

# UNDERWRITING GUIDE

West Coast Life  
Insurance Company

- Underwriting Requirements  
& Criteria
- Financial Underwriting



**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY

WCLAG.1247 (05.10)

Agent information only. Not for use with consumers.

# West Coast Life Underwriting

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Welcome to Underwriting at West Coast Life! Thank you for taking the time to read through this guide. You are such an important part of the underwriting process and we truly appreciate your business. Our team looks forward to a partnership with you that sets new standards in the industry.

We combine excellent products with a competitive underwriting philosophy. We are able to provide the strong Preferred and Super Preferred pricing and guidelines you have come to expect from West Coast Life, along with a superior underwriting approach for your Standard and substandard business. We are pleased to be at your service!

## High-Touch Underwriting Team

While all of our underwriters are highly experienced and work hard to get you the best risk class for your cases, we have created new High-Touch teams for your most important cases. Each of our five underwriting offices has designated a group of experienced and flexible underwriters to handle all of your Universal Life cases. These High-Touch teams will also handle all trial applications. This reorganization allows the underwriters to take the time each of these cases deserves, to make sure that we have explored all avenues to be able to offer your clients the best value policy possible. Send us your Universal Life cases and trial applications and see the best of what we have to offer!

## Completing the Application

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All proposed insureds must be asked each question as it is written on our application and exam. Each state requires that the questions be presented to the proposed insured exactly as the form was filed.

At West Coast Life (for all products, including Second-to-Die) we ask that you complete a separate application for every proposed insured, except for those on the Children's Insurance Rider. Please ask all the questions on the entire application, even if the proposed insured is to be medically examined. This allows us to provide a more timely and accurate underwriting decision. In some cases, complete details on the application enable us to evaluate a case without obtaining an APS.

Several questions on our application are routinely overlooked, causing delays in the underwriting process. With regard to the Children's Insurance Rider, please remember to tell us the number of rider units requested and make sure that all questions on page two have responses pertaining to each child, including heights and weights.

If the proposed insured has any pending or existing life insurance, it is important for the agent to provide full details, including the total amount of insurance intended to be in force. If there are no pending or existing policies and therefore no replacement, please be sure to indicate this specifically by answering the corresponding questions on the application.

If the proposed insured is even considering replacing any existing coverage, the law requires that a completed and signed replacement form accompany the application if it was taken in any state other than Connecticut, District of Columbia, or North Dakota. If the proposed insured has existing insurance (regardless if there is replacement or not), a completed and signed replacement form must accompany the application if it was written in any state other than those listed above, California, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Massachusetts, Michigan, Minnesota, Missouri, Nevada, Oklahoma, Pennsylvania, South Dakota, Tennessee, Washington, or Wyoming.

An HIV Authorization is required for all states. Please make sure that you include the HIV Authorization, along with all appropriate supplemental forms, with the application. The most updated state versions for all West Coast Life forms and applications may be obtained online at [www.westcoastlife.com](http://www.westcoastlife.com) in our Agent/BGA Center.

Please make sure that Section XII of the application, the Agent's Report, includes contact information in case we need to request additional information to complete our evaluation.

## **Occupations and Avocations**

List all occupations on the application. The occupation involving the greatest hazard will determine the classification, although few cases are rated for occupation. For hazardous avocations, such as SCUBA diving, auto/boat racing, aviation, and hang gliding, please have the proposed insured complete and sign the avocation questionnaire located on our website and submit it with the application.

## Conditional Receipt

(Not accepted over \$1,000,000 or over age 80.)

Initial premium may be obtained with the application, provided that it is at least equal to the amount of the full first premium for the mode of payment selected. Please **do not** submit money with the application in the case of any of the following:

- The face amount, including any other pending or in force coverage at West Coast Life and any of its affiliates, exceeds \$1,000,000
- The insured is under 15 days of age or over age 80
- The insured has a history of heart disease, stroke, or cancer within the last five years
- The insured has plans to be outside the United States within the next 60 days
- It is likely that the final approval may be higher than Table B

When premium is accepted with the application, please complete the conditional receipt and explain its terms, conditions, and limits to the proposed policy owner and insured. Include the conditional receipt with the application when submitting to Home Office. However, a copy of the conditional receipt must be left with the proposed policy owner.

## Death Benefit Calculations

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In calculating the death benefit for which medical requirements are needed, please be sure to include the total amount of death benefit currently applied for and currently in force at West Coast Life or any of our affiliates.

Requirements are based on the age of each insured individually. If any riders are applied for that affect the base insured of the policy, the adjusted rider benefit should be added to the base face amount to determine the requirements. If the rider insured is another individual (spouse or child, for example), the adjusted rider benefit is the amount that should be used to determine requirements.

Use the chart on the next page to determine what percentage the rider benefit amount should be multiplied by to determine the adjusted rider benefit. Please note that if the rider applied for is not listed, the benefit does not count towards the death benefit calculation.

Rider	Percentage
Covered Insured Rider	100%
Death Benefit Plus Rider	100%
Estate Protection Endorsement	122%
Guaranteed Insurability Riders	
Survivor's Choice Option <sup>2</sup>	50%
Variable Option to 10 years <sup>1, 2</sup>	50%
Variable Option > 10 years <sup>1, 2</sup>	10%
Protected Insurability Rider <sup>2</sup>	50%
Term Life Insurance Rider	100%

1) First GIR-VO option date determines the percentage to use for all GIR-VO dates.

2) GIR and PIR benefit amount is the total for all option dates.

## Testing of Proposed Insureds

When our guidelines call for an exam, labs, or other studies, we will use requirements completed within the last six months in lieu of current studies as long as we receive a current non-medical application, with up-to-date medical information, to include Sections IV and V fully completed. Please make sure to indicate on the non-medical application the proposed insured's full medical history including the last time a doctor was consulted. If this is not indicated, we will have to amend the policy. **Although we will make every attempt to use the existing requirements, West Coast Life does reserve the right on certain ratable or elderly risks to request new requirements at the Underwriter's discretion.**

Our official testing laboratory is ExamOne. Our approved paramedical services stock the blood profile and urinalysis kits for this laboratory. ExamOne has a list of our testing parameters, which includes antibodies to the AIDS virus and a urine specimen, including cotinine (nicotine) and cocaine. Optimum results from blood tests are achieved with a 12-hour fast. If a test result is disputed, we cannot allow retesting if the chain of custody of the specimen is intact, as it is in almost every case.

We do not accept Dried Blood Spots without a note from the paramed indicating he or she has unsuccessfully attempted a venipuncture. If this is the case, our best classification will be Standard and the maximum we will issue is limited to \$500,000 of death benefit.

If a resting EKG has been completed within the last six months and the tracing is available, the test need not be repeated. However, for clean cases based on the Underwriter's discretion, we may extend the acceptance period for resting EKGs to 12 months. If a Treadmill Stress Test has been completed within the last 12 months and the tracing is available, the test need not be repeated. If requirements necessitate a Treadmill, the test should be done under the supervision of the client's attending physician, or with that doctor's written consent.

## **Appointed Paramedical Companies**

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An examination may only be completed after the Agent/BGA has a signed application. The companies listed below are authorized to perform paramedical and medical examinations on behalf of West Coast Life. Each of our authorized examination companies has been advised to send the completed examinations and accompanying paperwork to the Agent/BGA that placed the order. It is the Agent/BGA's responsibility to ensure that the examination reaches Home Office with the application. We cannot pay for examinations unless we receive an application.



### **ExamOne**

(877) 933-9261 • [www.examone.com](http://www.examone.com)



### **American Para Professional Systems, Inc. (APPS)**

(800) 635-1677 • [www.appsnational.com](http://www.appsnational.com)



### **Examination Management Services, Inc. (EMSI)**

(800) 872-3674 • [www.emsinet.com](http://www.emsinet.com)



### **Portamedic**

(800) 765-1010 • [www.portamedic.com](http://www.portamedic.com)



### **Superior Mobile Medics**

(800) 898-3926 • [www.superiormobilemedics.com](http://www.superiormobilemedics.com)

West Coast Life does not maintain a list of approved medical examiners. If an MD exam is necessary and one is not available through the services above, any licensed physician, other than the client's personal physician or a relative, may be used. In this case, it will be necessary for you to send the examination form and blood profile kit to that physician. The examination forms may be obtained on our website in the Agent/BGA Center and the blood profile kit can be sent to you directly from ExamOne by calling (800) 873-8845, ext. 8753. We cannot be responsible for excessive medical fees, so if there is any doubt, please call, fax, or email any one of our Case Managers with questions. We can only reimburse the reasonable and customary fee.

## Attending Physicians' Statements

The Attending Physician's Statement (APS) is a vital source of information on which to base underwriting decisions. Every Brokerage General Agent has the option to order APSs for his or her agents, as long as we are notified when the case is sent to us. Otherwise, your underwriting team will order them. For our TeleLife® process, all APSs will be requested by the underwriting department. We expect our APS ordering guidelines for the TeleLife® process to be more relaxed, depending upon the detail provided by the proposed insured during the TeleLife® interview.

Provided we have received an application, we will reimburse the BGA for usual and customary APS costs if the entire record has been received and has followed the parameters of our field APS guidelines below. If you submit your APS provider's invoice with the corresponding policy numbers noted, we are able to reimburse you **or** your provider directly, as you indicate to us. We cannot permit the ordering of APSs on our house account.

If we are sharing the APS with other carriers, we ask that you send the bill only to the carrier with whom the case is placed. If more than one policy is accepted, please equally divide the bill between the carriers that place the business. Unfortunately, if you do not tell us on a transmittal to expect to receive an APS on a file and we duplicate the order, we will be unable to reimburse you.

If West Coast Life has ordered an APS, please do not send a second request to the doctor/hospital. This will delay the process and duplicate requests cannot be reimbursed.

# APS Guidelines

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Order an APS (Attending Physician's Statement) if the proposed insured has been seen by a health care professional within the time frame indicated below.

Age	\$500,000 to \$1,000,000	\$1,000,001 to \$3,000,000	\$3,000,001 to \$5,000,000	\$5,000,001 and up
0-39	3 months	6 months	1 year	Any
40-49	6 months	6 months	1 year	Any
50-60	1 year	2 years	2 years	Any
61+	Any	Any	Any	Any

Please note that all proposed insureds over the age of 60 will require an APS, regardless of the amount, and must receive routine health care to be considered for insurance.

Please order an APS if the proposed insured has seen a physician for any of the following:

- Alcohol abuse or drug use within the past 10 years
- Cardiovascular disease, including:
  - \* Coronary bypass surgery
  - \* Aneurysm
  - \* Angioplasty (PTCA)
  - \* Cardiac arrhythmias/abnormal EKGs
  - \* Valve replacement or repair
  - \* Heart murmur
  - \* Endarterectomy
- Coronary artery disease within the past 10 years, including:
  - \* Heart attack
  - \* Angina pectoris
  - \* Myocardial infarction
- Anxiety and/or depression requiring medication within the past 2 years
- Emphysema/chronic obstructive pulmonary disease (COPD)
- Hypertension (high blood pressure)
- Internal cancer and/or melanoma (not basal cell or squamous cell skin cancers) within 10 years (Note: If this applies, secure a copy of the pathology report in addition to the APS)
- Sleep apnea (please request a copy of any sleep studies)

- Stroke, transient ischemic attack (TIA), cerebrovascular accident (CVA), cerebral hemorrhage
- Kidney or liver disease/cirrhosis
- Lupus
- Mental illness other than depression
- Crohn's disease/ulcerative colitis
- Diabetes
- Multiple sclerosis
- Parkinson's disease
- Peripheral vascular disease
- Rheumatoid arthritis
- Epilepsy/seizure disorder
- Hepatitis

## Inspection Reports

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Inspection reports for amounts less than \$1,500,000 may be requested at the discretion of the Underwriter. Most often these are requested to obtain financial information or to re-question a proposed insured whose application may contain discrepancies. Agents are of tremendous help, saving time and money, when they are able to supply as much of this information as possible.

At \$1,500,000 and above, or over age 75, you may order the inspection report from First Financial Underwriting Services. When you order an inspection report, please do not order any motor vehicle reports. The inspection company has the parameters for the type of report that is needed based upon the face amount of insurance. A Business Beneficiary Inspection Report (BBIR) is only required if the purpose of insurance is business-related.

If a report has been completed in the last year for West Coast Life, please do not order another one; more than likely, it will not be necessary. We are pleased to pay for any reports that you order within these guidelines, as long as we are told about it when the application is sent in. If an inspection report has not been ordered, we are happy to do so.

**First Financial Underwriting Services** may be reached at:

- (800) 570-3477
- [www.firstfin.com](http://www.firstfin.com)

## Motor Vehicle Records

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Please do not request Motor Vehicle Records (MVRs) from your office at any time. These will automatically be ordered when we process the application in the Home Office on all proposed insureds age 16 to 40 and over age 70 for all face amounts. They will also be ordered for all face amounts of \$1,500,000 or above at any age. The Underwriter reserves the right to request an MVR on any case, regardless of age or face amount, at his or her discretion. It is critical that drivers' license numbers be provided on every application and on every lab slip.

## Senior Underwriting

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Please see pages 20 and 21 for our more liberal senior Preferred and Super Preferred guidelines. We have also asked our examiners to include both an activities questionnaire and a landmark drawing copy test to help in evaluating these important cases for all proposed insureds over age 70.

## Chronic Illness Accelerated Death Benefit Rider

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If your client is interested in our Chronic Illness Accelerated Death Benefit Rider, available on our LifeTime Advantage Universal Life product, additional requirements may need to be ordered. Please advise your service provider that this rider is being applied for and an activities questionnaire and trail making test will be completed at the time of the examination if the Proposed Insured is age 65 or older.

## Trials/Inquiries

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An informal inquiry or trial application is a request for underwriting to provide a tentative assessment of a life insurance risk prior to the submission of a formal application. Please do not submit a formal application or order age/amount requirements for informal requests. All applications submitted, regardless of any instructions to review informally, will be set up as formal applications.

Please do not submit any cases that have been declined by two or more companies. The extent of the information provided depends on the size of the case:

**For UL cases over \$500,000 or term cases over \$2,000,000**, we ask that you send us a completed Trial Submission Worksheet (which can be found on our website in the Agent/BGA Center) with **up to 10 pages of the most critical medical records**.

**For face amounts exceeding \$10,000,000 or ages over 75**, we ask that you send us a completed Trial Submission Worksheet with **all medical information**.

For any type of case, we invite you to send an email to the appropriate Inquiry Desk with up to a one-page summary of the medical history.

All trials and quick quotes should be sent to your underwriting office via the corresponding email address listed below:

**San Francisco:** inquiry.desk@wclife.com

**Atlanta:** atl.inquiry@wclife.com

**Kansas:** kansas.inquiry@wclife.com

**Omaha:** omaha.inquiry@wclife.com

**Richmond:** richmond.inquiry@wclife.com

The Brokerage General Agent will be notified immediately when the request has been received. **We guarantee a turnaround time of five business days for all requests.** All tentative quotes will be sent to the Brokerage General Agent and are good for 30 days, unless otherwise specified. If accepted by the client, all requirements should be arranged and submission guidelines for formal applications followed. **A copy of the tentative quote, including the inquiry number assigned to the case, should accompany the formal application.** Your regional marketing representative may follow up with you regarding your client's acceptance and the submission of the formal application.

All quotes are subject to normal age and amount requirements and any further requirements specified by the Underwriter. Although we do our very best to honor these quotes, we must reserve the right to change our final offer up until such time as the policy is placed in force.

West Coast Life does not pay for trial application costs. However, we will reimburse the costs of medical requirements if a case is approved and placed in force, whether rated or not.

# Financial Underwriting

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The single most important consideration for financial underwriting of any size case is knowing how the sale was made. If the sale makes sense to the Agent, then it will probably make sense to the Underwriter.

All of the information below is given only as a guideline. We depend heavily on the Agent to help us understand the purpose of the coverage.

The Writing Agent is a key source of information. Through the cover letter, he or she can provide an explanation of the method used to establish the requested face amount. The cover letter is also the perfect place to clarify any unusual aspects of the case.

If the case involves other carriers, the cover letter should provide detailed information for all coverage amounts in force, applied for, and/or being replaced.

Copies of an estate planning analysis and available financial statements should accompany cases in which large amounts are requested or are already in force. For business **or** personal insurance, third-party financial statements prepared by a CPA firm are of great help to the Underwriter.

The Confidential Financial Statement (F-WCL-428 [7/09]) is required to be completed on all cases in which the proposed insured is age 65 and up and the total amount applied for is \$3,000,000 or more. Third-party verification of finances is required on all cases, regardless of the age of the proposed insured, for amounts of \$5,000,000 and up.

## Personal Insurance

Ages	Income Multiples
20-35	20x
36-40	18x
41-45	16x
46-50	14x
51-55	12x
56-59	10x
60-64	8x
65 & over	6x

## **Charitable Beneficiaries**

The amount of coverage should generally not exceed the amount that would have been contributed throughout the insured's lifetime and should be consistent with an ongoing pattern of support for the charity. In some instances, higher amounts can be justified when the insured has given evidence of more than ordinary dedication to the institution as a donor or fund-raiser, contributed much time to the cause, and the total amount makes sense beyond a mere indemnification approach. We will look at the average contribution for the past 3-5 years and also consider the donor's current life expectancy.

## **Business Insurance**

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### **Creditor**

We will cover up to 80-90% of the loan depending upon the amount and purpose of the loan. The company debt, financial position, collateral securing the loan, duration, and current life insurance in force will also be considered. With a collateralized loan, we will generally issue up to 65% of the loan amount. The term of the loan for which the insurance is needed should be at least five years. A successful business with revolving lines of credit often requires coverage just to have it available when the loan is needed. In these cases, the cover letter is important so we understand the loan history and management's intentions regarding future loans and expansion.

### **New Corporations**

When determining the amount of death benefit we will issue for a person within a new corporation, we will apply a formula. We will consider the percentage of ownership for an individual times corporate net worth, plus 90% of the loan obligation of each proposed insured.

### **Buy/Sell and Stock Redemption**

The amount should be related directly to the proposed insured's ownership percentage and the fair market value of the company.

### **Key Person**

Ten times a key employee's income is a reasonable limit to set; however, under some circumstances, up to 15 times may be justified when an Agent's letter and inspection report can demonstrate a greater loss to the company. The Underwriter must ascertain that the person has such a unique talent that he or she would be difficult to replace or that a large share of the company profit can be directly attributed to that employee. A cover letter is critical to the Underwriter's understanding of the case.

# Universal L

## Age and Amount M

Based on all coverage in force and applied for

Age Nearest	\$0 to \$99,999	\$100,000 to \$250,000	\$250,001 to \$750,000	\$750,001 to \$1,000,000
0-14	Submit non-med through \$300,000			
15-40	Non-Med HOS Blood	PM/HOS Blood	PM/HOS Blood	PM/HOS Blood
41-50	PM/HOS Blood	PM/HOS Blood	PM/HOS Blood	PM/HOS Blood EKG
51-65	PM/HOS Blood	PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG
66-70	PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG	PM/HOS Blood EKG
71-75 <sup>2</sup>	PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG	PM/HOS Blood EKG
76+ <sup>2</sup>	PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG	PM/HOS Blood EKG

*See pages 7-9 for APS requirements, page 9 for Inspection  
For Survivorship cases, each proposed insured's re*

- Footnotes:
- <sup>1</sup> For Survivorship cases, only a resting electrocardiogram need
  - <sup>2</sup> For ages over 70, we also ask our examiners to complete an  
profile must also include NT-ProBNP and HsCRP.
  - <sup>3</sup> A resting electrocardiogram is the requirement, however a t

Key:

- PM** = paramedical examination
- Blood** = blood profile (to be analyzed by ExamOne)
- HOS** = urine sample (to be analyzed by ExamOne)

# Life Products

## Medical Requirements

with West Coast Life and any of our affiliates.

\$1,000,001 to \$3,000,000	\$3,000,001 to \$5,000,000	\$5,000,001 to \$10,000,000	\$10,000,001 to \$20,000,000	\$20,000,001 and up
). Over this amount please consult an Underwriter.				
PM/HOS Blood EKG	PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG
PM/HOS Blood EKG	PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG
PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood Treadmill <sup>1</sup>	MD/HOS Blood Treadmill
MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood Treadmill <sup>1</sup>	MD/HOS Blood Treadmill
MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG <sup>3</sup>	MD/HOS Blood EKG <sup>3</sup>	MD/HOS Blood EKG <sup>3</sup>
MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG

*ction Reports, and page 10 for Motor Vehicle Records.*

*quirements are determined by the full face amount.*

eds to be completed.

n activities questionnaire and a landmark drawing copy test. The blood

treadmill stress electrocardiogram may be requested by Home Office.

**EKG** = 12-lead resting electrocardiogram

**MD** = exam by a licensed physician (other than the client's personal doctor or a relative)

**Treadmill** = treadmill stress electrocardiogram

# Term Life Age and Amount M

Based on all coverage in force and applied for

Age Nearest	\$0 to \$99,999	\$100,000 to \$250,000	\$250,001 to \$750,000
16-40	Non-Med HOS Blood	PM/HOS Blood	PM/HOS Blood
41-50	PM/HOS Blood	PM/HOS Blood	PM/HOS Blood
51-65	PM/HOS Blood	PM/HOS Blood	PM/HOS Blood EKG
66-75 <sup>1</sup>	PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG
76+ <sup>1</sup>	PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG

*See pages 7-9 for APS requirements, page 9 for Inspection  
For Survivorship cases, each proposed insured's re*

Footnotes: <sup>1</sup> For ages over 70, we also ask our examiners to complete an  
The blood profile must also include NT-ProBNP and HsCR

Key:        **PM** = paramedical examination  
              **Blood** = blood profile (to be analyzed by ExamOne)  
              **HOS** = urine sample (to be analyzed by ExamOne)

## Products

### Medical Requirements

with West Coast Life and any of our affiliates.

\$750,001 to \$1,000,000	\$1,000,001 to \$3,000,000	\$3,000,001 to \$5,000,000	\$5,000,001 and up
PM/HOS Blood	PM/HOS Blood EKG	PM/HOS Blood EKG	MD/HOS Blood EKG
PM/HOS Blood EKG	PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG
PM/HOS Blood EKG	PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood Treadmill
PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood Treadmill
PM/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG	MD/HOS Blood EKG

*Function Reports, and page 10 for Motor Vehicle Records.*

*Requirements are determined by the full face amount.*

an activities questionnaire and a landmark drawing copy test.

CP.

**EKG** = 12-lead resting electrocardiogram

**MD** = exam by a licensed physician (other than the client's personal doctor or a relative)

**Treadmill** = treadmill stress electrocardiogram

## “Super Preferred” Guidelines Proposed Insureds Through Age 70

<b>Nicotine</b>	No nicotine for 5 years (urine negative).
<b>Driving</b>	Not available if two or more moving violations in the last three years or if any DUI or reckless driving in the last five years.
<b>Family History</b>	No history of or death from cancer, heart disease, or any cardiac-related condition, of either natural parent or sibling prior to age 60. Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.
<b>Basic Insurability</b>	Standard risk medically and no ratable occupational hazard. No other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	No history of treatment. Current readings do not exceed 140/85 through age 60 or 150/90 above age 60.
<b>Cholesterol</b>	Total Cholesterol not greater than 220, including treated cholesterol, and Cholesterol/HDL Ratio is 5.0 or less. If Cholesterol/HDL Ratio is 3.5 or lower, Total Cholesterol of 230 is acceptable.
<b>Hazardous Sports</b>	No hazardous sports or avocations, such as hang gliding, ballooning, motorized racing, parachuting, or SCUBA diving within the last three years. Recreational SCUBA diving up to depths of 75 feet is acceptable.
<b>Aviation</b>	Not a private pilot or participant in aviation activities. Pilots and crew members on regularly scheduled passenger flights on major airlines are acceptable if not engaged in any other flying activities. Exclusion may be available.
<b>Residence</b>	Citizen of U.S. or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds does not exceed the limit shown on the chart below (male or female):

Height/Weight		Height/Weight		Height/Weight	
4-8	119	5-5	161	6-2	210
4-9	124	5-6	167	6-3	216
4-10	128	5-7	171	6-4	222
4-11	133	5-8	177	6-5	227
5-0	137	5-9	182	6-6	234
5-1	142	5-10	187	6-7	240
5-2	147	5-11	192	6-8	246
5-3	152	6-0	198	6-9	253
5-4	157	6-1	204		

## “Preferred” Guidelines

### Proposed Insureds Through Age 70

<b>Nicotine</b>	No nicotine use of any kind for the last year (urine negative) for Preferred NonTobacco. Nicotine rates are available for Universal Life products.
<b>Driving</b>	Not available if three or more moving violations in the last three years or if any DUI or reckless driving in the last five years.
<b>Family History</b>	No death from cancer, heart disease, or any cardiac-related condition, of either natural parent or sibling prior to age 60. Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.
<b>Basic Insurability</b>	Standard risk medically and no ratable occupational hazard. No other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Current readings do not exceed 140/90 through age 60 or 150/90 above age 60. Treated blood pressure must have been controlled for one year with favorable APS readings throughout the year.
<b>Cholesterol</b>	Total Cholesterol not greater than 250, including treated cholesterol, and Cholesterol/HDL Ratio is 6.0 or less.
<b>Hazardous Sports</b>	No hazardous sports or avocations, such as hang gliding, ballooning, motorized racing, parachuting, or SCUBA diving within the last three years. Recreational SCUBA diving up to depths of 75 feet is acceptable.
<b>Aviation (UL)</b>	Pilots and crew members on regularly scheduled passenger flights on major airlines are acceptable if not engaged in any other flying activities. Private pilots acceptable if the following requirements are met: <ul style="list-style-type: none"> <li>• Ages 27-65</li> <li>• Clean MVR</li> <li>• 400+ solo hours</li> <li>• 26-200 hours annually</li> <li>• IFR or ATR</li> <li>• Flying in US and Canada Only</li> <li>• No abnormal liver function tests</li> </ul> Exclusion may be available.
<b>Aviation (Term)</b>	Not a private pilot or participant in aviation activities. Pilots and crew members on regularly scheduled passenger flights on major airlines are acceptable if not engaged in any other flying activities. Exclusion may be available.
<b>Residence</b>	Citizen of U.S. or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds does not exceed the limit shown on the chart below (male or female):

Height/Weight		Height/Weight		Height/Weight	
4-8	136	5-6	185	6-4	245
4-9	141	5-7	190	6-5	252
4-10	146	5-8	195	6-6	259
4-11	151	5-9	200	6-7	267
5-0	156	5-10	205	6-8	275
5-1	160	5-11	211	6-9	283
5-2	165	6-0	217	6-10	291
5-3	170	6-1	224	6-11	300
5-4	175	6-2	233		
5-5	178	6-3	238		

## “Super Preferred” Guidelines Proposed Insureds Over Age 70

<b>Nicotine</b>	No nicotine for 5 years (urine negative).
<b>Driving</b>	Not available if two or more moving violations in the last three years or if any DUI or reckless driving in the last five years.
<b>Basic Insurability</b>	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Average from exam and readings within the last year may not exceed 150/90. No history of treatment for all term products; treatment okay for all Universal Life products.
<b>Cholesterol</b>	Total Cholesterol may not be lower than 130 untreated and may not exceed 275 with or without treatment. Cholesterol/HDL Ratio may not exceed 4.5.
<b>Aviation</b>	May be available with an Exclusion Rider.
<b>Residence</b>	Citizen of U.S. or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below (male or female):

Height	Min	Max	Height	Min	Max
4-8	98	128	5-9	147	195
4-9	101	133	5-10	152	201
4-10	104	138	5-11	156	206
4-11	108	143	6-0	160	212
5-0	112	148	6-1	165	218
5-1	115	153	6-2	170	224
5-2	119	158	6-3	174	230
5-3	123	163	6-4	179	237
5-4	127	168	6-5	184	244
5-5	131	173	6-6	189	250
5-6	135	178	6-7	194	256
5-7	139	184	6-8	199	263
5-8	143	190	6-9	204	270

## “Preferred” Guidelines

### Proposed Insureds Over Age 70

<b>Nicotine</b>	No nicotine use of any kind for the last year (urine negative) for Preferred NonTobacco. Nicotine rates are available for Universal Life products.
<b>Driving</b>	Not available if three or more moving violations in the last three years or if any DUI or reckless driving in the last five years.
<b>Basic Insurability</b>	Must have regular, preventive medical care and no other adverse underwriting considerations per underwriting judgment, to include; cancer, heart disease, stroke, diabetes, or alcohol/substance abuse.
<b>Blood Pressure</b>	Average from exam and readings within the last year may not exceed 160/95.
<b>Cholesterol</b>	Total Cholesterol may not be lower than 130 untreated and may not exceed 300 with or without treatment. Cholesterol/HDL Ratio may not exceed 5.0.
<b>Aviation</b>	May be available with an Exclusion Rider.
<b>Residence</b>	Citizen of U.S. or Canada or proof of permanent residence.
<b>Build</b>	Weight in pounds may not be less than the minimum or exceed the maximum, based on the chart below (male or female):

Height	Min	Max	Height	Min	Max
4-8	89	146	5-9	134	222
4-9	92	152	5-10	138	229
4-10	95	157	5-11	142	236
4-11	98	162	6-0	146	242
5-0	102	168	6-1	150	249
5-1	105	174	6-2	154	256
5-2	108	180	6-3	158	262
5-3	112	185	6-4	162	270
5-4	115	191	6-5	167	277
5-5	119	197	6-6	172	284
5-6	123	203	6-7	176	292
5-7	127	209	6-8	180	299
5-8	130	216	6-9	185	306

# Adherence to “Super Preferred” and “Preferred”

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In order to maintain our strong premium structure, we must strictly adhere to our guidelines. In addition, if a proposed insured comes close to exceeding multiple factors in the Super Preferred or Preferred guidelines, we must categorize them into the next rate class. At the Underwriter’s discretion, additional information from the case may be used to off-set this rate change.

## Pro Credit Standard-to-Preferred Program (Available for Universal Life cases only)

This crediting program allows consideration for a preferred non-tobacco rate classification when an applicant is disqualified due solely to only one of the following cardiovascular risk factors:

- blood pressure
- build
- total cholesterol
- cholesterol/HDL ratio
- family history of heart disease

Eligibility for this upgrade will depend on the extent of the single deviation as well as the remaining cardiovascular risk factors.

This program applies only to new business cases.

Guaranteed Insurability Rider and Protected Insurability Rider are not allowed with this program.

## Non-Smoker/Non-Nicotine Qualifications

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In order to qualify for non-nicotine use rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigars, etc.) within one year prior to the application. To qualify for Super Preferred, however, the time frame is five years, although we may forgive up to six celebratory cigars per year. For any other non-nicotine risk class, we may forgive up to 12 celebratory cigars per year. All current positive cotinine (nicotine) results will be treated as nicotine usage. The best class for nicotine usage is Standard. However, we offer a Preferred Tobacco class for our individual Universal Life products.

# SOLI/IOLI

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It is our policy that life insurance should only be purchased to provide protection to those with an insurable interest in the life of the insured. We will not knowingly participate in life insurance sales motivated by the possible sale of policies in a secondary market or participation of investors in policy death benefits. This includes Stranger-Owned Life Insurance (SOLI), Investor-Owned Life Insurance (IOLI), life settlements, or viatication. In order to control the issuing of policies intended for these purposes, we require that the “Supplement to Life Insurance Application” (Application Supplement – Part I) be completed on all cases. If any of the questions on this form are answered “Yes,” additional forms will need to be completed, per the instructions on the form. The “Statement of Owner Intent” (Application Supplement – Part II) will also need to be completed for all cases in which the proposed insured is age 65 or older **and** the face amount applied for is \$1,000,000 or more. All forms can be found on our website in the Agent/BGA Center.

## Reinsurance

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There are relatively few reinsurers, and they also have limits of acceptance before they must “retrocede” insurance to other reinsurers. If an Agent or multiple Agents have sent a proposed insured’s information to more than one direct writer (depending on the face amount and each direct writer’s capacity), it is relatively easy to “lock up” the reinsurance marketplace. For this reason we are always happy to act as your “lead” company. Send us your large cases and we will be pleased to “reserve facilities” with our reinsurers. This does require that we have a signed application in our hands.

## Workflow

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All applications and application packets should be submitted to the West Coast Life Home Office in Birmingham, unless you have been otherwise instructed by your underwriting team. Correspondence during the underwriting process should be directed to your underwriting team via the appropriate Case Manager. All final delivery requirements, including amendments and premium, should be routed to Birmingham to the attention of our “Post Issue” department. Once a policy is in force, it is administered by Policy Holder Services and all correspondence and requirements should be routed to that department in Birmingham.

## **Rate Reductions**

Please note that rate reduction considerations are only available on products based on the 2001 Commissioners Standard Ordinary (CSO) Mortality Table. All West Coast Life products issued January 1, 2009 and later are based on this table. If you are considering requesting a rate reduction of a policy issued prior to that date, please check with Policy Revisions to determine if the policy is eligible. In addition, for Joint & Last Survivor products, rate reductions are only available on Golden Legacy Protector X policies. On eligible cases, we are able to consider rate reductions on the first policy anniversary. The Application for Reinstatement or Policy Change (WCL-343 [9/08]) must be submitted to Policy Revisions in our Birmingham office. Requirements will be requested at the Underwriter's discretion.

## **Nicotine Rating Removals**

Changes to nicotine policies will be considered once the policy has been in force for one year and the proposed insured has remained nicotine free for at least one year. The Application for Reinstatement or Policy Change (WCL-343 [9/08]) must be submitted with a urinalysis, HIV Consent Form, and MIB Authorization. If there has been a material change to the insured's medical history, we may decline to remove the nicotine rating.

Please note that rate reduction considerations are only available on products based on the 2001 Commissioners Standard Ordinary (CSO) Mortality Table. All West Coast Life products issued January 1, 2009 and later are based on this table. If you are considering requesting a rate reduction of a policy issued prior to that date, please check with Policy Revisions to determine if the policy is eligible. In addition, for Joint & Last Survivor products, nicotine rating removals are only available on Golden Legacy Protector X policies.

## How To Contact Us

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Your underwriting team is a valuable resource for you to access and utilize. Please feel free to contact your team at any time if you need assistance. Your Case Manager should be your first contact when needing clarification or status on the handling of a file. If a question is of a more technical nature, your Underwriter will be pleased to help. A directory of our staff is available on our website in the Agent/BGA Center.

*Thank you again for taking the time to read through this guide. We are pleased to make ourselves available and appreciate you considering West Coast Life to serve the needs of your valuable clients.*

# Notes

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# Notes

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Home Office  
2801 Highway 280 South  
Birmingham, AL 35223  
Toll Free: (800) 366-9378  
Policy Holder Services: (800) 866-9933

San Francisco Underwriting Office:  
343 Sansome Street, Sixth Floor  
San Francisco, CA 94104  
Toll Free: (800) 366-9378

Atlanta Underwriting Office:  
Two Ravinia Drive, Suite 960  
Atlanta, GA 30346  
Toll Free: (877) 239-0100

Kansas Underwriting Office:  
7400 West 130th Street, Suite 400  
Overland Park, KS 66213-2659  
Toll Free: (800) 688-3518

Omaha Underwriting Office:  
9140 West Dodge Road, Suite 400  
Omaha, NE 68114  
Toll Free: (866) 827-5660

Richmond Underwriting Office:  
6802 Paragon Place, Suite 550  
Richmond, VA 23230  
Toll Free: (877) 287-2070



**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY

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Agent information only. Not for use with consumers.