

# ING Life Underwriting



## Requirements Guide June 2010

LIFE INSURANCE



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# ING Life Insurance Underwriting June 2010 Requirements for UL, VUL, and Term Products

Risk Amount	Age of Applicant*					
	16 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 85
<b>0 - \$49,999</b>	Medical questions on app completed by agent Physical measurements by Paramed Urine HIV	Medical questions on app completed by agent Physical measurements by Paramed Urine HIV	Medical questions on app completed by agent Physical measurements by Paramed Urine HIV	Paramed Blood/HOS	Paramed Blood/HOS Age 71+Q	Paramed Blood/HOS Age 71+Q
<b>\$50,000 - 99,999</b>	Medical questions on app completed by agent Physical measurements by Paramed Blood/HOS MVR	Medical questions on app completed by agent Physical measurements by Paramed Blood/HOS MVR	Medical questions on app completed by agent Physical measurements by Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR Age 71+Q	Paramed Blood/HOS MVR Age 71+Q
<b>\$100,000-500,000</b>	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	Paramed Blood/HOS MVR EKG Age 71+Q
<b>\$500,001-1,000,000</b>	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	Paramed Blood/HOS MVR EKG Age 71+Q
<b>\$1,000,001-3,000,000</b>	Paramed Blood/HOS MVR	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG	Paramed Blood/HOS MVR EKG Age 71+Q	MD Exam Blood/HOS MVR EKG Age 71+Q
<b>\$3,000,001-5,000,000</b>	Paramed Blood/HOS MVR PersFinQ	Paramed Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ EKG Age 71+Q	MD Exam Blood/HOS MVR PersFinQ EKG Age 71+Q
<b>\$5,000,001-10,000,000</b>	Paramed Blood/HOS MVR PersFinQ EKG	Paramed Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ EKG	MD Exam Blood/HOS MVR PersFinQ EKG Age 71+Q	MD Exam Blood/HOS MVR PersFinQ EKG Age 71+Q
<b>\$10,000,001 and up</b>	MD Exam Blood/HOS MVR PersFinQ IR EKG	MD Exam Blood/HOS MVR PersFinQ IR EKG	MD Exam Blood/HOS MVR PersFinQ IR TM	MD Exam Blood/HOS MVR PersFinQ IR TM	MD Exam Blood/HOS MVR PersFinQ IR EKG Age 71+Q	MD Exam Blood/HOS MVR PersFinQ IR EKG Age 71+Q

Home office underwriting may also obtain routine ID verifications.

## Age and Amount APS Ordering Guidelines

Ages 16-60	No routine Age and Amount APS ordering; order APS's for cause only	Ages 61-70	For routine consultations and examinations (excluding employment, school or insurance physicals, routine normal OB/GYN related exams, and routine care for cold, flu, allergies, and minor accidental injuries) Risk Amount \$500,000 or less \$500,001-\$1,000,000 \$1,000,001+	Ages 71+	All amounts. APS from personal physician always required
			If physician was consulted Within past 1 year Within past 2 years Within past 3 years		

<b>APS</b> - Attending Physician's Statement <b>Blood/HOS</b> - Blood chemistry profile & urinalysis <b>EKG</b> - Electrocardiogram <b>IR</b> - Inspection Report <b>PersFinQ</b> - Underwriting Personal Financial Questionnaire (replaces Underwriting Financial Data form)	<b>MD Exam</b> - Exam by a physician <b>MVR</b> - Motor Vehicle Report <b>Paramed</b> - Paramedical exam <b>TM</b> - Treadmill (stress) EKG <b>Age 71+Q</b> - Questionnaire for Proposed Insureds age 71 and up - completed by examiner	<b>Survivorship Guidelines</b> <ul style="list-style-type: none"> <li>Regular underwriting guidelines for full risk amount on each person</li> <li>Treadmill EKG required at ages 51-70 at \$20,000,001 risk amount and higher for non-tobacco users and at \$10,000,001 risk amount and higher for tobacco users</li> </ul>	<b>*Ages 0-15</b> 0-\$250,000 \$250,001+  <b>Ages 86+</b> All Amounts	Medical questions on app completed by agent Individual consideration - contact Underwriting for requirements Individual consideration - contact Underwriting for requirements
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# Preferred Classes Criteria for all Products Ages 16-70

Category	Super Preferred No Tobacco	Preferred No Tobacco	Select No Tobacco
<b>No Tobacco (Minimum duration)</b>	No use of tobacco or nicotine products in any form within the past 5 years	No use of tobacco or nicotine products in any form within the past 3 years	No use of tobacco or nicotine products in any form within the past 2 years
<b>Build</b>	See Super Preferred build chart	See Preferred build chart	See Select build chart
<b>Blood Pressure</b>	No current or prior blood pressure in excess of <ul style="list-style-type: none"> <li>• Age 16-60 140/85</li> <li>• Age 61-70 150/90</li> </ul> No history of treatment for hypertension	No current or prior blood pressure in excess of <ul style="list-style-type: none"> <li>• Age 16-60 145/90</li> <li>• Age 61-70 150/90</li> </ul> Treated, well-controlled hypertensives with pretreatment levels exceeding the above limit may be considered for Preferred	No current or prior blood pressure in excess of <ul style="list-style-type: none"> <li>• 16-60 150/92</li> <li>• 61-70 155/92</li> </ul> Treated, well-controlled hypertensives with pretreatment levels exceeding the above limit may be considered for Select
<b>Cholesterol and Cholesterol/HDL ratio</b>	Treated or untreated Chol max 220 + ratio not > 5.0 OR Chol max 240 + ratio not > 4.5	Treated or untreated Chol max 240 + ratio not > 5.5 OR Chol max 260 + ratio not > 5.0	Treated or untreated Chol max 250 + ratio not > 6.5 OR Chol max 270 + ratio not > 6.0
<b>MVR</b>	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years	No DWI/DUI or reckless driving in the past 5 years and no more than 2 moving violations within the past 3 years
<b>Personal Medical History</b>	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)	Standard medical risk; no history in past 30 years of cancer (other than basal cell skin cancer)
<b>Alcohol/ Drug</b>	No history of drug or alcohol abuse in past 10 years	No history of drug or alcohol abuse in past 10 years	No ratable history of drug or alcohol abuse
<b>Family History (If proposed insured &lt; age 60)</b>	No cardiovascular deaths in parents prior to age 65	No cardiovascular deaths in parents prior to age 60	No more than one cardiovascular death in parents prior to age 60
<b>Aviation or Hazardous Avocation/Occupation</b>	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation	Aviation available - may have Aviation Exclusion Rider (AER); no ratable hazardous avocation or occupation

Super Preferred Build			Preferred Build			Select Build (No Minimum)								
Male		Female	Male		Female	Male		Female						
Height	Max	Min	Height	Max	Min	Height	Max	Height	Max					
4'8"	127	84	4'8"	124	83	4'8"	138	83	4'8"	135	82	4'8"	146	142
4'9"	132	86	4'9"	128	85	4'9"	143	85	4'9"	140	85	4'9"	151	147
4'10"	137	89	4'10"	133	88	4'10"	148	89	4'10"	145	87	4'10"	156	152
4'11"	142	93	4'11"	138	91	4'11"	154	92	4'11"	150	90	4'11"	162	157
5'0"	147	97	5'0"	143	93	5'0"	159	96	5'0"	155	92	5'0"	167	162
5'1"	151	100	5'1"	148	95	5'1"	164	99	5'1"	160	94	5'1"	173	168
5'2"	156	104	5'2"	152	98	5'2"	169	103	5'2"	164	97	5'2"	178	174
5'3"	161	108	5'3"	157	100	5'3"	174	107	5'3"	169	98	5'3"	184	179
5'4"	165	111	5'4"	162	102	5'4"	179	110	5'4"	174	101	5'4"	189	184
5'5"	170	115	5'5"	166	104	5'5"	184	113	5'5"	179	103	5'5"	195	190
5'6"	175	118	5'6"	171	107	5'6"	189	117	5'6"	184	105	5'6"	201	196
5'7"	180	122	5'7"	176	108	5'7"	194	120	5'7"	189	107	5'7"	207	201
5'8"	185	124	5'8"	181	112	5'8"	200	123	5'8"	195	111	5'8"	212	207
5'9"	190	129	5'9"	186	115	5'9"	205	127	5'9"	200	113	5'9"	218	212
5'10"	196	131	5'10"	191	118	5'10"	211	129	5'10"	206	117	5'10"	224	218
5'11"	200	135	5'11"	196	121	5'11"	216	133	5'11"	211	119	5'11"	230	223
6'0"	206	138	6'0"	201	125	6'0"	223	137	6'0"	217	122	6'0"	236	229
6'1"	212	143	6'1"	207	126	6'1"	228	141	6'1"	223	125	6'1"	242	235
6'2"	218	146	6'2"	212	128	6'2"	235	145	6'2"	230	128	6'2"	249	241
6'3"	223	150	6'3"	218	133	6'3"	241	148	6'3"	236	132	6'3"	256	247
6'4"	229	153	6'4"	224	137	6'4"	247	152	6'4"	243	135	6'4"	262	254
6'5"	235	158	6'5"	230	140	6'5"	254	156	6'5"	249	138	6'5"	269	260
6'6"	241	164	6'6"	236	144	6'6"	261	160	6'6"	256	142	6'6"	276	266
6'7"	246	166	6'7"	242	146	6'7"	267	165	6'7"	262	145	6'7"	283	273

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## Preferred Classes Criteria for all Products Ages 71+

Category	Super Preferred No Tobacco (available at ages 71-80 only)	Preferred No Tobacco Ages 71+	Select No Tobacco Ages 71+
<b>No Tobacco (Minimum duration)</b>	No use of tobacco or nicotine products in any form within the past 5 years	No use of tobacco or nicotine products in any form within the past 3 years	No use of tobacco or nicotine products in any form within the past 2 years
<b>Build</b>	Same as Super Preferred Build Ages 16-70 plus weight must be confirmed as stable for at least the past 2 years by medical records.	Same as Preferred Build Ages 16-70 plus weight must be confirmed as stable for at least the past 2 years by medical records.	Same as Select Build Ages 16-70
<b>Blood Pressure</b>	Average of past 2 years' blood pressure readings not in excess of 155/90 plus no pulse pressure greater than 75	Average of past 2 years' blood pressure readings not in excess of 160/90 plus no pulse pressure greater than 75	Average of past 2 years' blood pressure readings not in excess of 165/92
<b>BP Treatment</b>	Super Preferred, Preferred & Select -Age 71+ - For treated and controlled hypertensives (no reading > 160/90 on treatment), pre-treatment BP's may be eliminated from averaging.		
<b>Cholesterol &amp; HDL</b>	Cholesterol between 160 - 280 mg% and HDL greater than 45, treated or untreated.	Cholesterol between 160 - 280 mg% and HDL greater than 45, treated or untreated.	Cholesterol between 160 - 300 mg% and HDL greater than 40, treated or untreated.
<b>MVR/Driving History</b>	Super Preferred, Preferred & Select -Age 71+ - No history of accidents, reckless driving, or revocation of license in past 10 years.		
<b>Personal Medical History</b>	Standard risk with no history of cancer in past 30 years (other than basal cell skin cancer, or certain squamous cell cancers)		
<b>Alcohol/Drug</b>	Super Preferred, Preferred & Select -Age 71+ - No history of drug or alcohol abuse within the past 10 years.		
<b>Serum Albumin</b>	3.9 g/dl or greater	3.6 g/dl or greater	N/A
<b>Serum Creatinine</b>	1.1 mg/dl or less (or eGFR > 70)	1.2 mg/dl or less (or eGFR >60)	N/A

## FINANCIAL UNDERWRITING: Underwriting Documentation & Verification Requirements

Age	Underwriting Risk Amount				
	\$3,000,001-5,000,000	\$5,000,001-7,500,000	\$7,500,001-10,000,000	\$10,000,001-20,000,000	\$20,000,001 and up
<b>Age 20-64: Personal insurance</b>	Und Personal Financial Questionnaire			Und Personal Financial Questionnaire, Third party verification of financial information	Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)
<b>Age 20-64: Buy-sell/Stock redemption</b>	Und Business Financial Questionnaire, IR with business bene report		Und Business Financial Questionnaire, IR with business bene report, Copies of business financial statements		Und Business Financial Questionnaire, IR with business bene report, Copies of business financial statements, Written third party verification of financial information
<b>65-70: all apps</b>	Und Personal Financial Questionnaire			Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)	
<b>71-80: all apps</b>	Und Personal Financial Questionnaire		Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)		
<b>81-90: all apps</b>	Und Personal Financial Questionnaire	Und Personal Financial Questionnaire, Written third party verification of financial information, Copies of financial statements (or CPA compilation statement)			
<b>Acceptable Written Third Party Verification of Financials:</b>	<ul style="list-style-type: none"> <li>• Attorney signature with supporting documentation</li> <li>• CPA verified and signed statement with supporting documentation</li> </ul>		<ul style="list-style-type: none"> <li>• Audited CPA statement</li> <li>• Broker dealer statement</li> </ul>		<ul style="list-style-type: none"> <li>• Tax return</li> <li>• Tax assessment or appraisal</li> </ul>

The above guidelines and requirements may be modified by the Underwriting Department depending on case circumstances. Premium Financed cases may have additional information requirements for Advanced Case Design review. Consult your Internal Wholesaler for specifics. Underwriting Personal Financial Questionnaire replaces the Underwriting Financial Data form.

## ING Financial Underwriting Guidelines – June 2010

**Financial questions on the application and agent's report must be fully completed on all cases.**

Purpose of Insurance	Formulas and Guidelines	Information Required														
<b>PERSONAL</b>																
<b>Income replacement</b>	<p>Maximum coverage</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Ages</td> <td style="text-align: center;">Factor X earned Income</td> </tr> <tr> <td style="text-align: center;">20-30</td> <td style="text-align: center;">25-30</td> </tr> <tr> <td style="text-align: center;">31-40</td> <td style="text-align: center;">20-25</td> </tr> <tr> <td style="text-align: center;">41-50</td> <td style="text-align: center;">15-20</td> </tr> <tr> <td style="text-align: center;">51-60</td> <td style="text-align: center;">10-15</td> </tr> <tr> <td style="text-align: center;">61-70</td> <td style="text-align: center;">7-10</td> </tr> <tr> <td style="text-align: center;">71 and over</td> <td style="text-align: center;">Individual Consideration</td> </tr> </table>	Ages	Factor X earned Income	20-30	25-30	31-40	20-25	41-50	15-20	51-60	10-15	61-70	7-10	71 and over	Individual Consideration	<p>Gross annual earned income How amount of insurance was determined Purpose of coverage <b>Additional documentation see page 3.</b></p>
Ages	Factor X earned Income															
20-30	25-30															
31-40	20-25															
41-50	15-20															
51-60	10-15															
61-70	7-10															
71 and over	Individual Consideration															
<b>Creditor insurance (debt protection) – Personal</b>	50-75% of outstanding loan balance	Amt, duration, purpose of loan; Collateral pledged; Repayment period – minimum 5 years														
<b>Estate planning</b>	Estate appreciation at reasonable interest rate % (6-8% range) X 15 years or remaining life expectancy (whichever is less) X 50% (max tax rate) *Higher or lower rates subject to individual consideration.	Estate analysis Personal balance sheet <b>Additional documentation see page 3.</b>														
<b>Juvenile coverage</b>	Up to 50% of largest amount of insurance on either parent's (or guardian's) life; (In New York, issue age 0-4, up to 25% of the insurance on the parent's life.) Risk amounts \$1,000,000+ require Individual Consideration	All children in family should be insured for similar amounts. If not, an explanation is needed. Need and purpose of insurance (cover letter required any apps over \$100,000).														
<b>Charitable giving</b>	Average of 3 year's history of gifts X lesser of 10 years or remaining life expectancy; Personal insurance needs must be fully met before charitable giving purchases are addressed.	To qualify for higher amounts, need multi year history of giving to the benefiting charity, documented by receipts or income tax returns														

Purpose of Insurance	Formulas and Guidelines	Information Required
<b>BUSINESS</b>		
<b>Key executive</b>	Up to 10 times annual income	Verification of income; List of other key executives and their coverage
<b>Buy/sell &amp; stock redemption plans</b>	% of ownership X value of company (typically 5-15 X earnings, depending on the industry)	Details as to how the amount was determined; Corporate financial statements (income stmt and balance sheet); Percentage ownership in company; Details regarding buy/sell agreement; Market value of business <b>Additional documentation see page 3.</b>
<b>Deferred compensation</b>	Insurance amount is typically a formula multiple of deferrable income.	Deferred comp plan formula and description of insurance benefit
<b>Creditor (debt repayment) – Business</b>	Up to 75% of outstanding loan balance – Business should be the owner of the policy	Amt, purpose, duration of loan; Business financial statements; Collateral pledged Repayment period – minimum 5 years

### Notes

For **ATR (Adjustable Term Rider)** or other increasing risk benefit pattern, need justification for total ultimate risk amount and increase pattern (if irregular).

If **traditional premium financing** is used as a payment method, full risk amount will be underwritten according to regular financial underwriting guidelines.

ING does not accept and will not approve **Non-Recourse or Hybrid Premium Financing, Investor-Owned- or Stranger-Owned-Life-Insurance (IOLI/SOLI)** applications or programs.

## Underwriting Information

### Underwriting Age

Underwriting requirements are based on the proposed insured's age at nearest birthday.

### Underwriting Risk Amount

Underwriting risk amount is based on highest target death benefit to age 100. The amount being underwritten includes insurance placed in-force and applied for with the ING life insurance companies within the past year.

### Requirements Notes

Please contact your underwriter with specific questions regarding underwriting requirements, health history, or financial underwriting. Significant health history may necessitate additional requirements. ING reserves the right to request additional information as deemed necessary.

Medical examinations (MD, Paramed, Age 71+Q) and laboratory tests (Blood/HOS) are valid for a maximum of 6 months from the completion date through age 80, and for a maximum of 3 months from the completion date at ages 81 and up. Electrocardiograms (EKG's) and Treadmills (TM's) are valid for a maximum of 12 months from completion date. Depending on case circumstances, updated medical requirements, APS information, or Additional Statements to Application on delivery may be needed sooner than the above maximums.

## Tobacco Use Definitions\*

### Super Preferred No Tobacco (SPNT)

No tobacco or nicotine products in any form within the past five years.

### Preferred No Tobacco (PNT)

No tobacco or nicotine products in any form within the past three years.

### Select No Tobacco (SLNT)

No tobacco or nicotine products in any form within the past two years.

### Standard No Tobacco (SNT)

No tobacco or nicotine products in any form within the past one year.

### Preferred Tobacco (PT)

A user of tobacco (less than two packs of cigarettes per day) or nicotine within the past three years who otherwise qualifies for Preferred Rates.

### Standard Tobacco (ST)

A tobacco or nicotine user who otherwise qualifies for Standard Rates.

\*Check product specifications for class availability

Celebratory Cigar Practice: The occasional use of a cigar (1 time per week or less) may be disregarded if the cigar use is fully admitted on the application and the urine specimen is negative for cotinine/nicotine.

## Approved Underwriting Vendors

### Paramedical Services

- American Para Professional Systems, Inc (APPS) (preferred vendor) – [www.appslive.com](http://www.appslive.com) or 800-727-2101
- ExamOne – [www.examone.com](http://www.examone.com) or 800-768-2056
- Examination Management Services, Inc. (EMSI) – [www.emsinet.com](http://www.emsinet.com) or 800-872-3674
- Portamedic/Hooper Holmes – [www.portamedic.com](http://www.portamedic.com) or 866-335-5575
- Superior Mobile Medics (SMM) – [www.superiormobilemedics.com](http://www.superiormobilemedics.com) or 800-898-3926

### Puerto Rico paramedical services

- American Para Professional Systems, Inc (APPS) – 787-722-6002

### International paramedical services

- ExamOne (ING pre-approval needed) – 800-333-9947

### Lab

- Clinical Reference Laboratory (CRL)

### Attending Physician Statements

- Examination Management Services, Inc. (EMSI) – [www.emsinet.com](http://www.emsinet.com) or 800-872-3674
- Hooper Holmes – [www.portamedic.com](http://www.portamedic.com) or 866-335-5575
- ExamOne – [www.examone.com](http://www.examone.com) or 800-768-2056

### Inspection Reports

- ExamOne – [www.examone.com](http://www.examone.com) or 800-768-2056
- Hooper Holmes – [www.portamedic.com](http://www.portamedic.com) or 866-335-5575

ING encourages the use of our approved vendors. If a non-approved vendor is used, the agency/agent will be responsible to pay the vendor directly and submit to ING for reimbursement once a formal application is submitted. Agent reimbursements will be allowed up to our ING contracted rates and any expense exceeding these rates will be the responsibility of the agency/agent. ING agent reimbursement audit guidelines must be met to qualify.

Please contact the Vendor Management team for details at [vendormanagement@us.ing.com](mailto:vendormanagement@us.ing.com) or call 1-877-882-5050; option 4, x89197.

Life insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), ReliaStar Life Insurance Company of New York (Woodbury, NY) and Security Life of Denver Insurance Company (Denver, CO). Variable universal life insurance products are distributed by ING America Equities, Inc. Within the state of New York, only ReliaStar Life Insurance Company of New York is admitted and its products issued. All are members of the ING family of companies.

All guarantees are based on the financial strength and claims-paying ability of the issuing insurance company, who is solely responsible for all obligations under its policies.

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