
Underwriting Guidelines

The guidelines below are a summary of the data that you will need as you write new business. See “Plan Specifications” for more detail.

AGE LIMITS

(Current age based on the application date)

• Base Plan:	0 to 75
• Waiver of Premium (WP)	15 to 55
• Accidental Death Benefit (ADB)	15 to 60
• Automatic Purchase Option (APO)	0 to 55
• Monthly Disability Income Benefit (MDIB)	15 to 55
• Waiver of Premium for Flexible Premium Annuity	15 to 55
• Accelerated Death Benefit	0 to 75
• 10 Year Term Policy/Certificate/Rider	20 to 60
• Child Rider	0 to 19*
• Critical Illness Benefit	18 to 65

OTHER LIMITS

- Minimum Face Amount \$15,000
- Maximum Face Amount (Ages 0-15 Only) \$50,000
- Maximum Annual Premium 5% of client’s annual income
- Maximum Accidental Death Benefit \$250,000
- Non-Medical (No Exam or Blood Test)**
 - Ages 0 to 65 \$99,999 or Less
 - Ages 65 to 75 \$24,999 or Less

COMMON LAW MARRIAGE

Common Law Marriage is not a recognized or accepted relationship in connection to life insurance applications. Partners are considered single unless they can provide documentation from a court, officially establishing a common law marriage.

*Dependent children are eligible for a maximum of 50% of the parent’s base plan amount, not to exceed \$50,000., whether as a rider, individual policy, or combination of both.

** Underwriting may be required based on admitted health history and/or information obtained via MIB, MVR, etc.

SECONDARY INSURED RIDER

The Secondary Insured Rider on the plan is intended only for the spouse and/or child or grandchild of the Primary Insured. A fiancé is not eligible for this coverage, as it is impossible to legally verify the relationship or to establish insurable interest. Applications with a Secondary Insured other than a spouse, child, or grandchild cannot be accepted.

Common law marriage is acceptable under very specific conditions, as provided above.

PARAMEDICAL EXAMINATIONS

The following organizations are the only nationwide organizations authorized to examine for our carriers/insureds. The exam companies will contact the applicant to schedule appointments for exams, APS, etc. **The Agent should never schedule the exams or contact the exam company directly.**

Exams:

ExamOne
Phone: (800) 768-2056
Fax: (913) 859-6882
Email: CSG.1@ExamOne.com

APS Requests:

Elite Sales Processing, Inc.
11205 Wright Circle
Suite 120
Omaha, NE 68144

RATES

Standard rates for male and female.

RATINGS

If the case is rated by the Underwriter, one or more of the following will occur:

- Flat Rating, which is an extra charge per \$1,000 of Face Amount (non-commissionable)
- Temporary Flat Rating, which is an extra charge per \$1,000 of Face Amount for a limited period of time (non-commissionable)

Riders may be deleted or rated in either of the above cases. In all cases, the Face Amount will be lowered to keep the premium close to the premium quoted at the time of application. If a rating is deleted at a future date, the rating premium will automatically become non-insurance dollars available for the growth side.

SALES TO MINORS

In all cases where the insured, either primary or secondary, is a minor, the parent or legal guardian must sign the application on behalf of the minor proposed insured, and write “parent” or “legal guardian” after the signature. All other guidelines and limits pertaining to minors apply.

SALES TO GRANDPARENTS OF MINORS

Following are the guidelines for the sale to the grandparents of minor children.

- The grandparent may apply for insurance on a minor grandchild as a Secondary Insured*.
 - The grandparent may be the owner of the policy/certificate.
 - The parents can be named as beneficiaries.
 - The grandparent should answer the medical questions on behalf of the grandchild.
 - The maximum face amount is \$50,000.
 - The application must be taken in the resident state of the owner/payor grandparent (use state specific app if required).
 - If the grandparent is the legal guardian of the grandchild, the grandparent must sign the application on the line for “Signature of Parent or Legal Guardian of insured minor” and indicate “legal guardian” after the signature.
 - If the grandparent is not the legal guardian, the parent must sign and attest to the validity of the application data, and indicate “parent” after the signature.
 - If the grandchild is the primary/only insured, the parent or legal guardian must sign the application on the “Proposed Insured” line, and then indicate “parent” or “legal guardian” after the signature.
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- If the legal guardian resides in a location different from the grandparents, the application must be sent to the legal guardian to sign, attesting to the accuracy of the information provided.
 - If additional space is needed to add dependents or health information, use a separate sheet of paper. This sheet must also be signed and dated so that it will become an addendum to the application and policy/certificate.

In the event that the grandparent is the primary insured and minor grandchild(ren) is to be the secondary insured, the grandparent should sign the “Signature of Parent or Legal Guardian of Insured Minor” line *if the grandparent is the legal guardian*. However, if the grandparent does not sign on this line, it is assumed that the grandparent is not the legal guardian, and the *parent must sign to attest to the validity of the information provided on the application and indicate “parent” after the signature*. Any application submitted with a minor indicated as the secondary insured that does not bear a valid signature on this line will be returned.

There are no special forms required to apply for coverage on a minor grandchild. If the grandparent is to be the owner of the policy, you must provide the following information under the Owner section of the application: Owner’s name, social security number, relation to the proposed insured, and the Owner’s address. This information will be needed to process any application where the grandparent is applying for coverage on a minor grandchild.

Current guidelines do not permit coverage to be taken out on adult grandchildren by the grandparent. The adult grandchild must complete his/her own application. However, the grandparent can be added as a third party payor.

All other rules pertaining to coverage for dependent children apply.

**** NOTE: Grandchildren cannot be written on the child rider, as it applies only to children who are the unmarried natural child, legally adopted child, or foster child of the Primary Insured.***

MEDICAL RECORDS RELEASE AUTHORIZATION

This form is to be used only in cases where the Proposed Insured's physician requires documentation authorizing the release of medical records, over and above that which is already provided via the Application for Insurance. The need for an additional release is very rare, and should only be provided upon the express request of the physician, hospital, or other medical facility.

MEDICAL RECORDS RELEASE AUTHORIZATION

I authorize any licensed physician, medical practitioner, hospital, clinic, other medical or medically-related facility, insurance company, its authorized representatives, Pharmacy Benefit Manager, MIB, Inc. (MIB), IntelliScript, or other organization or institution that has any records or knowledge of me or my dependents' physical or mental health, including significant history, findings, diagnoses and treatment or nonmedical information, such as driving records, any criminal activity or association, hazardous sport or aviation activity, use of alcohol or drugs, and other applications of insurance, to give to Fidelity Security Life Insurance Company, its plan administrators, business associates, or its reinsurers, any such information for use to: 1) underwrite my applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Fidelity Security Life Insurance Company.

Fidelity Security Life Insurance Company or its authorized representatives may release to its plan administrators, business associates, other insurance companies, MIB, or others whom I authorize in writing, information covered by this authorization.

A photographic copy of this authorization shall be as valid as the original.

I agree this authorization shall be valid for two years from the date shown below.

I understand that I have the right to revoke this authorization in writing, at any time, by providing written request for revocation to: Fidelity Security Life Insurance Company at P.O. Box 418131, Kansas City, MO 64141-9131, Attention: Privacy Officer. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, Fidelity Security Life Insurance Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand that my authorized representative or I have received a copy of this authorization.

Signature of Proposed Insured

Date _____

Please print name _____

Signature of Proposed Secondary Insured (if an adult)

Date _____

Please print name _____

Signature of Parent or Legal Guardian of Proposed Insured (if proposed Insured is a minor)

Date _____

Please print name _____

TIPS TO AVOID UNNECESSARY UNDERWRITING DELAYS

Follow these important tips for faster underwriting and issue.

FASTER ISSUE = FASTER COMMISSIONS!

- Write neatly — Use dark ink
- Complete all sections of the application
- Sign and date all appropriate spaces
- Have applicant initial any changes
- Answer all questions thoroughly and accurately

“Proposed Primary Insured” (PI)

It is very important to give full details of occupation.

Example: “Labor” is shown as the occupation, but there are no details.

Suggested way: Labor — construction (homes, 2 stories max).

“Age — Date of Birth”

The age and date of birth (month and year) must correspond. The correct age is based on how old the PI is on the application date.

“Place of Birth”

City and State

“Beneficiary”

Always name a primary and contingent beneficiary. If the beneficiary is a minor, you must add minor’s birthday (M/D/YYYY)

“Owner Information”

If the owner is other than PI, spouse, parent or child: Give full details as to why another person is being named owner.

Example: Proposed insured is John Jones. Sam Smith is named owner, but there are no details. This would delay issue to determine why Sam Smith is owner.

Suggested way: Sam Smith — nephew (PI is sole support). Give full details as to why the owner, if other than spouse or parent, would have economic loss if the PI was to die. If owner would not suffer a financial loss, the owner should be changed to avoid delay.

“Driving History”

Always provide state driver’s license was issued in, along with license number, regardless of driving history. If license has been suspended or revoked for DUI, provide details and dates. If license is reinstated, provide date. Complete form #A-00916 for any problems with driving history, signed and dated by PI.

“Pilot — Student Pilot — Sky Diving — Parachuting — Diving — Racing”

Answer thoroughly, accurately, and in detail. Complete form #A-00916, signed and dated by PI.

Examples — Hazardous Sports:

Skin Diving: Always include the following:

How deep? Number of dives in the last 12 months? Number of expected dives for the next 12 months? Any special certification?

Sky Diving:

How high? Number of jumps in the last 12 months? Number of expected jumps in the next 12 months? Any special certification?

“Health Questions”

Answer all questions. Provide details to all “yes” answers. Always provide personal physician’s full name and address, regardless of answers to health history questions.

General medical history. Details needed for the following:

- Type of medical impairment or conditions.
- Date condition or impairment first diagnosed.
- Names of medications currently being taken, including dosage.
- Is PI currently under medical treatment?
- Types of surgery and hospital treatments.
- Dates of surgery and hospital treatment.

Alcoholism. Include the following details in addition to the above:

- How long since PI last drank?
 - Member of AA or similar organization? How long a member?
 - Any medical problems associated with alcoholism?
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For all drugs other than prescribed by a physician the following details are needed:

- Name of drug used.
- How long since PI last used drugs?
- Any medical problems associated with drug use?

Cancer history:

- Type and location of cancer.
- State of cancer's invasion, if known.
- Any chemotherapy or radiation treatment? If yes, provide details of last treatment.

If PI has been declined, restricted, postponed, or charged an extra premium for life or health insurance:

- What: Give full details as to the reason for the adverse underwriting decision.
- When: Month and year.
- Why: Medical or other reason — such as driving, hazardous sports, etc.
- Who: Was it regarding the PI or a family member?
- Where: Name of insurance company.

“Regarding Replacement”

If the answer to the replacement question is “yes”:

- Give the full name of the insurance company that will be replaced.
- Provide the policy number of the policy to be replaced.
- Provide the termination date of the policy to be replaced.
- Complete the appropriate replacement forms and submit them with the new application.

All applications intended to replace existing coverage must indicate the replacement.
