BPH	Benign Prostatic Hypertrophy
CABG	Coronary Artery Bypass Graft
CAD	Coronary Artery Disease
CHF	Congestive Heart Failure
CLL	Chronic Lymphocytic Leukemia
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cerebral Vascular Accident (stroke)
DM	Diabetes Mellitus
DVT	Deep Vein Thrombosis
Dx	Diagnosis
EKG	Electrocardiogram
ETT	Exercise Tolerance Test
FBS	Fasting Blood Sugar
GFR	Glomerular Filtration Rate (kidney function)
HTN	Hypertension
HOS	Home Office Specimen (urinalysis)
IDDM	Insulin Dependent Diabetes Mellitus
KFT	Kidney Function Test
LFT	Liver Function Test
LVH	Left ventricular Hypertrophy (heart enlargement)
MI	Myocardial Infarction (heart attack)
MIB	Medical Information Bureau
MRI	Magnetic Resonance Imaging

## Common Medical Abbreviations

MVP	Mitral Valve Prolapse
MVR	Motor Vehicle Report
NIDDM	Non-Insulin-Dependent Diabetes Mellitus
NHL	Non-Hodgkin's Lymphoma
OA	Osteoarthritis
OCD	Obsessive-Compulsive Disorder
OSA	Obstructive Sleep Apnea
PAD	Peripheral Artery Disease (also see PVD)
PFT	Pulmonary Function Test
PKD	Polycystic Kidney Disease
PSA	Prostate Specific Antigen
PTCA	Percutaneous Transluminal Coronary Angioplasty
PUD	Peptic Ulcer Disease
PVD	Peripheral Vascular Disease (also see PAD)
RA	Rheumatoid Arthritis
RAD	Reactive Airway Disease (asthma)
Rx	Medication, Treatment, Therapy, Prescription
SCC	Squamous Cell Carcinoma
SLE	Systemic Lupus Erythematosus (Lupus)
Sx	Symptoms
TIA	Transient Ischemic Attack
TMST	Treadmill Stress Test
UC	Ulcerative Colitis
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
VSD	Ventricular Septal Defect
WNL	Within Normal Limits





KANSAS CITY LIFE

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