

Submitting A Pre-Underwriting Inquiry (PUI)



The Pre-Underwriting Inquiry form is available:
Please tap or scan to view

Prior to submitting a Pre-Underwriting Inquiry (PUI) to our email address **CSPUI.IND@oneamerica.com**, please review the following materials:

- **Care Solutions Process Guide**
- **Asset Care Ineligible Impairment List**
- **Annuity Care Ineligible Impairment List**

PUI checklist

With complete information regarding your client's medical condition(s), you will receive a more accurate assessment in response to your PUI submission. The more information we receive, the better we are able to assess your client's eligibility.

1. Medical history: Along with the **Client**

Information portion of the form, you only need to complete medical history pertinent to your client.

We must have all client information completed to determine eligibility. This important information includes the following details:

- Height
- Weight
- Tobacco Status
- Age
- Gender
- If you were previously declined by another company, submit a copy of the other company's decline letter.
- Do you have any surgery, testing or treatment pending/recommended?
- Do you now or have you ever received Social Security Disability Benefits?



Please note: Without your client's details, we cannot provide you with a preliminary assessment. Once you have these details, please resubmit.

Impairments: Please provide detailed information for all conditions noted on the form that apply to your client.

- Cardiac/Heart
- Cancer
- Diabetes
- Mental/Nervous
- Alcohol / Drug Abuse
- Musculoskeletal
- Osteoporosis
- Respiratory/Asthma/COPD/Sleep Apnea
- Stroke/TIA
- Other Medical Impairment Section:
 - » Please document those conditions/diagnoses not listed elsewhere on the form.
- Additional Comments Section:
 - » Please provide any information not listed previously that you would like Underwriting to know about your client's health, treatment, or activity.
- Medications:
 - » As some medications can be taken for multiple conditions, we need diagnoses and dosages for all medications.
- Clients that have a medical evaluation or diagnostic workup in progress:
 - » Please wait to prequalify until all results are known and final diagnosis is established.

- 2. Medical conditions:** If your client has any medical condition(s), please use these follow-up questions to obtain complete details:
- What was the medical diagnosis and onset date of your condition?
 - What was the prescribed treatment and/or medication you are taking for this condition?
 - What is the current status of your medical condition?
 - Do you experience any functional limitations as a result of your medical condition?
 - Do you have any disability as a result of your medical condition?

Note: Products issued and underwritten by The State Life Insurance Company® (State Life), Indianapolis, IN, a OneAmerica company that offers the Care Solutions product suite. Asset Care form number: L301 and R501 and SA31. Annuity Care form number: SA34 and R508. Annuity Care II Policy Form number: SA35. Not available in all states or may vary by state.



Please note: If you have more information or additional information is requested by Underwriting, please include all prior emails and attachments. This will minimize the need for a continued exchange of question-and-answer emails where pertinent information may get lost and result in an inaccurate assessment.

Due to volume and time constraints, we are unable to review medical records in the PUI mailbox.



Please note: When completing the PUI form, if you run out of space in a text box, please utilize the additional comments section to complete the response.