

Life Insurance Underwriting Guide

Advanced Markets Network
Retail Life Third-Party Distribution

Life Insurance Underwriting Guide

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Introduction

This underwriting guide is designed to provide you with a comprehensive reference tool to our underwriting process and it was developed to assist you with the application process. All underwriting rules are subject to change; therefore, this guide will be refreshed as necessary. To ensure you have the latest underwriting charts and guidelines, please refer to Agency Portal or contact your underwriting zone officer.

New York Life's Underwriting Mission

New York Life's underwriting mission is to put good business on the books while providing professional and consistent underwriting service in a timely and efficient manner. This philosophy will contribute to New York Life's long-term growth, while at the same time, protect its long-term financial integrity.

Field Underwriter's responsibility

One of the primary responsibilities of an agent is to be an effective field underwriter. The field underwriter is required to gather and record accurate and thorough responses to each question on the application. The field underwriter is also responsible for providing the company's Privacy and Information Practices brochures to the client.

Underwriter's responsibility

The underwriter's primary responsibility is to provide fair and consistent underwriting decisions that protect the company's financial integrity while accepting prudent risks that serve in the best interests of our policyholders. The underwriter is responsible for evaluating and categorizing each client's risk based on medical and nonmedical information gathered by the agent on the application and from other sources (SCP2, TeleApp, MVR, MIB, etc).

The life insurance application

When possible, use eApp to avoid applications not in good order. A complete application results in faster processing time. Missed questions or incomplete information could result in delays for both you and your client.

The application is a legal document that represents an agreement between the policy owner and New York Life. As such, there are rules that must be followed in order to maintain the integrity of the contract:

- Ask each question as stated on the application
- Develop an environment with the client to provide accurate, detailed information
- Obtain the correct state HIV Notice and Consent and replacement forms
- Make sure all parties sign the application

Self-Completion Part 2 (SCP2):

Self-Completion Part 2 (SCP2) is an option for clients looking to complete the Part 2 of their application online, at their own convenience. It is available for both Life and Long Term Care.

This option can be used instead of a TeleApp or eApp PHH, and is available 24 hours a day, seven days a week, and can be completed on any device (laptop, tablet, mobile phone, etc.).

Eligibility parameters are as follows:

- All ages and face amounts, excluding Asset Flex age 59½ and up
- Available for Additional Offer Program
- eLife Part 1 must be completed
- Available in English for all clients and in Spanish in certain jurisdictions
- All products (excluding IDI, Non-Contractual AATCs, and exercise rider functionality)

Telephone Application (TeleApp)

TeleApp is an efficient way for clients to complete the life insurance application Part 2 over the phone. For most products, Part 2 of the application can be completed through the TeleApp process for clients of all ages and for all face amounts. (The following are excluded from TeleApp: Employee's Whole Life (EWL), informal inquiries, non-contractual AATCs and contract changes.)

A TeleApp Call Center representative will ask the client the personal and health history questions as stated on the application along with additional follow-up questions related to admitted medical conditions, record their answers, and submit the completed Part 2 directly to Underwriting.

TeleApp eliminates cases of "not in good order" due to missing information and reduces follow-up requests due to the additional detail collected by the TeleApp representative.

Please note that TeleApp is required for employees of massage parlors.

Being well-prepared for the TeleApp interview makes for the best customer experience. In order to help the interview go smoothly, clients should be prepared and have the following information available:

- Doctors' names and locations, dates of diagnosis and treatment for the last 10 years
- Prescribed medications and how often they are taken
- Income and Net Worth
- Employment details, occupation, length of employment and job duties
- Details of any foreign travel planned in the next 12 months
- Any adventurous activities (scuba diving, mountain climbing, etc.)

Be sure to properly indicate on the application the primary language and/or dialect your client speaks to ensure that the proper language interpreter is on the line.

- Phone Number: 1-866-NYL-TAPP/866-695-8277

New York Life Express Issue:

New York Life Express Issue is an underwriting program that uses a triage model to determine if Expanded Blood Draw (EBD) is required and a data-driven predictive model to assist with decisions and recommend risk class assessments.

Eligibility parameters are as follows:

- Client is age 18-60 in all 50 states and DC
- Face amounts (2 year total amount at risk) of $100,000 to $5,000,000
- Application Part 1 must be completed in eLife
- Self-Completion Part 2 or TeleApp is required
- New York Life Express Issue is available on all life products, excluding worksite products (EWL), Single Premium Products, Hybrid LTC products (e.g., Asset Flex), and Wealth Plus Products
- The Additional Offer Program (AOP) is available on policies issued through Express Issue up to 100% of the original face amount, and not to exceed a total amount of $5,000,000
- The decision to bypass EBD, obtain EBD, or final underwriting decision cannot be appealed

New York Life Premier Issue:

Premier Issue enhances the client experience by extending the fluidless application process to high–face amount cases. It allows clients applying for coverage between $5,000,001 and $20,000,000 to use existing medical records in place of new lab testing. If you have a case that qualifies for Premier Issue, please contact your Field Director to opt in.

To qualify for Premier Issue, applicants must meet all of the following criteria:

- Age: 18 to 60
- Applications must be submitted in eLife with Self-Completion Part 2 or TeleApp to be eligible.
- Medical and Non-medical History: No ratable medical or non-medical conditions (e.g., Including but not limited to diabetes, heart disease, vascular disease, cancer, Crohn's/ulcerative colitis, history of drug/alcohol abuse or treatment, COPD/emphysema, kidney or liver disease, autoimmune disorders, serious mental health disorders, etc.) and no ratable occupation (stuntmen, bomb squad, etc.), or avocation (certain scuba or aviation activities, etc.).)
- Recent Physical Exam: Comprehensive physical completed by a physician within the past 12 months, including:
    - Height, weight, blood pressure, heart, and lung examination
- Laboratory Work: Recent labs including:
    - Lipid panel
    - Comprehensive metabolic panel
    - Urinalysis
- Tobacco Use: No tobacco use in the past 5 years (unless applying for a tobacco class)

Program Parameters

- Eligible Face Amounts:
    - $5,000,001 – $10,000,000: All products eligible; other than those listed below
    - $10,000,001 – $20,000,000: Whole life only
- Maximum New York Life Coverage through Premier Issue: Total in-force coverage is based on the 2-year total amount at risk (TAR) and cannot exceed $40,000,000.
- Product Availability:
  New York Life Premier Issue will be available on all life products, excluding Hybrid LTC products (e.g., Asset Flex), and Wealth Plus products.

Telephone Interview Reports (TIRs)

Foreign nationals, foreign residents, or non-English speaking applicants should be prepared to complete a telephone interview with a consumer reporting company for New York Life.TIRs may also be randomly conducted on cases for cause.

*Brokers may order a TIR using any major vendor. If there is no preferred provider, please contact First Financial Underwriting Services, Inc. at firstfin.com.

To ensure smooth processing of the TIR, please:

- Inform your client that he or she will receive a call from an inspection company who will ask a range of questions (such as employment, financial medical history, etc.) that will be similar to questions answered on the application
- Advise your client that responses are confidential and used only for underwriting purposes
- Indicate which language and/or dialect the proposed insured speaks if an interpreter is required to ensure that one is on the line

Financials

3rd Party Financial Verification

A letter from the insured's CPA or attorney will be requested to document the insured's annual income and net worth on face amounts greater than $5,000,000 and may also be requested on other cases for cause.

IRS Form 4506-C is required on all proposed insureds age 65 and older with a total risk of $250,000 or more and may also be requested on other cases for cause. Form 4506-C is also required at ages under 65 when the face amount is greater than $5,000,000. This form allows a copy of the proposed insured's tax returns from the past two years to be obtained directly from the IRS.

Personal Insurance Income replacement guidelines

Income replacement is simply intended to replace the earnings of the insured, should he or she die prematurely. Generally, only earned income should be used in determining the amount of insurance needed. If unearned income stops upon the death of the insured, then it too should be used in determining the replacement income. If the unearned income, such as that from investments, continues upon the death of the insured, then it should not be taken into consideration in determining the amount of insurance.

When evaluating a prospective client's financial situation, the underwriter considers many factors, such as earned income, unearned income, net worth, occupation, age, and future income potential. We can consider amounts up to the multipliers in the chart below:

Age	Amount
0–40	35x
41–50	25x
51–60	20x
61–65	10x
66+	5x

Additional Offer Program (AOP)

The Additional Offer Program (AOP) allows clients who have purchased fully underwritten coverage with NYL and within the past 36 months to purchase an additional 100% of the original face amount of coverage on a limited underwriting basis. The original policy MUST:

- Be a minimum of $100,000 face amount
- Be standard or better risk class (select preferred, preferred II, preferred, nonsmoker, select standard, standard)
- Be issued at ages 18 through 60
- Program includes all products except single premium products, EWL and Asset Flex
- Conversions, PPO, GIO or prior additional offer cases are not eligible for this program
- This is not a guaranteed issue program
- TeleApp or Self-Completion Part 2 is required

Disability Waiver of Premium (WP)

The Disability Waiver of Premium (WP) rider provides that premiums for the policy will be waived after proof is furnished that the insured has become totally disabled and that total disability has continued for at least 6 months. In addition, an appropriate premium refund will be made for any period after the effective date of disability for which premiums have been paid.

Disability Waiver of Premium has total face amount maximums:

- Ages 0 to 40 total face amount maximum is $5M
- 41to 59 total face amount maximum is $4M

Accidental Death Benefit (ADB)

This rider provides that an Accidental Death Benefit will be paid to the beneficiary upon receiving proof that the insured's death was caused directly, and apart from any other cause, by accidental bodily injury and that death occurred within one year after the injury. ADB is not available on term riders, nor is the benefit payable under this rider if the death occurs before the insured's first birthday or after the policy anniversary when the insured is age 70. ADB max amount:

- Maximum amount of ADB is $300,000 per life, except policies over $1,000,000
- For policies over $1,000,000, the maximum is 30% of the death benefit up to $500,000 per life not per policy
- Must not exceed the face amount of the policy

Chronic Care Rider (CIR – California)

The Chronic Care Rider is designed to protect policyholders from the financial hardships of chronic care. The rider provides tax-free acceleration of the death benefit of a life insurance policy based on the insured becoming chronically ill for a minimum of ninety (90) days (insured cannot perform 2 of 6 activities of daily living or has a severe cognitive impairment). The 6 daily living activities are: Bathing, dressing, eating, toileting, transferring, or continence.

- Offers tax free acceleration of a portion of the policy's base face amount in case the insured becomes permanently chronically ill.
- Available on WL, CWL, CULG and EWL
- Only available at time of issue
- Policy must have LBR
- Minimum base plan face amount is $100,000
- Minimum rider face amount is $90,000
- Maximum base plan face amount is $1,000,000

Policy Purchase Option Rider (PPO)

The Policy Purchase Option Rider gives clients the opportunity to purchase additional coverage without evidence of insurability. The rider allows you to purchase a new policy every three years on your policy's anniversary date. These scheduled option dates are the policy anniversaries when the insured's age is 22, 25, 28, 31, 34, 37, 40, 43, and 46. The option is not available after age 46.

- Products featuring this rider: Custom Whole Life, Whole Life, Level Premium Convertible Term 10-20, and Yearly convertible Term
- The rider must be selected upon issue of the original policy. Some illnesses or occupations may disqualify applications for coverage or make premiums more expensive.
- Charges for the Policy Purchase Option Rider will vary based on the payer's risk class and face amount.
- Lifetime maximum PPO for a PI is $150,000
- Answer Smoker question / Part 2 to get a non-smoker rating when exercising PPO

Age at Original Policy's Issue	Number of Options Left	Option Available at These Ages	Maximum Option Amount* at Each Option Date is the Lesser of:
0-21	9	22, 25, 28, 31, 34, 37, 40, 43, 46	$150,000 or 5X face amount
22-24	8	25, 28, 31, 34, 37, 40, 43, 46	$150,000 or 2X face amount
25-27	7	28, 31, 34, 37, 40, 43, 46	$150,000 or 2X face amount
28-30	6	31, 34, 37, 40, 43, 46	$150,000 or 2X face amount
31-33	5	34, 37, 40, 43, 46	$150,000 or 2X face amount
34-36	4	37, 40, 43, 46	$150,000 or 2X face amount
37	3	40, 43, 46	$150,000 or 2X face amount
38-39	3	40, 43, 46	$150,000 or 2X face amount
40-42	2	43, 46	$150,000 or 1X face amount
43	1	46	$150,000 or 1X face amount

*If you wish, you can select an option amount smaller than the maximum option amount shown above as long as it is at least $25,000. In determining the maximum option amount, in-force insurance must be taken into account. Ask your NYL Sales Support team at AMN_Sales_Support@newyorklife.com to help you determine the maximum option amount for each policy.

Issue Ages	Option Amount Covered in Determining the Underwriting Amount
0-17	None (Count only policy amount)
18-43	3 times Option Amount (in addition to policy amount)

Juvenile Insurance

Juveniles are defined as clients 0 to 17 years of age. For juvenile insurance the parents should have at least the same amount of insurance in force or pending as applied for the child, unless the parent is uninsurable. All siblings should have the same amount of insurance in force or applied for.

If the jurisdiction of the policy is NY, then the NY 2x4x rule applies on juveniles.

- For children aged 4 years 6 months and under, the child's coverage must be no more than 25% of the amount of life insurance in force on the parent/guardian owner.
- For children aged over 4 years 6 months to 14 years 6 months, the child's coverage must be no more than 50% of the amount of life insurance in force on the parent/guardian owner.
- Only the amount of insurance coverage on the parent/guardian who owns the policy may be considered.
- If both parents own the policy, the amount of coverage may be combined in determining the amount for the child.
- If there is no coverage on the owner/parent, the maximum allowable coverage is $50,000.
- When a grandparent is named owner, the NY state regulation does not apply if the child is not dependent on the grandparent for support and maintenance, but it is expected that the parents should have at least an equal amount of insurance in force.
- If the minor is dependent on the grandparent for support and maintenance, the statutory 2x4x limits should be applied based on the grandparent(s) coverage. A child is considered to be dependent on their grandparent for support and maintenance if they reside at the same address, parents are unemployed, and/or the grandparent is designated as legal guardian.

Military

It is acceptable for agents to write active military personnel.

- Select Preferred, Preferred, Preferred II are available if otherwise qualified with the exception of those engaged in high risk specialties
- Military aviation or deployment to a war zone can be considered, however, the maximum allowable coverage is $100,000 (except for VA residents)

Foreign Nationals or Foreign Residents

For detailed guidelines on Foreign Nationals and/or Residents, please contact your NYL Sales Support team at AMN_Sales_Support@newyorklife.com.

Medical Impairment Information

If the proposed insured has a known medical condition and you would like to make a preliminary assessment, please reference the Agent's Medical Underwriting Guide or contact your underwriter with the following information:

- Specific diagnosis of the impairment
- Date of diagnosis or onset
- Treatment, including date and specific medication prescribed or procedure performed
- Frequency and duration of episodes
- Date of most recent episode
- Tests completed, including date and results
- Date of the last visit to the treating physician
- Full recovery date

Motor Vehicle Reports (MVRs)

A Motor Vehicle Report (MVR) will be obtained on all cases with a total risk amount of $100,000 and more, at issue ages 16 and over. No action required from the agent; Underwriter will order MVRs.

Prescription Histories

A prescription history will be obtained on all applications for proposed insureds age 18 and older with a total risk of $50,000 or more and may be requested on other applications for cause. No action required from the agent; Underwriter will order the prescription history.

Criminal History Search

A Criminal History Search will be automatically ordered on all life cases for all applications for proposed insureds ages 18 and older with 2 Year TAAR amounts of $100,000 to $4,999,999. This will apply to all Life products, except Employee Whole Life (EWL) and Wealth Plus products. Criminal History Search will be ordered automatically on Asset Flex cases with premiums of $150,000 or more and on Non-Contractual Term Conversions. No action is required from the agent.

Medical Records: Attending Physician Statements (APS)/Digital Health Data (DHD)

Medical records may be obtained for cause at the underwriter's discretion. However, routine age and amount medical records will be requested under the following circumstances:

Age	Amount
0-17 years*	$1,000,001+
18-49 years	$2,000,001+
50-60 years	$1,000,001+
61 to 65 years	$200,000+
66 to 69 years	$50,000+
70 + years	All amounts

*Medical records are required at all amounts for insured younger than 24 months who were born prematurely.
We only accept medical records secured through an approved NYL vendor.

Meaningful Medical Records

A meaningful medical record demonstrates a proposed insured has established ongoing medical care. For proposed insureds age 61 and older, a meaningful medical record is required, and the lack of such may result in adverse underwriting action.

Cover Letters

Cover letters are especially helpful to an underwriter and should be used whenever you feel there is information that may need clarification. This is your opportunity to provide greater detail to help the underwriter better understand the risk presented by your prospective client.

Example of details to include are:

- How well you know the client
- How the sale developed, the purpose of insurance, and the determination of face amount
- Unusual or extensive medical histories or financial situations
- Clarification of an unusual beneficiary or ownership arrangement
- Discussions with the underwriter prior to the application submission
- If there are other insurers involved or if the case is known to be substandard
- Any information that may be unclear on the application
- Foreign National/Recent immigrants employed overseas

New York Life TeleApp & Self-Completion Part 2 Underwriting Chart

Amount	Ages 0–17	Ages 18–29	Ages 30–39	Ages 40–49	Ages 50–59	Ages 60–69*	70 and over
$0–$49,999	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2
$50,000–$99,999	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2 EBD, ECG
$100,000–$250,000	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp
$250,001–$500,000	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp
$500,001–$1,000,000	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG** (if smoker)	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp
$1,000,001–$2,500,000	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp
$2,500,001–$5,000,000	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp
$5,000,001–$10,000,000	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp
$10,000,001 and over	TeleApp or SCP2	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG	TeleApp or SCP2, EBD, ECG, Sr. Supp

*Expanded Blood Draw (EBD) dependent on New York Life Express Issue decision for ages 18 to 60, up to $2,000,000
**ECG will be waived for any case that passes Express Issue

Legend

Expanded Blood Draw (EBD): Blood draw, urine, physical measurements, and minimal medical history questions.
Senior Supplement (Sr.Supp): Cognitive and physical function test.

For ECG, smokers are defined as individuals who have smoked cigarettes within the previous 12 months.

Self-Completion Part 2 (SCP2): Online option for clients looking to complete the Part 2 of their Application at their own convenience.

Note:

For non-TeleApp age and amount requirements, see the chart on page 9. (SCP2 or TeleApp is required at ages 18-69, amounts of $50,000 to $99,999.)

For Asset Flex age and amount requirements, see the chart on page 10.

TeleApp is required for employees in the following industries: massage parlors.

New York Life Underwriting Chart

Amount	Ages 0–14	Ages 15–17	Ages 18–29	Ages 30–39	Ages 40–49	Ages 50–59	Ages 60–69	70 and over
$0–$49,999	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A+B	Part 2 – Section A+B	Part 2 – Section A+B	Part 2 – Section A+B	Part 2 – Section A, Paramed, Urine	Part 2 – Section A, Paramed, Urine
$50,000–$99,999	Part 2 – Section C	Part 2 – Section A+B	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	TeleApp or SCP2	Part 2 – Section A, Paramed, Blood, Urine, ECG
$100,000–$250,000	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A+B, EBD	Part 2 – Section A+B, EBD	Part 2 – Section A+B, EBD	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp
$250,001–$500,000	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A+B, EBD	Part 2 – Section A+B, EBD	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp
$500,001–$1,000,000	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A+B, EBD	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG (if smoker)*	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp
$1,000,001–$2,500,000	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp
$2,500,001–$5,000,000	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp
$5,000,001–$10,000,000	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp
$10,000,001 and over	Part 2 – Section C	Part 2 – Section A+B	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG	Part 2 – Section A, Paramed, Blood, Urine, ECG, Sr. Supp

*ECG will be waived for any case that passes Express Issue

Legend

Part 2 = Personal Health History (PHH)

Medical history questions, formerly referred to as a Non-Med of the application.

Expanded Blood Draw (EBD): Blood draw, urine, physical measurements, and minimal medical history questions.
Senior Supplement (Sr. Supp): Cognitive and physical function test.

For ECG, smokers are defined as individuals who have smoked Cigarettes within the previous 12 months.

- For TeleApp age and amount requirements, see the chart on page 8. (SCP2 or TeleApp is required at ages 18-69, amounts of $50,000 to $99,999.)
- For Asset Flex age and amount requirements, see the chart on page 10.
- Amounts over $5M require external financial confirmation.

Time Period of Requirements

Blood & Urine	For Ages 59 and below: Two Years For Ages 60 and over: One Year
TeleApp	One Year with current Personal Health History
SCP2	One Year with Personal Health History
Paramedical	One Year with current Personal Health History
CCR Supplement	Six Months
PHH	Three Months

Asset Flex AD120 Underwriting Chart

Premium Amount	Ages 30–59	Ages 60–65	Ages 66–75
Equal to or less than $150,000 of aggregate premium	TeleApp/SCP2, TeleApp/SCP2 Asset Flex Supplement	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST, APS
Greater than $150,000 of aggregate premium	TeleApp/SCP2, TeleApp/SCP2 Asset Flex Supplement, APS	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST, APS	TeleApp Part 2, TeleApp Asset Flex Supplement, Telephonic EMST, APS

Note:

Medical records requirements for Asset Flex as indicated above differ from other life products as noted on page 7; medical records may also be obtained for cause at the underwriter's discretion.

EMST is a memory exercise that performs a cognitive screening and is completed during the TeleApp interview. For TeleApp age and amount requirements, see the chart on page 7.

Self Completion Part 2 (SCP2) is only available up to age 59½.

Time Period of Requirements

TeleApp	One Year with current PHH
SCP2	One Year with current PHH
EMST	Six Months
Asset Flex Supplement	Six Months

Risk Classification Chart

Minimum age: 18
Minimum face amount: $100,000

Criteria	Age (if applicable)	Select Preferred	Preferred/ Select Standard	Preferred II	Nonsmoker
Nicotine		No nicotine use of any kind within the last 5 years	• Preferred: Nicotine use within the last 5 years is not permitted (with the exception of occasional cigar use with negative nicotine screening) • Select Standard: Nicotine use is permitted	• No nicotine use of any kind within **the last 24 months** • Will allow occasional cigar use with negative nicotine screening	• Not in **the last 12 months** • Will allow occasional cigar or other non-cigarette use with negative nicotine screening
Body Mass Index	18–69	19.5–27.4	27.5–30.9	31.0–33.5	33.6–34.9
	70 & up	19.5–27.4	27.5–32.9	33.0–35.5	35.6–36.9
Cholesterol	18–69	Maximum of 275	Maximum of 300		Greater than 300
	70 & up	Minimum of 140—Maximum of 275	Minimum of 140—Maximum of 300		
TC/HDL Ratio		≤4.5	4.6–6.0	6.1–6.5	6.6–7.0
Family History (Negative cardiac testing within two years may ofset family history)	18–59	No cardiovascular disease or death in a parent/sibling under age 60	No cardiovascular death in a parent/ sibling under age 60	No cardiovascular death in a parent/ sibling under age 60	In parents/siblings, no more than: • One cardiovascular death under age 60 OR • Two persons with cardiovascular disease under age 60
Blood Pressure Maximum	18–59	130/80	135/85	145/90	No ratable blood pressure
	60–69	140/85	150/90	155/90	
	70 & up	145/85	155/90	160/90	
Prescription Medications (Not an all-inclusive list)		Any combination of the following is permitted: • Thyroid replacement • Osteoporosis/ osteopenia medications • Sleep aids (intermittent) • Allergy medications • GERD medications • Up to 2 blood pressure medications • Nasal steroid spray (permitted only if used seasonally for allergies)	Up to three blood pressure medications are permitted in addition to any combination of medications listed for Select Preferred	No restrictions on medications unless used for a ratable impairment or purpose	No restrictions on medications unless used for a ratable impairment or purpose
Medical Records	60 & up	Meaningful doctor's statement to document good health			Follow Age and Amount Medical Records guidelines
Alcohol/Drug History		No history of alcohol or drug abuse or treatment within the last 10 years		No history of alcohol or drug abuse or treatment within the last 7 years	Insurability and rating depend on history
Motor Vehicle Record		• No more than two moving violations in the last 3 years • No alcohol-related driving violations in the last 5 years		• Insurability and rating depend on history • No alcohol-related driving violations in the last 5 years	Insurability and rating depend on history

Personal Insurance Income replacement guidelines

Income replacement is simply intended to replace the earnings of the insured, should he or she die prematurely. Generally, only earned income should be used in determining the amount of insurance needed. If unearned income stops upon the death of the insured, then it too should be used in determining the replacement income. If the unearned income, such as that from investments, continues upon the death of the insured, then it should not be taken into consideration in determining the amount of insurance.

When evaluating a prospective client's financial situation, the underwriter considers many factors, such as earned income, unearned income, net worth, occupation, age, and future income potential. We can consider amounts up to the multipliers in the chart below:

Age	Amount
0–40	35x
41–50	25x
51–60	20x
61–65	10x
66+	5x

Body Mass Index

Maintaining a normal BMI is important for a client's overall long-term health. If BMI increases, the risk of developing certain health conditions (e.g. high blood pressure, heart disease, stroke, and/or diabetes) also increases – this could lead to higher premium rates and sub-standard risk classifications.

Reinsurance and retention limits

- For more information about reinsurance, please contact your field director.
- Important note: Deposit premiums and temporary coverage should never be accepted or provided on cases regardless of informal or formal application.

Informal submissions

To request an underwriting review without submitting a formal application, the informal submission must include a summary of case details and a HIPAA compliant authorization (multi-carrier form specifically listing New York Life is acceptable).

Please send your informal submission along with HIPAA to AMN_NB@Newyorklife.com

Rapid Response Quote

Rapid Response Quote (24-48-hour turn-around) provides a very quick turnaround on summarized cases. This system was designed specifically to reduce unnecessary paper flow from your office to ours on cases that are almost certainly substandard and even possible declinations. To protect your client's privacy when using Rapid Response Quote please refrain from providing the prospect's name, DOB and SS#. Please send quote request email to Rapid_Response@newyorklife.com.Foreign Underwriting

Special guidelines apply to foreign nationals, foreign travel, foreign residence, and visa status. Brokers should review our Foreign Travel & Residence Underwriting Guide for further information. The guide is available on request or on our web site. Please note that all applications, exam requirements, telephone inspection, and policy delivery must be completed and signed in the U.S. In addition, all eligible non-U.S. citizens applying for coverage must produce a valid Green Card or visa at the time of application.

For detailed guidelines on Foreign Nationals and/or Residents please contact the New Business Team at AMN_Retail_Team@newyorklife.com or contact your Regional Field Director.

Acceptable submission methods

Preferred method: Email – Once a domain is approved, applications and all supporting documents can be emailed to AMN_NB@newyorklife.com. A completed "Request for Forced TLS E-mail Encryption" form must be completed and approved before utilizing this submission option. The form must contain a cover letter with a summary of case details, name(s), DOB, face amount and product of choice.

Fax or Postal and Overnight Mail – You can also send a hard copy of your underwriting file along with a cover letter, containing a summary of case details, name(s), DOB, face amount and product of choice via fax to (913) 906- 4093.

For postal or overnight delivery, mail to:

New York Life Insurance Company Advanced
Markets Network
New Business Team
6130 Sprint Parkway, Suite 400
Overland Park, KS 66211

Phone: 888-695-4748, Option 6

New York Life Insurance Company

New York Life Insurance and Annuity Corporation
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