



LIFE UNDERWRITING

Agent and Broker Companion (ABC) Guide

Your guide to underwriting impairments.

October 2012 Edition

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Introduction

You work hard to prospect and sell new cases. At John Hancock, we work just as hard to underwrite your business and provide you with competitive offers as quickly as possible. Take a look at some of the underwriting strengths we offer that can expand your sales:

Progressive Decisions:

- Competitive evaluations for many conditions including CAD, diabetes, cancer, mild impairments and older ages

Generous Temporary Insurance Coverage and Locked-In Insurability:

- Providing 90 days of coverage under the Temporary Insurance Agreement for the amount applied for up to a maximum of \$1 million on Individual policies and \$5 million on Survivorship

Innovative Approaches:

- *John Hancock underwriting manual* — regularly revised based on the findings of our dedicated medical research staff
- *HealthStyles program* — a crediting program that allows our underwriters to apply a proposed life insured's favorable health and lifestyle factors to improve the underwriting offer

Flexible Process:

- Ongoing focus on simplifying the underwriting process, e.g., streamlined financial verification process, generous time limitations on underwriting evidence requirements, and accepting paramedical exams instead of medical exams for ages 16 and older at all face amounts

This *Agent and Broker Companion* (ABC) guide is designed to provide you with a comprehensive reference tool to underwriting at John Hancock. The guide is organized into two sections:

- **Part I — Underwriting Guidelines:** an overview of our underwriting criteria as well as additional details about specific approaches that can improve our underwriting offers
- **Part II — Impairment Guide:** information your John Hancock underwriter will need up front to assess specific conditions as well as factors that will impact the decision

Bring your next life insurance case to John Hancock. A dedicated team of experienced and accessible underwriters will drill down to understand the details of your case and make the best possible offer for you and your clients.

Part I — Underwriting Guidelines

Preferred Vendors

The following are the preferred vendors for John Hancock Life Insurance:

EXAMINATION VENDORS	
APPS	800-727-2101 or www.appslive.com
EMSI	800-872-3674
ExamOne	800-768-2056 or www.examone.com
Portamedic	800-765-1010
Superior Mobile Medics	800-898-3926

APS VENDORS	
EMSI	800-530-0560
Express Imaging Services, Inc.	Contact Tammy Jackson at 1-888-846-8804, x268; email tammy_jackson@ircopy.com
Parameds.com	www.parameds.com
WFI Inc.	Contact Andrew Simpson to set up access to order APSs Direct number is 800-999-9589, x312; e-mail asimpson@wfi-inc.com Through the WFI website (www.wfi-inc.com) under "Contact our WFI Sales Team"

NATION'S CARELINK COGNITIVE MOBILITY & ASSESSMENT	
800-201-8897 www.ncl-link.com User name: USLife Password: Lifef2f	

Preferred and Super Preferred Underwriting Criteria, Ages 18 – 70¹

PREFERRED CRITERIA

Tobacco Use

Preferred Non-Smoker

Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following:

Limited Cigar Use: An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine

Preferred Smoker

Meets the Preferred criteria but has used cigarettes, including e-cigarettes, within the last 12 months

Blood Pressure (Treated and Untreated)

Up to 140/85	Age 18–50	Up to 145/90	Age 51–70
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Cholesterol (Treated and Untreated)

Up to 250 mg/dl	Age 18–50	Up to 270 mg/dl	Age 51–70
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Total Chol up to 300 is OK for Preferred if Chol/HDL ratio is 1 less than the published limit

Chol/HDL Ratio (Treated and Untreated)

Up to 5.0	Age 18–50	Up to 5.5	Age 51–70
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Total Chol up to 300 is OK for Preferred if Chol/HDL ratio is 1 less than the published limit

Personal History

No history of Cancer,* Coronary Artery Disease, Cerebrovascular Disease or Diabetes.* No current rateable impairment

*Some cases may qualify for Preferred

Family History

No more than one death of a parent or sibling prior to age 60 from Coronary Artery Disease or Cancer. Gender-specific cancers are disregarded for opposite sex applicants

Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 5 years and no more than one conviction ever

MVR

Maximum of 2 moving violations within the last 2 years

Aviation

Only available to private pilots with more than 300 hours of experience who fly 25–200 hours yearly and have IFR or pilots and crew on regularly scheduled airline flights. Preferred with a flat extra or aviation exclusion may be available

Hazardous Sports

Preferred available if not rateable. If rateable, can be Preferred with a flat extra if all Preferred criteria are met

SUPER PREFERRED CRITERIA

Tobacco Use

Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following:

Limited Cigar Use: An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine

Blood Pressure (Treated and Untreated)

Up to 135/85	Age 18–50	Up to 140/90	Age 51–70
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Cholesterol (Treated and Untreated)

Up to 230 mg/dl	Age 18–50	Up to 250 mg/dl	Age 51–70
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Total Chol up to 300 is OK for Super Preferred if Chol/HDL ratio is 1 less than the published limit

Chol/HDL Ratio (Treated and Untreated)

Up to 4.5	Age 18–50	Up to 5.0	Age 51–70
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Total Chol up to 300 is OK for Super Preferred if Chol/HDL ratio is 1 less than the published limit

Personal History

No history of Cancer, Coronary Artery Disease, Cerebrovascular Disease or Diabetes. No current impairment

Family History

No death of a parent or sibling prior to age 60 from Coronary Artery Disease or Cancer. Gender-specific cancers are disregarded for opposite sex applicants

Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 10 years and no more than one conviction ever

MVR

Maximum of 1 moving violation within the last 2 years

Aviation

No participation within the past 12 months

Hazardous Sports

No participation within the past 12 months

PREFERRED BUILD CHART AGES 18–70

HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
WEIGHT	142	147	152	158	164	170	176	182	186	192	197	203	208	214	219	225	231	237	243	249	255	261	268

SUPER PREFERRED BUILD CHART AGES 18–70

HEIGHT	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"
WEIGHT	145	149	153	157	162	166	170	176	182	187	193	199	205	210	216	220	223	227	231	235

1. Refer to the specific product technical guide to determine the availability of Preferred and/or Super Preferred and for the ages where Preferred and Super Preferred rates are available.

Preferred and Super Preferred Underwriting Criteria, Ages 71 and Older¹

PREFERRED CRITERIA

Tobacco Use

Preferred Non-Smoker

Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following:

Limited Cigar Use: An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microanalysis is free of nicotine

Preferred Smoker

Meets the Preferred criteria but has used cigarettes, including e-cigarettes, within the last 12 months

Blood Pressure (Treated and Untreated)

Up to 145/90

Cholesterol (Treated and Untreated)

Over 159 mg/dl, but less than 300 mg/dl

HDL Cholesterol

Must exceed 35 mg/dl

Serum Albumin

Must exceed 3.6 g/dl

Functional

Must have the ability to independently perform all the activities of daily living

Cognitive

No evidence of cognitive impairment

Personal History

No history of Cancer,* Coronary Artery Disease, Cerebrovascular Disease or Diabetes.* No current rateable impairment

*Some cases may qualify for Preferred

Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 5 years and no more than one conviction ever

MVR

Maximum of 1 moving violation within the last 2 years

Aviation

No participation in the last 12 months

Hazardous Sports

No participation in the last 12 months

SUPER PREFERRED CRITERIA

Tobacco Use

Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following:

Limited Cigar Use: An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microanalysis is free of nicotine

Blood Pressure (Treated and Untreated)

Up to 140/90 Pulse pressure should be less than or equal to 65

Cholesterol (Treated and Untreated)

Over 175 mg/dl but less than 280 mg/dl

HDL Cholesterol (Treated and Untreated)

Must exceed 40 mg/dl

Serum Albumin

Must be equal to or greater than 4.0 g/dl

Creatinine

Must be within normal limits

Functional

Must have the ability to independently perform all the activities of daily living

Cognitive

No evidence of cognitive impairment

Personal History

No history of Cancer, Cardiovascular Disease, Cerebrovascular Disease or Diabetes. No current impairment

Alcohol/Drug

No history of alcohol/drug abuse or treatment within the past 10 years

DWI/Reckless

No driving while intoxicated or reckless driving conviction within the last 10 years and no more than one conviction ever

MVR

No moving violations within the past 2 years

Aviation

No participation within the past 12 months

Hazardous Sports

No participation within the past 12 months

PREFERRED BUILD CHART AGES 71 AND OLDER

HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
WEIGHT (Max.)	142	147	152	158	164	170	176	182	186	192	197	203	208	214	219	225	231	237	243	249	255	261	268
WEIGHT (Min.)	97	99	102	104	106	109	111	114	118	121	124	127	130	134	138	141	145	148	152	156	161	165	170

SUPER PREFERRED BUILD CHART AGES 71 AND OLDER (DEMONSTRATED STABLE WEIGHT FOR AT LEAST THE PAST 3 YEARS)

HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
WEIGHT (Max.)	132	137	142	148	154	160	166	172	176	182	187	193	198	204	209	215	221	227	233	239	245	251	258
WEIGHT (Min.)	97	99	102	104	106	109	111	114	118	121	124	127	130	134	138	141	145	148	152	156	161	165	170

1. Refer to the specific product technical guide to determine the availability of Preferred and/or Super Preferred and for the ages where Preferred and Super Preferred rates are available.

Standard Plus Non-Smoker Underwriting Criteria

Ages 18–70¹

Tobacco Use

No tobacco or nicotine products in the past 12 months with the exception of the following:

Limited Cigar Use: An occasional cigar smoker may qualify for Standard Plus Non-Smoker rates if he/she smokes 24 cigars or less per year and microanalysis is free of nicotine

Blood Pressure (Treated and Untreated)

145/90	Age 18–50	150/90	Age 51–70
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Chol/HDL Ratio (Treated and Untreated)

Up to 5.5	Age 18–50	Up to 6	Age 51–70
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Personal History

No current rateable impairment

History of certain cancers are eligible for Standard Plus immediately following excision. Other cancers are eligible for Standard Plus after 5 years of qualifying for Standard rates*

*Example – after five years at Standard rates, prostate cancer may be eligible for Standard Plus

Some histories of melanoma, breast cancer, leukemia, Hodgkins and non-Hodgkins may qualify for Standard Plus after 10 years of qualifying for Standard rates

Driving Record

Must be Standard

Aviation

Participation in aviation does not exclude from Standard Plus. If warranted, a flat extra or aviation exclusion will be applied

Hazardous Sport

Participation in a hazardous sport does not exclude from Standard Plus. If warranted, a flat extra will be applied

Ages 71 and Older¹

Tobacco Use

No tobacco or nicotine products in the past 12 months with the exception of the following:

Limited Cigar Use: An occasional cigar smoker may qualify for Standard Plus Non-Smoker rates if he/she smokes 24 cigars or less per year and microanalysis is free of nicotine

Blood Pressure (Treated and Untreated)

150/90

Chol/HDL Ratio (Treated and Untreated)

HDL must exceed 35 mg/dl

Personal History

No current rateable impairment

History of certain cancers are eligible for Standard Plus immediately following excision. Other cancers are eligible for Standard Plus after 5 years of qualifying for Standard rates*

*Example – after five years at Standard rates, prostate cancer may be eligible for Standard Plus

Some histories of melanoma, breast cancer, leukemia, Hodgkins and non-Hodgkins may qualify for Standard Plus after 10 years of qualifying for Standard rates

Must have the ability to independently perform all activities of daily living. No evidence of cognitive impairment

Driving Record

Must be Standard

Aviation

Participation in aviation does not exclude from Standard Plus. If warranted, a flat extra or aviation exclusion will be applied. Over age 80 is uninsurable

Hazardous Sport

Participation in a hazardous sport does not exclude from Standard Plus. If warranted, a flat extra will be applied

STANDARD PLUS BUILD CHART AGES 18–80

HEIGHT	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"	6'8"	6'9"	6'10"	6'11"
WEIGHT	189	193	197	201	205	210	214	219	225	231	237	243	250	257	264	271	279	287	295	303	311	319	326	334	342	350	358	366

1. Refer to the specific product technical guide to determine the availability of Standard Plus and for the ages where Standard Plus rates are available.

Build Chart

Best Class Rating

Use this chart to find the rating required for height and weight. The rating is shown in the horizontal line across the top of the chart.

Each cell of the chart is the maximum weight allowed for each rating. For build up to 125%, Standard Plus will be offered if all other Standard Plus criteria are met.

Refer to page's 4 and 5 for Preferred and Super Preferred build requirements.

Height	125%	150%	175%	200%	225%	250%	300%	350%	400%	450%	500%
4' 8"	189	200	208	215	220	227	238	247	256	265	274
4' 9"	193	204	212	218	225	231	242	251	260	269	278
4' 10"	197	208	216	223	229	235	247	256	265	274	283
4' 11"	201	212	220	226	233	239	251	260	269	278	287
5' 0"	205	216	224	232	238	243	255	264	273	282	291
5' 1"	210	221	229	237	242	247	259	268	277	286	295
5' 2"	214	225	232	240	246	252	263	271	280	289	299
5' 3"	219	230	238	246	252	258	271	280	289	298	307
5' 4"	225	236	244	252	259	265	278	288	297	306	315
5' 5"	231	242	250	258	265	272	285	295	304	313	322
5' 6"	237	248	256	264	271	278	292	302	311	320	329
5' 7"	243	254	263	271	279	286	300	310	319	328	337
5' 8"	250	262	271	279	287	294	308	318	327	336	345
5' 9"	257	270	279	288	295	302	317	327	336	345	354
5' 10"	264	277	286	295	302	309	324	335	345	355	365
5' 11"	271	284	293	303	310	317	332	343	353	363	373
6' 0"	279	292	301	311	318	325	340	351	361	371	381
6' 1"	287	300	309	319	326	333	348	360	370	380	390
6' 2"	295	308	317	327	334	341	356	369	379	389	399
6' 3"	303	316	325	335	342	350	365	378	388	398	408
6' 4"	311	324	333	343	351	358	374	387	397	407	412
6' 5"	319	332	341	351	359	367	383	396	406	416	426
6' 6"	326	340	349	359	367	375	392	405	415	425	435
6' 7"	334	348	357	367	375	384	401	414	424	434	444
6' 8"	342	356	366	375	384	393	410	423	433	443	453
6' 9"	350	364	374	384	393	401	419	432	442	452	462
6' 10"	358	372	382	392	401	410	428	441	451	461	471
6' 11"	366	380	390	400	409	418	436	450	460	470	480

Smoking Classifications

Best Class Available

Super Preferred Non-Smoker	Meets the Super Preferred criteria and has not used any form of tobacco or nicotine products within the last 5 years with the exception of the following: Limited Cigar Use: An occasional cigar smoker may qualify for Super Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine
Preferred Non-Smoker	Meets the Preferred criteria and has not used any form of tobacco or nicotine products within the last 2 years with the exception of the following: Limited Cigar Use: An occasional cigar smoker may qualify for Preferred Non-Smoker rates if he/she smokes 12 cigars or less per year and microurinalysis is free of nicotine
Standard Plus Non-Smoker ¹	No tobacco or nicotine products in the past 12 months with the exception of the following: Limited Cigar Use: An occasional cigar smoker may qualify for Standard Plus Non-Smoker rates if he/she smokes 24 cigars or less per year and microurinalysis is free of nicotine
Standard Non-Smoker	No cigarette use within the last 12 months and either: 1. Does not meet all Preferred or Standard Plus criteria or, 2. Uses other tobacco or nicotine products
Preferred Smoker	Meets the Preferred criteria but has used cigarettes, including e-cigarettes, within the last 12 months
Standard Smoker	Does not meet the Preferred criteria and has used cigarettes, including e-cigarettes, within the last 12 months

1. Refer to the specific product technical guide to determine the availability of Standard Plus and for the ages where Standard Plus rates are available.

Financial Underwriting Guidelines

Financial underwriting is a critical part of the underwriting process which examines the economic feasibility of the case at hand, and allows the underwriters to identify and verify the insurable interest at the time of the application. Industry studies have shown that early claims, particularly those related to violent deaths, have been strongly linked to poor financial underwriting lacking legitimate insurable interest.

At John Hancock, we take a “purpose-driven” approach to financial underwriting. We recognize that life insurance may be purchased to cover many different needs. These needs can be broadly separated into personal (income replacement, estate planning, charitable giving, etc.) and business related (buy-sell, key person, etc.). Our underwriters use the following tools and approach — among others — during the underwriting process to consider the purpose of the coverage and assess the presence or absence of insurable interest. In all instances, our underwriters have the discretion to order additional financial requirements as they deem necessary.

Financial Underwriting Requirements

1. Telephone Interview

What is it? An interview with the proposed life insured where questions related to the life insurance application, such as occupation, health history and avocations are asked.

When is it required?

TELEPHONE INTERVIEW	
Age	Face Amount
18–70	\$10,000,001 and up
71–79	\$5,000,000 and up
80–90	\$1,000,000 and up

A team of dedicated John Hancock underwriting specialists schedule and perform the telephone interview with the applicant. Our underwriters are experienced in handling the sensitive information shared during the interview.

Financial Underwriting Guidelines

2. Financial Supplement

What is it? The *Financial Supplement* is a form required by John Hancock as part of the financial underwriting process. It requires a detailed breakdown of assets and liabilities and must be signed by both the proposed insured and the agent. Select and submit a *Financial Supplement* that is applicable to the sale. John Hancock's underwriters will handle the rest of the financial verification process.¹

When is it required?

FINANCIAL SUPPLEMENT			
Personal		Business	
Age	Face Amount	Age	Face Amount
Up to 65	\$7,500,001 and up	All Ages	\$1,000,000 and up
66–79	\$5,000,000 and up		
80–90	\$1,000,000 and up		

For any asset type representing more than 25% of total assets, copies of the latest statements of values are required, for example, copies of insurance policies for jewelry or art or quarterly statements for investment portfolios.

3. Request for Tax Transcript – IRS 4506T-EZ

In some cases, our underwriters may require additional documentation to verify the financial information disclosed in the life application. While not a routine requirement, in cases where the underwriter is unable to obtain this verification through other sources, the submission of a completed IRS form 4506T-EZ may be requested. In cases where a signed 4506T-EZ is requested and submitted, John Hancock will use this signed authorization to request the IRS tax returns via a secure and confidential interface and will receive this information within 24–48 hours. Form 4506T-EZ is available as an optional form in our application kits. If requested by the underwriter, please have your client enter the last two years (i.e., tax period to be filled in) in **Section 6** on this form.

Financial Underwriting Review

In addition to the above requirements, the underwriter also takes into account the following:

1. Trust Documents

Reviewing Trust documentation can assist us in determining the presence of insurable interest. A review of a *Trust Certification* form and/or actual Trust document is required on any policy where a Trust has been identified as the Owner/Beneficiary.

The following documents are required during the Trust review process:

- For any case where a Trust is identified as being the Owner/Beneficiary, we need a completed *Trust Certification* form (PS5101), regardless of whether a properly executed Trust agreement has been submitted or not.

1. In some scenarios, additional information to support the representation of assets and income may be required, such as brokerage statements.

Financial Underwriting Guidelines

- In addition, for all applications on proposed insureds age 70 and older,¹ a copy of the executed Trust document is required for our review.
 - Please note that on cases age 70 or older where the funding is to be accomplished via a 1035 Absolute Assignment or the Trust has been executed prior to January 1, 2005, we will not require a copy of the executed trust but do require a completed *Trust Certification* form.
- Our underwriters also review documents on certain policies including but not limited to Trust, Family Partnership and LLC agreements prior to policy issue.

2. Inforce and Settled Policies

Understanding the complete picture of a client's current inforce and applied for coverage is an important part of the financial underwriting process. Inforce coverage disclosed on the application must include any settled or sold policies. Our underwriters include settled policies in determining justification of the total amount of insurance in force and the ability to pay, as well as the Jumbo Limit for reinsurance requirements. Providing incorrect or incomplete information in an application for life insurance, even if it is unintentional, is misrepresentation.

Our underwriters consider several factors when determining new coverage when there are existing settled policies in the insured's insurance portfolio:

- The overall financial status of the proposed insured.
- The duration of the policies that have been settled or sold, or are currently being settled. John Hancock will not participate in new applications for life insurance associated with concurrent early duration settlements, or where a history of frequent settlement activities exists. Early duration is defined as a policy settled within five years of issue.

3. Ability to Pay/Affordability

As part of the financial review of a case, an underwriter must determine if the applicant can afford to pay the premiums for the requested coverage and all inforce policy contracts. This is usually established by reviewing the proposed insured's application statement as to the source of the premium and the appropriate illustration. If the source is other than income, the proposed insured is encouraged to present the specific source of funding and an explanation of why this source is being used. Premiums should not exceed 10–25% of gross income. In general, the higher the available disposable income, the greater premium to gross income ratio that would be acceptable.

In cases where the source of the premium is other than the Insured on personal applications, a letter of explanation to include the reason for the third-party funding and the source of the funds would be required. Additional details regarding the third-party source may be requested at the discretion of the underwriter.

1. Please note that John Hancock reserves the right to request a fully executed copy of the Trust regardless of the proposed insured's age.

Financial Underwriting Guidelines

Financial Underwriting Guidelines and Case Positioning Tips

Since you — as the agent — know your clients best, you are a key source of their financial information. A cover letter is recommended with all applications; it is your chance to explain the background of the sale, including:

- The specific purpose of coverage and how that amount was determined relative to the proposed insured's finances, including premium-paying ability (demonstrating premium to income relationship and/or premium to liquid net worth relationship).
- Clarification of any points that may not be obvious in the application including both medical and non-medical factors that the client or producer want to bring to the underwriter's attention.
- Total insurance: inforce (including any settled or sold policies), all pending coverage applied for, replacement details and the ultimate total line.

For additional information on John Hancock's approach to financial underwriting, the following chart provides an outline of some of the financial purposes and methods used by our underwriters in arriving at acceptable amounts of insurance. The information is presented as follows:

- **Underwriting Formula** — how the underwriter calculates the amount of coverage that can be approved according to the type of insurance and need.
- **Important Notes** — check here to see if there are any specific details about your case that you should include in your cover letter. The underwriter uses this information to justify the amount of coverage requested, and to make the most competitive decision right from the outset. Providing this information up front can streamline the underwriting process by reducing the need for additional information about the sale.

Financial Underwriting Guidelines

Guidelines for Amount — Personal Life Insurance

Purpose of Insurance	Underwriting Formula	Important Notes
Income Replacement	Age Factor x Earned Income 18–30: 30x 31–40: 25x 41–50: 20x 51–60: 15x 61–65: 10x 66–74: 5x 75+: individual consideration	- For individuals whose personal income is low but future earnings' potential is high, it may be possible to consider higher amounts - Social security, pensions and annuities are not considered earned income
Estate Conservation	Usually based on Projected Net Worth x Estate Tax Rate (55%) Maximum Projections Based on a growth rate of 5–7% based on historical growth – higher or lower growth rates subject to individual consideration General Guidelines Individual: - Up to 75% of life expectancy to a maximum of 20 years Survivorship: - Based on the younger or healthier life - Up to 75% of life expectancy up to a maximum of 20 years	For policies with increasing face amount riders that are issued by John Hancock's approved financing programs, the rider portion of the coverage will be justified based on 100% life expectancy
Bequest to Charity (Charitable Contribution)	Face Amount = present value of future contributions to $\frac{3}{4}$ of life expectancy	Provide contribution record to establish pattern of support and involvement in the charity. Also, include details of any volunteer work with the charity to demonstrate the strength of the relationship
Charitable Remainder Trust with Wealth (asset) Replacement Trust	Value of donated assets	Confirmation of actual value of assets is required
Employee Benefits — Deferred Compensation	Insurable value = amount required to fund the benefits for each executive	Provide rules for participation, formulas used to determine individual amounts of coverage
Dependent Spouse	75–100% of the insurance in force on employed spouse subject to overall family financial situation and ability to fund policy - If face amount exceeds 100%, we require a cover letter with explanation	Require details of amount in force on employed spouse and household income, net worth
Juvenile Insurance	- Coverage should not usually exceed 50% of amount on parents - Amount requested should be reasonable relative to insurance on parents and siblings (similar coverage) - For face amounts over \$100,000 or those related to estate planning needs, gifting, or inheritance, approval will be on individual consideration basis taking into account all financial details - Application must be signed by a parent or guardian with whom the child resides	- New York has legal restrictions on the amount of life insurance allowed on juveniles. Specifically, Section 3207 of the New York Insurance Law states that when a juvenile is dependent on the person(s) effecting the insurance, i.e. parents/guardian, then the maximum amount that can be written is: Ages Under 4.5 – maximum \$50,000 or 25% of the amount in force on the parent effectuating the insurance, whichever is greater Ages 4.5 to 14.5 – maximum \$50,000 or 50% of the amount in force on the parent effectuating the insurance, whichever is greater - Washington has special legal restrictions for juveniles. Please contact your underwriter for details - Please contact your underwriter for other special rules

Financial Underwriting Guidelines

Guidelines for Amount — Personal Insurance, continued

Purpose of Insurance	Underwriting Formula	Important Notes
Estate Equalization	- Insurable value = up to 100% of the transferred asset subject to ability to pay - For retroactive cases, insurable value = asset value at time of transfer indexed at a growth rate of 5% per year	- Value of total estate and value of asset transferred is required - For retroactive cases, proof of asset transfer and current value is required
Personal Loan	100% of outstanding loan balance to creditor with remainder to life insured's estate subject to collateral assignment	Require details of loan which include source, amount, purpose, repayment schedule and interest rate
Annuity Maximization	Coverage should not significantly exceed income and estate conservation guidelines	- Require details of annuity or other asset being replaced - Amounts to be considered must fit within guidelines for overall total line
Future Inheritance (Adult)	Value of inheritance including a growth rate of up to 5% per year for a maximum of 10 years	Cover letter is required with complete details, including age and coverage in force on benefactor(s) as well as in force and pending coverage on all siblings

Guidelines for Amount — Business

Purpose of Insurance	Underwriting Formula	Important Notes
Key Person	5–10 x Income (depending on circumstances)	- Following information may be required: income, role in organization, specialized skills, experience - For the state of New York, please contact your underwriter for special requirements
Buy-Sell	Percentage Ownership x Fair Market Value of the business plus a modest growth factor	Require percent ownership, fair market value of business, information as to whether other partners are insured
Sole Proprietor	Fair market value of the business plus a modest growth factor	Require confirmation of ownership, fair market value of business, copy of buy out agreement for some cases
Creditor — Business	Usually cover a percentage of outstanding debt equal to non-collateralized portion of debt up to 70%	- Insured must be a key person - Require loan details: source, amount, purpose, duration, repayment terms
Line of Credit Coverage	May be considered up to 70% of documented line of credit (LOC)	Require role of insured, source of LOC, details of LOC including amount, average amount utilized, purpose, repayment terms, interest rate
Venture Capital and Start Up Companies	Face amount should not exceed key person limits when key person is the primary purpose. If loan, use creditor guidelines	Require confirmation that capital has been obtained. May also require, profitability projections, product/service descriptions, product cost/pricing, salability, and experience/skills of management team

Part II – Impairment Guide

Whether you are submitting a formal or informal application, we know you want an underwriting decision as quickly as possible. The following pages highlight some of the more common impairments we see at John Hancock. Use the information as a reference on what details the underwriter needs up front to assess specific conditions as well as factors that will impact the decision. Contact your underwriter if you would like information about an impairment that is not included.

The following pages are organized into three sections:

1. Medical Impairments
2. Long-Term Care Riders
3. Non-Medical Risks:
 - Aviation
 - Avocations
 - Professional Athletes
 - Foreign Travel
 - Foreign Residents

Condition and Description

The name of the impairment, including a short description. Conditions are listed alphabetically (types of cancer categories listed alphabetically under "Cancer").

Factors Affecting the Decision

The criteria the underwriter uses to classify the risk.

Requirements

Medical requirements the underwriter is likely to request in addition to the routine age and amount medical requirements.

Fast Track the App

These are the specific details to include in your application package to enable the underwriter to award the maximum possible credits available and make the most competitive decision right from the outset. Use this information to help focus APS requests, ensuring the correct information is requested from the doctor up front. This will streamline the underwriting process by significantly reducing the need for subsequent reports, or other requirements.

Likely Underwriting Decision

The classification or rating necessary for the impairment based on the factors and requirements presented. Most conditions have a sample decision for a best-case scenario, typical case, and worst-case rating.

Keep in mind this tool provides an overview of the factors the underwriter considers and the likely decisions. It is not a complete underwriting manual.

Note: Standard Plus is available depending on product selection.

Acronyms and Short Forms Used in the Guide

AAA	abdominal aortic aneurysm	FH	family history
ABI	ankle-brachial index	GI	gastrointestinal
ADLs	activities of daily living (e.g., feeding, bathing, dressing)	GXT	graded exercise test
APS	attending physician's statement	HBsAg	hepatitis B surface antigen
ASD	atrial septal defect (congenital heart disorder)	HTN	hypertension
ATP	airline transportation pilot certificate	IADLs	instrumental activities of daily living (e.g., banking, shopping)
BP	blood pressure	IC	individual consideration
BUN	blood urine nitrogen	IDDM	insulin dependent diabetes mellitus
CABG	coronary artery bypass graft	IFR	instrument flight rating
CAD	coronary artery disease	LFT	liver function test
CFS	chronic fatigue syndrome	LIPIDS	fats in the blood (e.g., cholesterol)
CHOL	cholesterol	LTC	Long-Term Care rider
CKD	chronic kidney disease	MRI	magnetic resonance imaging
CLL	chronic lymphocytic leukemia	MVR	motor vehicle report
COPD	chronic obstructive pulmonary disease	NIDDM	non-insulin dependent diabetes mellitus
CT	computed tomography	OSA	obstructive sleep apnea
CTA	computed tomography angiogram	PFT	pulmonary function test
CVD	cerebrovascular disease	PP	postpone
CXR	chest x-ray	PAF	paroxysmal atrial fibrillation
DWI	driving while impaired	PSA	prostate specific antigen
DVT	deep vein thrombosis	PTCA	percutaneous transluminal coronary angioplasty
EBCT	electron-beam computed tomography	PVD	peripheral vascular disease
ECHO	echocardiogram	Rx	medication
EEG	electroencephalogram	TEE	transesophageal echocardiography
EF	ejection fraction	TIA	transient ischemic attack
EKG	electrocardiogram	TST	treadmill stress test
ER	emergency room	VSD	ventral septal defect (congenital heart disorder)
FEV1	forced expiratory volume during first second		

Medical Impairments

The information on pages 17–35 provides general guidelines as to what the underwriter looks at for each impairment listed. Please note that the ratings are applicable only to the life insurance portion of a policy. For details on ratings for a Long-Term Care rider, please see pages 36–39.

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Alcohol Excess Alcohol consumption considered as alcohol abuse, dependence, at risk, and heavy use.	• Current age • Amount of alcohol declared • Any diagnosis of abuse or dependence • How long abstinent or consuming in moderation • Any relapses • Member of a self-help group • Treatment with medication • Any co-morbid conditions • Any medical complications • Driving history	Requirements: APS, paramed, MVR, blood test Fast Track: • Provide details of medical treatment and any psychiatric/psychological report • Document any residential care, including dates and length of treatment • Clearly outline any favorable aspects such as continued employment, attendance at self-help groups, etc. • Alcohol Questionnaire	Ratings depend primarily on applicants age, time since last use, and any co-morbid factors Best Case: Over age 40 and > 5 years since last consumption: Standard Plus possible Typical Case: 150 to 200% Worst Case: Decline
Alzheimer's Disease A dementia due to a degeneration of the brain resulting in progressive loss of cognitive function. Two to four percent of the population over age 65 is estimated to have Alzheimer's disease. Prevalence increases with age, especially after age 75.			Most cases will be a decline. Mild Cognitive Impairment: refer to Mild Cognitive Impairment (Benign) section
Anemia A reduction in the number of red blood cells due to blood loss, failure of the bone marrow to produce sufficient cells, or premature destruction of the cells.	• Type of anemia • Cause of anemia, if known • Treatment • Details of testing done and referrals to specialists (include dates, names of tests and doctors seen) • Blood test results • Medications • Any concurrent impairment	Requirement: APS Fast Track: • Details of investigation and testing • Details of ongoing surveillance of the condition (including blood tests, electrophoresis)	Ratings depend on type of anemia. Decisions can range from Preferred to decline Iron deficiency anemia: Preferred possible when fully investigated and no underlying condition identified Aplastic anemia: Usually decline Hemolytic anemia: Standard to 200%, but rating could be higher depending on type and severity

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Aneurysm Abnormal dilation of an artery.	- Type or location of aneurysm - Date of diagnosis - Cause of aneurysm - Size and stability of aneurysm - Currently present - Treatment - Smoking history - Blood pressure control	Requirement: APS Fast Track: - All tests and details of ongoing surveillance - Details of any lifestyle modifications - Details of BP and lipid control - Smoking history - Any residuals (good level of activity)	Can consider on a rated basis 6–12 months post-op depending on the type of aneurysm Abdominal: - Unoperated – small, stable x2 years: 150 to 200%. Better rating if stable for longer periods. Large (> 5 cm): Decline - Operated – typical rating: 150% Cerebral: - Unoperated – small, stable, no complications: 150%. Better rating if stable for longer periods. Large: Postpone - Operated – typical rating, if no complications, may be Standard after 2 years Thoracic: Considered more severe and is often declined without successful surgery
Angina Pectoris Chest pain caused by reduced blood flow to the heart due to coronary artery disease.	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
Angioplasty	Refer to Coronary Artery Disease		Unable to consider until 3–6 months after treatment
Arteriosclerosis	Refer to Coronary Artery Disease		
Asthma Chronic inflammatory condition of the airways causing shortness of breath that is triggered by allergens, irritants, cold air, or exercise.	- Current age - Date of diagnosis - Severity of symptoms - Frequency of attacks - Timing of attacks (day or night) - Type of medication and frequency of use - Compliant with medications - Medication side effects - Hospitalizations or ER visits - Limitations to activities - Smoking history - Concurrent impairments such as COPD, psychiatric disorder, alcohol abuse, CAD	Requirement: APS or Asthma Questionnaire Fast Track: - Pulmonary function tests, hospital reports - Details of lifestyle modification (such as non-smoking) - Level of activity - Type of medication and frequency of use	Minimal or mild asthma: Standard Plus to Preferred Moderate: 150 to 250% Severe: 250% to decline

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Atrial Fibrillation Arrhythmia of the aorta where it contracts chaotically.	• Date of diagnosis and age at onset • Age of applicant • Frequency of attacks • Fully investigated • Paroxysmal vs Chronic • Treatment • Complications from treatment (e.g., drug toxicity or hemorrhage from anticoagulant) • Any underlying heart disease • Complications (e.g., stroke or congestive heart failure) • Any concurrent impairment (e.g., history of alcohol abuse, CAD, valvular disease, TIA, or stroke)	Requirement: APS Fast Track: • Copies of all cardiac investigations • Details of any prophylactic medication (e.g., blood thinners) • Outline any lifestyle modification • Current level of activity	New diagnosis or new finding on insurance exam must be declined. If heart disorder, it will be rated according to the cause Well controlled PAF (paroxysmal atrial fibrillation) with minimal attacks: Standard If there is no CAD or other underlying heart disease, average rating for CAF (chronic atrial fibrillation) is 150 to 175%
Bariatric Surgery Surgery for morbid obesity, most commonly known as "stomach stapling."	• Pre-operative weight • Any co-morbid conditions (such as diabetes, hypertension, coronary disease) • Date of surgery • Type of surgery • Any surgical complications • Outcome of surgery (weight loss, improvement of risk factors)	Requirements: APS Fast Track: • Supply all medical reports relating to the surgical procedure and follow-up • Illustrate positive improvements in lifestyle	Unable to consider until 3–6 months after surgery Assuming no complications – Up to 12 months: Rating based on pre-operative weight minus half any weight loss > 1 year: Rating based on current weight
Barrett's Esophagus Disorder in which the cells normally lining the lower esophagus are replaced by cells normally found lining the stomach. May occur due to esophageal injury caused by reflux. Barrett's esophagus may be a pre-malignant condition for esophageal cancer.	• Current age • Ongoing risk factors • Type of testing done and results (endoscopy, biopsy) • Stable course • Medication/treatment • Response to medication treatment • Compliant with medical treatment and follow-up • Complications (e.g., hemorrhage, perforation)	Requirement: APS Fast Track: • Pathology report • Details of ongoing follow-up (e.g., endoscopy) • Details of lifestyle modification (stop smoking and alcohol use) • Medication/treatment	Best Case: Preferred if no dysplasia and good follow-up done on a regular basis Typical Case: 150% Worst Case: Decline (if history of high-grade dysplasia and treated with medication only)

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Blood Pressure	Refer to Hypertension		
By-pass surgery	Refer to Coronary Artery Disease		Unable to consider until 6 months after treatment
Cancer	Refer to specific organ or type of cancer		
Cancer: Basal Cell Carcinoma A type of skin cancer that rarely spreads.	• Date of diagnosis • Pathology (confirmation of basal cell carcinoma) • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	Requirement: APS (not typically required if pathology was confirmed as basal cell carcinoma) Fast Track: • Pathology report including post-operative report • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking)	Complete excision: Standard or better immediately on removal; may qualify for Preferred
Cancer: Breast Breast cancer is the most frequently diagnosed cancer in American women and the second most frequent cause of cancer death. The lifetime risk of developing breast cancer is 1 in 8 women (12.2%).	• Date of diagnosis • Type and stage of cancer • Size of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any serious complications from treatment	Requirement: APS Fast Track: • Pathology report • Details and date(s) of treatment, including any adjunct therapy (e.g., Tamoxifen) • Hospital reports • Details of follow-up (mammograms, bone scan, etc.)	Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider > 10 years after last treatment. Ratings often are a combination of both table and reducing flat extras Preferred may be available on very remote histories (i.e., > 25 years) Best Case: For certain types of breast cancer, if the client is age 40 or older, with localized, low grade disease and depending on the pathology report, therapy and follow-up, Standard can be considered after the client's first post-operative checkup or completion of other therapies Typical Case: Unable to consider until 2 years after completion of treatment (chemo or radiation), postpone x 2 years then \$12/1000 x 4 years

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Cancer: Colon Colorectal cancer is the third most common type of cancer in the world. The risk begins to increase after age 40 and rises sharply at ages 50–55.	• Date of diagnosis • Stage and grade of the tumor • Any hereditary syndrome that may be associated with other types of cancer • What treatment • Date treatment was completed • Ongoing follow-up • Any recurrence • Any complications from treatment	Requirements: APS Fast Track: • Pathology report • Details and date(s) of treatment • Hospital reports • Details of follow-up (colonoscopy and tumor markers)	Underwriting can be done only once treatment has been completed and if the client is well followed. On higher stage/grade tumors, may only be able to consider > 10 years after last treatment. Preferred possible if meets criteria for Standard for at least 10 years. Standard Plus possible if history qualifies for Standard for the past 5 years Best Case: Stage 0 tumor – Standard or better Typical Case: Stage 1 tumor, 2 full years after treatment – \$12/1000 x 4 years Worst Case: Stage 3 tumor – decline
Cancer: Leukemia A progressive, malignant disease of the blood cells and blood forming organs (i.e., bone marrow and spleen).	• Current age • Date of diagnosis • Type of leukemia and stage of cancer • Treatment • Date treatment completed • Any recurrence or secondary cancer	Requirements: APS, special blood testing if current results are not provided in the APS Fast Track: • Pathology reports • Evidence of regular follow-up • Hospital reports • Details and date(s) of treatment	Preferred is not available. Standard Plus possible after 10 years of qualifying for Standard rates The most common type of leukemia seen in underwriting is CLL, which is insurable, if stable, low-stage disease and typically after two years since the diagnosis. CLL diagnosed under age 50 is a decline For other types of leukemia, depending on the type, coverage may not be available for 5 or more years following diagnosis. Very few cases can be offered coverage Best Case: (CLL cases) 150 to 200% 5–10 years post treatment

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Cancer: Lung The most common type of cancer death for both men and women. The two main types of lung cancer are small cell and non-small cell.	• Current age • Date of diagnosis • Type and stage of cancer • Type of treatment • Date treatment completed • Any recurrence or spread • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis) • Any serious complications from treatment	Requirement: APS Fast Track: • Pathology report • Hospital reports • Details and date(s) of treatment • Evidence of regular follow-up (CT scans etc.)	Lung cancer can only be considered if treatment completed, not smoking, stable course, and no recurrence Stage I: Class 5 to 7* Stage II/III/IV: decline * Class 5: Postpone x 3 years then \$15/1000 x 5 years * Class 6: Postpone x 4 years then \$20/1000 x 5 years * Class 7: Postpone x 5 years then \$25/1000 x 5 years
Cancer: Prostate This is the most common internal malignancy found in American males.	• Current age • Date of diagnosis • Type of treatment • Date treatment completed • Stage and Gleason Grade • Any recurrence or spread • Current PSA reading • Any serious complications from treatment	Requirements: APS, blood profile to include PSA if current results are not available Fast Track: • Pathology reports • Type of treatment • Evidence of regular follow-up and PSA testing • Copies of PSA tests	< Age 70: Availability of coverage will depend on the stage and Gleason Grade of the tumor Standard Plus is possible 5 years after qualifying for Standard rates. Preferred is possible 10 years after qualifying for Standard rates Best Case: • Ages 50–59: If localized tumor (stage T1 or T2 with the Gleason Grade 2–4), surgical treatment, PSA undetectable post-op then consider Standard • Ages 60–90: If localized tumor (stage T1 or T2 with Gleason Grade 2–6), surgical or radiation treatment, PSA undetectable post-op then consider Standard • Ages 70–90: If localized tumor (stage T1 or T2 with Gleason Grade 2–6), treated by surgery or radiotherapy, PSA is undetectable then consider Standard Typical Case: (watchful waiting) Age 70–90: PSA < 10, then consider 200% to Standard depending on the age

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Cancer: Skin Borderline Malignancy Pagets disease, Bowens disease (not genital), dysplastic nevus, Lentigo Maligna, Hutchinsons melanotic freckle.	• Date of diagnosis • Pathology (confirmation of basal cell carcinoma) • Type of treatment • Date treatment completed • Confirmation that tumor has been removed completely • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	Requirement: APS Fast Track: • Pathology report including post-operative • Details of ongoing follow-up • Details of lifestyle modification (sun screen, stop smoking)	Best Case: Standard immediately on removal; may qualify for Preferred Worst Case: Postpone Atypical Mole Syndrome or Dysplastic Nevus Syndrome: 150% to Standard
Cancer: Skin Malignant Malignant change in the skin becomes more common with increasing age. Exposure to sunlight is an important predisposing factor in fair-skinned people.	• Date of diagnosis • Type of cancer/tumor • Depth and thickness of tumor • Type of treatment • Date treatment completed • Any recurrence or spread • Ongoing risk factors like multiple dysplastic nevi and a propensity to develop other skin cancers • Any serious complications from treatment	Requirement: APS Fast Track: • Pathology report • Evidence of regular dermatology follow-up • Hospital treatment reports	Malignant melanoma in-situ: Preferred possible Malignant melanoma: Many are offered at \$5–7/1000 x 3 years immediately following excision. Deeper lesions must be declined for a minimum of 2–5 years following treatment Standard Plus is possible 10 years after qualifying for Standard rates
Cancer: Testicular The most common malignancy in men 20–34 years old.	• Date of diagnosis • Type and stage of testicular cancer (seminoma, embryonal, yolk sac, etc.) • Any recurrence	Requirements: APS Fast Track: • Pathology report • Treatment and hospital report • Evidence of regular follow-up	Best Case: Stage I Seminoma – Standard following completion of successful treatment. Preferred may be available once Standard rates for 5 years for Stage I Seminoma Typical Case: Stage II Seminoma – PP x 1 year then \$10/1000 x 4 years Worst Case: Cases with reoccurrences could be declined

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Cancer: Thyroid The most common malignancy of the endocrine system, generally more common in women.	• Type of thyroid cancer (papillary, follicular, anaplastic, etc.) • Pathology • Age of applicant • Type of treatment and date(s) performed • Any remission and for how long • Any recurrence • Any complications from treatment	Requirements: APS Fast Track: • Pathology report • Treatment and hospital report • Evidence of regular follow-up	Best Case: Standard can be considered after the first post operative checkup or completion of other therapies for papillary and follicular type thyroid cancers for applicants age 45 and older with Stage I and Stage II localized, low grade disease. In some cases after 5 years of qualifying for Standard rates, Preferred may be available Typical Case: Moderate grade papillary tumor, can consider Standard 7–8 years following treatment Worst Case: Decline if anaplastic tumor Reconsideration may be possible for cases initially postponed for uninvestigated thyroid nodule that has subsequently been investigated and proven benign
Cancer: Uterine The most common gynecological malignancy.	• Date of diagnosis • Type, stage and grade of uterine cancer (endometroid, papillary, serous, etc.) • Any recurrence	Requirement: APS Fast Track: • Pathology report • Treatment and hospital report • Evidence of regular follow-up	Preferred may be available once Standard rates for 5 years for Stage IA well or moderately differentiated uterine cancer Best Case: Stage IA, Grade 1, well differentiated endometroid or mucinous carcinoma – Standard following completion of successful treatment Typical Case: Stage IB endrometial carcinoma – PP x 1 year then \$10/1000 x 4 years Worst Case: Stage IV decline

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Chronic Obstructive Pulmonary Disease (COPD) A variety of diseases that cause chronic progressive irreversible airway obstruction.	• Current age • Smoking history and current tobacco use • Build, any recent weight loss • Severity of symptoms • Speed of disease progression • Alpha-1 antitrypsin deficiency or other biochemical abnormality • Any concurrent impairment (e.g., CAD, cancer, malnutrition) • Any hospitalization • Any treatment with oxygen is a decline	Requirement: APS Fast Track: • PFT, serial PFTs • Details of lifestyle modification • Level of activity	The younger the applicant, the higher the rating. Ages over 70 may be more favorable. Current smoker, likely decline Chronic Bronchitis or Emphysema (ages 40–69): Mild: Standard to 150% Moderate: 175 to 250% Severe: 300% to decline Very severe: decline
Congenital Heart Disease A variety of malformations of the heart that vary significantly in severity.	• Current age • Specific congenital abnormality • Treatment including date(s) of any surgery • Medications • Smoking history • Any concurrent serious impairment • Any underlying coronary artery disease • Active lifestyle • Blood pressure and cholesterol readings • Family history	Requirements: APS Fast Track: • Include any operative/hospital reports • Follow-up and investigations post-op (e.g., serial ECHOs, EKGs) • Details of lifestyle modification • Activity level	Depending on the type of congenital abnormality, some cannot be considered until they have been surgically corrected. For more serious abnormalities, coverage cannot be considered until 2 years after surgery Less serious abnormalities such as small ASD, VSD, Patent Foramen Ovale, may be Standard or better Ratings for more serious abnormalities (such as large ASD, VSD, coarctation of aorta, tetralogy of fallot, transposition of great vessels): 200% to decline

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Coronary Artery Disease (CAD) The coronary arteries are unable to supply sufficient blood to the heart due to progressive narrowing of the arteries, thrombosis, or vascular spasm.	• Current age • Date of diagnosis and age at onset • Severity of the disease (how many vessels and which ones) • Current symptoms • Treatment • Medications • Smoking history • Any concurrent serious impairment • Any history of congestive heart failure or arrhythmia • Active lifestyle • Blood pressure and cholesterol readings • Family history	Requirements: APS, EKG (or recent TST from APS) Fast Track: • Cardiac test results (e.g., angiogram, recent stress tests, nuclear stress test) • Detailed list of medications • Copies of lipid testing • Details of any lifestyle change Best ratings possible with testing including nuclear stress test and stress echocardiograms within the past 12 months	Unable to consider until 3–6 months post-treatment (by-pass surgery, PTCA, etc.) Decline if age at application is less than 35 Decline if Class 4 (heart failure, ejection fraction < 40%) Best possible ratings Class 1 CAD: (e.g., 1 vessel disease and ejection fraction > 55%) Age: < 50: 175% 50–59: 150% 60–70: Standard 71–90: Preferred Standard Plus and Preferred for ages 71+ Class 1 CAD best cases only. Face amount may be limited Best possible ratings Class 2 CAD: (e.g., 2 vessel disease and an ejection fraction of 50–55%) Age: < 50: 225% 50–70: 150 to 175% 71–90: Standard Average ratings Class 2 CAD: Age: < 50: 250 to 300% 50–69: 200% 70–90: 150% Average ratings Class 3 CAD: (e.g., more serious CAD, 3 vessel disease and ejection fraction < 45–50%) Age: < 50: 300% to decline 50–69: 225% 70–90: 200% to 150%

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Crohn's Disease A chronic inflammatory disease affecting any part of the GI tract. It has an unpredictable course and while complete remission can occur, the disease is generally chronic and relapsing and often requires surgery.	• Current age • Severity of the disease • Frequency of flare ups • Severity of symptoms • Medication – ongoing oral steroid therapy • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments such as rheumatoid arthritis or other inflammatory disease	Requirement: APS Fast Track: • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	The younger the age at application and the more severe the course of the disease, the higher the ratings. Severe symptoms currently may not be insurable until stabilized for 1 year Mild disease: Preferred is possible if stable course for 2+ years over age 45 Moderate disease: Standard to 200%, depending on time since last attack and over age 45 Severe disease: 200% if symptoms stable for over 1 year and over age 45
Defibrillator/Implantable Cardioverter Defibrillator (ICD) A small device that is placed in the chest or abdomen to help treat irregular heartbeats and life-threatening arrhythmias, especially sudden cardiac arrest. ICDs use electrical pulses or shocks to treat arrhythmias in the ventricles. ICDs are not to be confused with another device called a Pacemaker, which is used to treat less dangerous heart rhythms.			Most cases will be a decline.

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Diabetes A group of metabolic disorders caused by inadequate production or use of insulin. It is a common disease affecting approximately 30 million people worldwide. Diabetes is usually irreversible, although controllable by diet, medication, and exercise. Late complications such as accelerated CAD or stroke, and kidney disease result in reduced life expectancy.	• Current age • Date of diagnosis and age at onset • Type of diabetes • Treatment • Medication • Degree of control – blood sugar readings including Hemoglobin A1c • Complications – nephropathy, neuropathy, retinopathy, cardiovascular disease • Current height and weight • Blood pressure	Requirements: APS, blood (if not already required or current results not available) Fast Track: • Type of diabetes including age at onset • Copies of specialist reports (neurologist, nephrologist, endocrinologist) • History of blood sugar control – copies of blood and urine tests (incl. Hemoglobin A1c and microalbumin where possible) • Details of risk factor modification • Active lifestyle • Medications	The younger the age at application and the more severe the course of the disease, the higher the ratings Preferred may be available > age 60, Type 2 diabetes treated with diet or oral medication only, no complications, and excellent control Gestational diabetes may be Preferred if insulin is not required and pregnancy has no complications Type 1 (also known as IDDM) – • Best Case: Excellent control, no complications: 150% over age 50 • Typical Case: 200% depending on the age and control • Worst Case: Complications, poor or uncontrolled: Decline Type 2 (also known as NIDDM – Adult Onset Diabetes) – • Best Case: Standard Plus if age 50 and over, excellent control, no complications and treated by diet and oral medication only. Preferred if age 60 and over, excellent control, no complications, and treated by diet or oral medication only • Typical Case: Standard to 150% • Worst Case: Decline

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Emphysema	Refer to COPD		
Epilepsy/Seizure Disorder This is an event of altered brain function due to an abnormality of excessive electrical discharges from the brain cells. There are many different types of seizures and forms of epilepsy.	• Age at onset • Compliance with medication • Control of seizures • Reason for the seizure activity • Any alcohol use • Any other significant medical conditions	Requirement: APS Fast Track: • Type of epilepsy • Age diagnosed • Duration of history • Date of last seizure and number of seizures per year • Medications	Best Case: Generalized or partial, cause unknown, over 3 years since diagnosis, with a past history of 3 seizures or less per year and no seizure in the last year: Preferred Typical Case: Generalized or partial, cause unknown, 1–3 years since diagnosis, 3 or less seizures per year: Standard to 150% Worst Case: Decline if poor compliance with medication, history of alcohol abuse, frequent accidents, seizures cannot be controlled with medication
Frailty A clinical concept describing a condition most commonly found in the elderly; it is associated with a high risk of mortality and morbidity.	• Current age • Evidence of cognitive decline or depression • Problems with the activities of daily living • Any involuntary weight loss • History of falling, fractures secondary to osteoporosis, frequent car accidents • Confinement to a nursing home or hospitalization within the past year • Number of medications • Any other significant health history	Requirement: APS, Cognitive and Mobility Assessment (such as Nation's CareLink assessment) may be necessary Fast Track: Clearly outline the positive aspects of your client's independent and active lifestyle	Most cases of frailty require individual assessment and ratings/offers are made following consultation with a Medical Director
Gall Bladder Disease The gall bladder stores and concentrates bile produced in the liver. The most common disorders of the gall bladder are generally benign.	• Any other significant health history • Nature of the disease • Any serious complications (e.g., pancreatitis or jaundice) • Treated surgically	Requirement: APS (not typically required for gall stones) Fast Track: Full records to include diagnosis, all investigations and test results	This is generally a benign condition and can qualify for Best Class if criteria are met. However, large, solitary gall bladder polyps in older individuals must be fully investigated before an underwriting offer can be considered Typical Case: Gallstones or multiple gall bladder polyps: Standard
Heart Attack	Refer to Coronary Artery Disease		

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Hepatitis B Hepatitis B is a disease caused by the Hepatitis B virus (HBV)	• Date of diagnosis • Acute or chronic infection • Laboratory results (liver function) • If chronic, was a biopsy done • Any alcohol usage or other medical conditions • Treatment and date(s) of treatment	Requirement: APS Fast Track: • Laboratory results (including LFTs and hepatitis panel) • Sonograms, CTs, biopsy results	Best Case: Acute infection, over 6 months, HBsAg negative and liver functions normal: Standard or better Typical Case: Chronic infection (HBeAg+) with or without liver biopsy, untreated, depending on laboratory results and how long infection has been present: Possible 150 to 250% For chronic infection, treated, biopsy results (within the last 5 years) mild to moderate: 150 to 250% Worst Case: Decline if having more than one alcohol drink per day, HCV co-infection, any finding of cirrhosis, biopsy done in the last 5 years shows severe inflammation and untreated
Hepatitis C Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV)	• Duration of the disease • Laboratory results • Has a biopsy been done • Does the client use alcohol and if so, amount per day • Treatment and date(s) of treatment	Requirement: APS Fast Track: • Laboratory results (including LFTs and hepatitis panel) • Biopsy results • Sonogram and/or CT scan results	Best Case: Age 70 or older with normal liver function tests for the last 3 years: Standard. If favorable biopsy: Standard Plus or Preferred possible Typical Case: Current age 40–69, chronic infection, biopsy unavailable, untreated, age onset unknown and liver function tests not higher than 1.5 times normal range: 175 to 250% depending on age Worst Case: Decline if more than one alcohol drink per day, HBV co-infection, any finding of cirrhosis, currently undergoing treatment, or biopsy done in the last 5 years showing severe fibrosis, treated or untreated

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Hypertension Primary, or essential hypertension is the most common type affecting 95% of people with hypertension. The cause is unknown, but is thought to be the result of a complex interplay of factors that include demographic, genetic, and environmental factors. Secondary hypertension results from disorders of the kidney, endocrine, or nervous system.	• Current age • Date of diagnosis • Type of hypertension (essential or secondary to another impairment) • Medication/treatment • Response to medication treatment • Current BP readings and history of readings for past 2 years (demonstrate stable course) • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, stroke, kidney disease, diabetes, build)	Requirements: APS, paramed Fast Track: • Record of blood pressure readings • Copies of any cardiac investigation • Details of risk factor modification • Active lifestyle	Rating depends on severity of hypertension May qualify for Best Class if well-controlled and compliant with medication
Kidney (Renal) Function Test Blood tests are done with a renal function panel to determine how well the kidneys are functioning and when results are out of normal range; it can indicate the possibility of a disease process	• How elevated is the BUN or serum creatinine? • Is the client taking any medication that may adversely affect the findings? • Is there any medical condition that may contribute to the findings? • What are the normal trends of the BUN and serum creatinine in the APS information? • Is this a new problem which has not been fully evaluated?	Requirements: APS Fast Track: • Results of full chemical profile • Quality of specimen • Results of urine findings • Details of any medical conditions that may contribute to the findings	Decision will depend on how elevated the lab findings are, any other medical conditions, any diagnosis for known history of abnormal renal functions Best Case: With only minimally elevated renal function test in a client less than age 60 with no history of diabetes or poorly controlled blood pressure: possible Preferred Typical Case: With mildly abnormal renal functions, client over the age of 60, stable trend of renal functions in APS, no history of diabetes, poorly controlled blood pressure or other renal impairments: possible Standard to 150%, depending on age Worst Case: With mildly abnormal renal function, history of diabetes, poorly controlled blood pressure, other renal impairments or moderately abnormal renal functions: possible 200% to decline, depending on age

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Liver Function Test Blood tests are done with a liver panel to determine how well the liver is functioning and when results are out of normal range, it can indicate the possibility of a disease process.	- How many liver functions are outside the normal lab range? - Is client taking any medications or using alcohol? - Is there a medical condition that is causing the elevation in liver function? - How long has this finding been monitored by the attending physician? - Is this a new finding which has not been fully evaluated with additional testing?	Requirement: APS, Hepatitis screens, all markers selectively Fast Track: - All laboratory tests - Any sonograms - Details of medications being taken - Amount of alcohol used - Results of any investigations for elevated liver functions	Decision will depend on how many liver function results are outside the normal range, the degree of elevation, any other medical conditions, any diagnosis for the elevated liver function finding Best Case: One liver function elevation, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Super Preferred Typical Case: Elevation of 2 liver functions, cause unknown up to 2 times normal range, no alcohol history, no associated medical history: Standard Plus Worst Case: Elevation of 3 liver functions, cause unknown up to 4 times or more over normal range: decline
Mild Cognitive Impairment (Benign) A chronic progressive disorder characterized by losses of cognition, personality, and behavior that are severe enough to interfere with the quality of daily life.	- Type of cognitive impairment - Age of applicant - Age at onset - Severity - Type of treatment - Cause, if known - History of accident, falls, hallucinations etc. - Confinement in a nursing home	Requirements: needed if there is any suspected cognitive impairment APS, Cognitive and Mobility Assessment (such as Nation's CareLink assessment) may be requested Fast Track: - Clearly outline the positive aspects of your client's independent and active lifestyle - Any neuropsychiatric testing (such as cognitive or memory testing) - Activity levels - ADLs affected - IADLs affected	Rating will depend on type of cognitive impairment: No consideration for onset prior to age 70. Postpone for a minimum of 2–3 years. After 3 years and confirmation of final diagnosis, possible to consider with a substandard rating if mild and completely stable with no progression of symptoms Alzheimer's: Refer to the Alzheimer's section Vascular Dementia, Pick's Disease, Lewy Body Dementia and Creutzfeldt-Jakob Disease: Decline
Myocardial Infarction	Refer to Coronary Artery Disease		

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Parkinson's Disease A syndrome characterized by involuntary tremor, rigidity of the muscles and slowness of body movements.	• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Severity of the disease • History of falling or indications of dementia • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., depression)	Requirement: APS Fast Track: • Details of type of Parkinson's • Type of treatment • Compliance and response to medication • Severity of the disease • Active and independent lifestyle (outline activities of daily living)	Best Case: Over age 80 with very mild symptoms, fully active and living independently, no medication can be considered Preferred Typical Case: Mild or moderate disease, over age 60, fully active and living independently, no complications, compliant with medication: 150 to 200% Worst Case: Severe disease: decline
Peripheral Artery Disease (PAD)/Peripheral Vascular Disease (PVD) A disease resulting from the presence of systemic atherosclerosis mainly in the abdominal and lower extremity arteries.	• Current age • Date of diagnosis • Medication/treatment • Response to medication treatment • Smoking status – if currently smoking this will have a greater impact on disease progression • Compliant with medical treatment and follow-up • Any concurrent impairment (e.g., CAD, CVD, diabetes, hypertension, build)	Requirements: APS, paramed, EKG – selectively Fast Track: • Copies of any vascular and cardiac investigation • Details of any ongoing symptoms • ABI score • Details of risk factor modification • Active lifestyle	Best Case: Standard Plus with a normal ABI score. Preferred is possible over age 60 with a normal ABI score, Non-Smoker and favorable risk factors Typical Case: Clinical diagnosis of PAD, asymptomatic, no cardiac investigation, ongoing treatment, no ABI Age 50–69: 200% Age 70–79: 175% Age 80+: 150% Worst Case: Severe ABI: decline Moderate ABI and under age 40: decline Smoker: decline
Pulmonary Nodule A small shadow found on chest x-ray that may be caused by a benign cyst, infection or abscess, or granuloma.	• Current age • Date of diagnosis • Any treatment • Date treatment completed • Benign pathology • Reduced/eliminated risk factors (e.g., smoking) • Any concurrent impairment (e.g., emphysema or chronic bronchitis)	Requirement: APS Fast Track: • Copies of tests • Details of follow-up • Demonstrated stability of lesion	If any malignancy, refer to Lung Cancer Pulmonary Nodule: Can be due to a benign cause. The underwriter must investigate thoroughly • Size of nodule less than or equal to 4 mm: Standard possible with no postpone; Preferred possible after 1 year of stability • Size of nodule > 4 mm: postpone 1–2 years with CT scan follow up reports • Minimum two-year postpone for smokers

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Rheumatoid Arthritis This is an auto-immune disease which can affect not only the joints but also skin, eyes, lung, heart, blood or nerves. This disease can affect everyone differently.	- Severity of symptoms - What medications are being taken - Any limitations of daily activities - No other significant medical condition(s)	Requirement: APS Fast Track: Laboratory results	Best Case: Mild disease, under regular care of a physician, no other medical conditions and diagnosis 2+ years, well controlled on non-steroidal medications or immunosuppressants: Preferred possible Typical Case: 150 to 250% depending on whether moderate or severe, medications, duration and age Worst Case: Client has limited mobility and/or has other significant medical conditions: decline
Sleep Apnea Breathing stops for a short period during sleep.	- Current age - Type of apnea (obstructive, central or mixed) - Severity - Treatment (CPAP or surgery) - Compliant with treatment - Date of last sleep study - Current height/weight - Concurrent impairments such as CAD, arrhythmia, PVD, hypertension - Smoking history	Requirement: APS Fast Track: - Sleep studies, details of treatment and compliance - Details of risk factor control (e.g., build, medications) and lifestyle modification (smoking, tranquilizers)	Mild disease and no complications: Standard Compliance with prescribed therapy could be Preferred Moderate disease: - Treated and compliant with therapy: Standard - Untreated and no complications: 150 to 200% Severe disease: - Untreated and no complications: 200% to decline - Treated and compliant with therapy: Standard to 150% Use higher ratings if applicant < age 50

Medical Impairments

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Stroke Permanent (> 24 hours) damage to the brain caused by a vascular event, thrombosis, or hemorrhage resulting in permanent neurological deficit.	• Current age • Date of diagnosis and age at onset • Current symptoms/extent of neurological deficit • Cause of stroke • Treatment • Medications • Number of strokes • Smoking history • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	Requirement: APS Fast Track: • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	Preferred is not available Unable to consider until 12 months after the stroke If multiple strokes, usually decline The typical rating for a well worked up stroke, with minimal residuals, 150 to 200%. The younger the applicant and the more recent the stroke, the higher the rating Lacunar infarct – Age 75 and over, incidental MRI finding of lone lacunar infarct with no precipitating symptoms, favorable risk factors: Preferred may be possible
Transient Ischemic Attack (TIA) An episode of neurological dysfunction lasting less than 24 hours and no permanent neurological deficit.	• Current age • Date of diagnosis and age at onset • Any neurological deficit • Number of episodes • Treatment • Medications • Smoking history • Test results • Active lifestyle • Blood pressure and cholesterol readings • Any concurrent serious impairment	Requirement: APS Fast Track: • Neurology workup (carotid duplex, MRI) • Current function (how active) • Lifestyle modifications	Unable to consider until 6 months after the episode Average rating is Standard to 150% depending on the age For age 70 and over: Preferred possible if remote history of TIA with equivocal findings at the time of medical work-up
Ulcerative Colitis Chronic inflammatory ulceration of the colon (relapsing-remitting type disorder).	• Current age • Severity of the disease • Frequency of flare-ups • Severity of symptoms • Medication (ongoing oral steroid therapy) • Hospitalization • Surgery • Weight stable or loss • Testing and follow-up • Complications or concurrent impairments (e.g., rheumatoid arthritis or other inflammatory disease)	Requirement: APS Fast Track: • Pathology reports • Evidence of regular GI surveillance (colonoscopy) • Details of hospitalization and hospital reports • Stable weight • Active lifestyle	The younger the age at application and the more severe the course of the disease, the higher the ratings Mild: Best cases, i.e., well-controlled on non-steroidal medication, no immunosuppressants: Preferred is possible Moderate (incl. steroid treatment): 150 to 200% Severe: May not be insurable until stabilized for 1 year

Underwriting the Long-Term Care (LTC) and LTC Continuation Riders^{1,2}

The Long-Term Care and Long-Term Care Continuation riders are available only if the life coverage is approved. It is NOT available:

- When the mortality rating on the base policy is >175%
- With a flat extra
- To residents of foreign countries and also U.S. citizens traveling outside the U.S. for greater than 6 months per year (183 days)
- With any increasing rider (Return of Premium, Increasing Supplemental Face Amount)

The Long-Term Care and Long-Term Care Continuation riders are underwritten based on morbidity risk rather than mortality risk and as a result, some proposed life insureds may not qualify for these riders even if they are Standard or better mortality risks. Also, some combinations of Standard impairments may require these riders to be declined.

For prospective policyholders in New York, this product is a life insurance policy that accelerates the death benefit for qualified long-term care services and is not a health insurance policy providing long term care insurance subject to the minimum requirements of New York Law; it does not qualify for the New York State Partnership for Long-Term Care program and is not a Medicare supplement policy.

1. The Long-Term Care rider can be purchased in addition to a life insurance contract. This benefit allows an accelerated payout of a specific proportion of the proceeds of the life insurance as a reimbursement of long term care costs. Refer to the Long-Term Care Rider Technical Guide for additional information
2. The Long-Term Care Continuation Rider will allow continuation of long-term care payments started by the Long-Term Care rider after the base policy has been fully accelerated. In addition, it will provide a "residual death benefit" equal to the lesser of \$25,000 or 10% of the total Face Amount. The death benefit payable will be the greater of this residual death benefit amount or the actual death benefit provided by the base policy, both reduced by any outstanding loans.

The Long-Term Care and Long-Term Care Continuation riders are accelerated death benefits and may not be available in all states. Maximum face amount: \$5 million with the Long-Term Care rider; \$1 million with Long-Term Care Continuation rider. The Long-Term Care riders are not considered long-term care insurance in some states. When the policy death benefit is accelerated for long-term care expenses, the death benefit is reduced dollar for dollar, and the cash value is reduced proportionately. There may be additional costs associated with this rider. [The Long-Term Care Continuation rider is not available in some states including New York.](#)

These riders have exclusions and limitations, reductions of benefits, and terms under which the riders may be continued in force or discontinued.

Condition and Description	Likely Underwriting Decision
Activities of Daily Living (ADLs)	Decline if unable to perform any of the following ADLs or require supervision to do so: bathing, continence, dressing, eating, toileting or transferring
Alzheimer's Disease/Dementia	Decline
Ankylosing Spondylitis	Life ratings over 150%: decline
Anorexia Nervosa/Bulimia	Decline

Underwriting the Long-Term Care (LTC) and LTC Continuation Riders

Condition and Description	Likely Underwriting Decision
Aortic Disorders	Aortic Regurgitation: under age 50 or severe: decline Aortic Sclerosis: under age 30: decline; over age 30 will be considered based on life ratings Aortic Stenosis: under age 50 or severe: decline Aortic Valve Replacement: decline Bicuspid Aortic Valve: will be considered based on life ratings
Assistive Devices (including mobility aids)	Usually decline (examples include: cane, crutches, walker, wheelchair, scooter, hospital bed, stairlift, catheter, colostomy bag, respirator or oxygen)
Asthma	Mild asthma, Non-Smoker: Long-Term Care rider may be insurable based on life ratings Asthma classified as moderate or severe disease, or asthma in combination with smoking: decline
Benign Cognitive Impairment	Decline
Bipolar Disorder (also known as Bipolar Affective Disorder or Bipolar Depression)	Disease diagnosed as severe or new onset or treatment with anti-psychotic medications: decline Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings
Cancer	If any life rating is required: decline
Carotid Bruit/Carotid Disease An abnormal sound in the carotid artery caused by atherosclerosis. It is a sign of a risk for stroke.	If any life rating is required: decline
Chronic Fatigue Syndrome Severe fatigue generally lasting 6 months or longer where all other causes have been eliminated.	Diagnosed within the past 6 months, receiving disability payments, with limited activity or treated with steroids or narcotics: decline Diagnosed over 6 months ago, not disabled, treated, asymptomatic, without limitations: will be considered Standard for Long-Term Care rider
Chronic Obstructive Pulmonary Disease (bronchiectasis, COPD, chronic bronchitis)	Age 40 and under: decline Over age 40 and Non-Smoker: mild disease may be insurable based on life ratings Over age 40 and continued smoking, any moderate or severe disease: decline
Chronic Pain	If activities are restricted due to pain and treated with narcotic pain killers: decline
Coronary Artery Disease (CAD)	Age 45 and under: decline Over age 45 and Non-Smoker: Long-Term Care rider may be insurable based on life ratings in combination with co-morbid diseases (TIA, diabetes, PVD, valvular heart disease): decline
Crohn's Disease	Disease diagnosed as severe: decline Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings Use of steroids 7.5mg or more daily, use of colostomy bag, or treatment with Remicade, Imuran, Cimzia, Neoral, Purinethol or similar type medications: decline Any ongoing weight loss or evidence of osteoporosis: decline
Deep Vein Thrombosis (DVT)	One episode over 6 months ago, Non-Smoker: Long-Term Care rider may be insurable based on life ratings Others or in combination with co-morbid diseases (CAD, CVS, diabetes, TIA, CAD): decline
Dementia	Decline

Underwriting the Long-Term Care (LTC) and LTC Continuation Riders^{1,2}

Condition and Description	Likely Underwriting Decision
Depression	Mild and moderate with no limitations and stable for minimum of three years: Long-Term Care rider can be considered based on life ratings New onset or severe: decline History of alcohol abuse, psychotic symptoms, requiring hospitalization or treatment with anti-psychotic medications: decline
Diabetes	Blood sugars are well controlled and no complications: Type 1: decline Type 2 at ages 40 and older, Non-Smoker: Long-Term Care rider may be insurable based on life ratings Other scenarios including history of any co-morbid diseases such as CAD, TIA, CVD, kidney disease: decline Smokers: decline
Disability	Decline if currently receiving disability benefits
Fibromyalgia This is widespread pain in the muscles, ligaments and tendons.	Diagnosed within the past 6 months: decline Diagnosed over 6 months ago, asymptomatic, active lifestyle, treated only with non-steroidal anti-inflammatory medication, and no associated depression: Long-Term Care rider may be insurable based on life ratings
Frailty	Decline
Handicap sticker or placard	Decline
Kidney Failure	Decline
Kyphoscoliosis A disorder characterized by progressive deformity of the spine.	Mild or moderate deformity, no osteoporosis and asymptomatic for at least 6 months: Long-Term Care rider may be insurable on a Standard basis
Mitral Valve Disorders	Mitral Regurgitation, under age 50, severe disease, or co-morbid disease such as CAD, CVD, or TIA: decline Mitral Regurgitation, age 50 and up, mild or moderate disease: Long-Term Care rider may be insurable based on life ratings Mitral Stenosis: decline Mitral Valve Surgery (valvuloplasty or mechanical): decline
Multiple Sclerosis	Decline
Musculoskeletal Impairment Includes Degenerative Disc Disease (DDD), Joint Replacement, Radiculopathy, Spinal Stenosis	Must be: fully active, no assistive devices, asymptomatic, no ongoing physiotherapy or occupational therapy or surgeries within the past 6 months: Long-Term Care rider may be insurable on a standard basis Any ongoing treatment with narcotic pain killers, multiple steroidal injections, history of osteoporosis, fractures and any pending surgeries: decline
Neurogenic Bladder or Bowel	Decline
Obstructive Sleep Apnea (OSA)	Mild disease, Non-Smoker, compliant with treatment, no rateable build: Long-Term Care rider may be insurable based on life ratings Moderate or severe disease, in combination with any co-morbidities such as CAD, diabetes, PVD, TIA, valvular heart disease, or alcohol abuse: decline
Optic Neuritis	Unknown cause (i.e., idiopathic and MS clearly ruled out as the cause), fully recovered, only one episode over 2 years ago: Long-Term Care rider may be insurable on a Standard basis

Underwriting the Long-Term Care (LTC) and LTC Continuation Riders

Condition and Description	Likely Underwriting Decision
Osteoarthritis	Diagnosed over 6 months ago, active lifestyle, no assistive devices, asymptomatic, no ongoing physio or occupational therapy, no surgeries within the past 6 months: Long-Term Care rider may be insurable on a Standard basis Any ongoing treatment with narcotic pain killers or multiple steroidal injections or pending surgeries: decline
Osteoporosis	Mild disease, Non-Smoker, under treatment, active lifestyle: Long-Term Care rider may be insurable on a Standard basis Moderate or severe disease or with history of fractures, Smoker: decline
Parkinson's Disease	Decline
Peripheral Arterial Disease (PAD, PVD)	Mild disease and Non-Smoker, asymptomatic, active lifestyle, fully investigated with normal ABI scores: Long-Term Care rider may be insurable based on life ratings Moderate or severe disease, Smoker, or with co-morbid history such as CAD, CVD, Diabetes, TIA: decline
Pervasive Developmental Disorders	Decline
Pneumonia	Proposed life insured over age 70 with more than one episode of pneumonia or any history of aspiration pneumonia within the past 3 years: may result in a decline
Pulmonary Hypertension	Decline
Rheumatoid Arthritis (including Psoriatic Arthritis)	Mild, stable for over 2 years, no assistive devices, no limitations to any activities of daily living: Long-Term Care rider may be insurable on a Standard basis Moderate or severe, juvenile onset or history of joint replacements: decline Treatment with Remicade, Humira, Enbrel, Arava, or similar medications: decline
Schizophrenia	Decline
Stroke (including lacunar infarct)	Decline
Systemic Lupus Erythematosus	Decline
Transient Ischemic Attack (TIA)	Age 61 and up, Non-Smokers only, single episode more than 12 months ago, asymptomatic with no cognitive or physical residuals: Long-Term Care rider may be insurable based on life ratings Age 60 and under: decline Others or with history of co-morbid conditions such as CAD, PVD, valvular heart disease, diabetes: decline
Urinary Catheter	Usually decline
Ulcerative Colitis	Age 20 and over — mild stable disease with no complications and last flare up more than 12 months ago: Long-Term Care rider may be insurable based on life ratings Under age 20: decline Moderate or severe disease or any co-morbid history such as Hepatitis, Cholangitis, Amyloidosis: decline Treatment with Remicade, Cimzia, Purinethol: decline

Non-Medical Risks: Aviation

General Guidelines

- Retention and reinsurance are reduced for aviation without an exclusion rider
- Some age restrictions may apply
- Maximum rating considered insurable with aviation: 200%
- Aviation exclusion will apply when maximum mortality or age is exceeded on Individual policies
- **Aviation exclusion does not apply** on Survivorship policies (if the aviator exceeds the maximum age or rating, he/she can only be issued as uninsurable)
- **Aviation exclusion cannot be applied** if aviation is the means of the insured's livelihood

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Aviation: Commercial Certified air carriers and commuter airlines that are strictly regulated and have very good experience. Pilots who have a commercial license and fly smaller aircraft for a variety of purposes.	• Current age • Commercial carrier • Where they fly • Type of aircraft flown • Type of flying	Requirement: Aviation Questionnaire Fast Track: • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Pilot or crew of certified air carrier may qualify for Preferred or better on a case by case basis. Other types of aircraft or flying require ratings ranging from \$2.50–\$10/1000 Examples: Crop dusting and bush pilots \$5/1000 Air ambulance, power line inspection, traffic control \$3.50/1000
Aviation: Military Military pilots are exposed to different risks than civilian pilots. In addition to the risk of combat, they generally fly more hours than private pilots to maintain proficiency, and this flying can simulate combat conditions.	• Current age • Which branch service (Air Force, Navy, Marine, Coast Guard) • Shore or carrier based • Instructor • Type of aircraft • Type of flying	Requirement: Aviation Questionnaire Fast Track: • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Preferred is not available Most military aviation ratings range from \$2.50–\$10/1000 Higher extras used for younger ages and carrier based Aircrew rated the same as pilot Aviation exclusion generally only offered to those in ROTC and service academies who have aviation duties If posted to war zone, we would decline coverage

Non-Medical Risks: Aviation

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Aviation: Private Private pilots are those who are licensed as private pilots (whether they have IFR or not) and fly for recreational and business reasons. Business flying in this category refers to non-professional pilots (not flying for pay) but flying for business purposes.	• Current age • Pilot experience including ratings • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying	Requirement: Aviation Questionnaire Fast Track: • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Risk is based on annual hours flown up to 300 hours/year: Standard Plus IFR or ATP certification and at least 300 hours experience, and flying 25–200 hours/year: Preferred
Aviation: Student	• Current age • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying • Pilot experience including any ratings	Requirement: Aviation Questionnaire Fast Track: • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Standard to Standard Plus
Aviation: Sport This covers a number of types of recreational flight activities, which include the use of non-conventional aircraft, competition, or performances.	• Current age • Pilot experience including ratings • Amateur or professional • Medical history • Lifestyle • Where they fly • Type of aircraft flown • Type of flying	Requirement: Aviation Questionnaire Fast Track: • Overall experience • Hours/year • Flight ratings • Aircraft • Details of specialized flying	Risk is based on the base aviation risk, where applicable, as well as the type of special risk Ratings range from \$2.50/1000 to decline Examples: Ballooning may be Standard Plus Hang gliding may be \$5/1000 Paragliding \$2.50/1000

Non-Medical Risks: Avocations

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Mountain Climbing (including cliffs, ice and/or snow, rock, and trail/trekking)	• Type of climbing • Frequency of climbs • Difficulty grading and maximum altitude (climbed in past and/or future plans) • Location of climbs • Training and experience of climber and support team • Any solo climbing • Any ice climbing • Details of any accidents requiring hospital treatment • Fitness level and existing medical conditions • Alcohol or driving criticism	Requirement: Avocation Questionnaire, Foreign Travel Questionnaire (if applicable) Fast Track: • Overall experience • Frequency • Type of terrain • Difficulty of climbs	If no significant health conditions or non-medical risks (i.e., other avocations, drug/alcohol abuse, and/or driving violations): • Trekking, bouldering, rappelling, artificial climbing walls – possible Preferred • Under 10,000 feet, lower difficulty levels – Standard Plus to Preferred • Over 10,000 feet, higher difficulty levels or ice climbing – \$2.50–\$7.50/1000 Frequent climbs or search and rescue may increase rating or be declined Solo climbing, climbing in the Himalayas (including Everest) and Mt. McKinley/Denali, and climbs over 23,000 feet are uninsurable
SCUBA (Self Contained Underwater Breathing Apparatus) Diving	• Current age • Experience including certification • Depths and frequency of dives • Medical history • Lifestyle • Dive location (e.g., lake, open ocean, beaches) • Dive sites (e.g., wreck, salvage) • Diving activities (e.g., search and rescue, caves, ice) • Commercial diving	Requirement: Avocation Questionnaire, Foreign Travel Questionnaire (if applicable) Fast Track: • Type of diving (location, site, activities) • Experience • Frequency • Depth	Most average, recreational divers are Standard or better risks Rating \$2.50/1000: Decline depending on the combination of depth (> 120 feet), experience and technical diving SCUBA history combined with medical ratings > 200% due to CAD, cerebrovascular disease, obesity, respiratory disease, and psychiatric illness are usually declined

Non-Medical Risks: Driving

Activity	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Driving Motor vehicle accidents are the primary cause of death at younger ages and overall, the 6th leading cause of death. Contributing factors to fatal accidents include alcohol and excessive speed. At older ages (> 65), it can be a flag for underlying cognitive degeneration.	• Current age • Types of infractions • Frequency of infractions • DWI (multiple) • Other suspensions and number of suspensions • Accident (at fault) • Risk-taking avocations	Requirement: MVR Fast Track: • Number and types of violations • Date of last violation • Date of last suspension, length of, and reason for suspension	DWI cannot be considered until the license has been reinstated Best Case: Standard or Standard Plus if few, minor infractions Typical Case: \$2.50–\$5/1000 x 3 years Worst Case: Decline (multiple DWI)
Motor Vehicle Racing	• Current age • Type of vehicle/size of engine • Type of fuel • Frequency • Speeds attained (average, highest) • Type of course • Location (outside U.S. or Canada) • Concurrent avocations	Requirements: Avocation Questionnaire, Foreign Travel Questionnaire (if applicable) Fast Track: • Type of racing and frequency • Speeds attained	Typical Case: \$5/1000 Worst Case: \$10–\$15/1000 to decline

Non-Medical Risks: Professional Athletes

Activity

Professional Athletes

	Professional Athletes on Sports Teams (includes coaches and General Managers)	Professional Athletes Not on Sports Teams
Automatic Binding Limit ¹	\$28,750,000 ²	\$65,000,000
Jumbo Limit	\$65,000,000	\$65,000,000
Retention ¹	\$10,000,000 (per player) ²	\$30,000,000
Team Cap	\$55,000,000	N/A

General Guidelines

- Permanent products only
- Maximum issue age: 80
- Maximum exposure per sports team is \$55 million; once the team cap is reached, additional players, coaches and General Managers cannot be considered
- Key Person coverage is subject to documented confirmation of a contract with five remaining years
- General manager(s) of sports teams will be considered for Term insurance if the coverage is personal for a maximum of \$20 million, unless it can be demonstrated that they do not travel with the team

1. Retention and reinsurance grade down at higher ages and ratings.
2. Assumes no inforce coverage, and within team cap.

Underwriting Guidelines for Foreign Travel

These guidelines apply to U.S. residents including, residents of Puerto Rico, Guam and the U.S. Virgin Islands traveling for less than six months per year. Travel for six months (183 days) per year or longer is considered Foreign Residence.

For states with foreign travel underwriting regulations in place, no adverse action is taken if so specified by state law. However, military deployment to a war zone will not be considered for any state.

For states without foreign travel underwriting regulations, the following guidelines apply:

- All products are available
- Applications should not be submitted with any travel planned outside of North America within the next 30 days, until the applicant's return
- Coverage may not be available to individuals traveling to any country where a U.S. State Department travel warning, advisory or alert has been issued
- Occupations such as foreign correspondent, diplomat, missionary, security personnel, and foreign aid worker will not be considered

See page 50 for a complete list of country classifications.

Condition and Description	Factors Affecting the Decision	Fast Track the App.	Likely Underwriting Decision
Foreign Travel	• Which countries and destinations in each country • Frequency and duration of visit (total number of days/year in each country) • Purpose of travel • Age of applicant • Health of applicant • U.S. citizen or permanent resident	Requirements: <i>Foreign Travel Questionnaire</i> (NB5016) Fast Track: Travel questionnaire outlining destination(s), frequency and duration of visits must be submitted with the initial documents	Best Case: Super Preferred available for travel to A, B and C countries for up to 6 months, to D countries for up to 3 months and to most E countries¹ for travel up to 2 weeks Standard available for travel to D country for more than 3 months up to 6 months Decline – any travel to Afghanistan or Iraq Travel to other E countries¹ for up to 4 weeks – individual consideration will apply

1. Travel to E countries will only be considered for major cities

Underwriting Guidelines for Foreign Residents

General Guidelines

Parameters	Foreign Nationals ¹	U.S. Citizens Residing Abroad ¹
Solicitation	- All solicitation must take place in the U.S., regardless of the country of residence - Solicitation includes, but is not limited to, the illustration process, completion of the application and underwriting requirements, including examinations and delivery of the policy - See “U.S. Connections Guidelines” on page 47	- All solicitation must take place in the U.S., regardless of the country of residence - Solicitation includes, but is not limited to, the illustration process, completion of the application and underwriting requirements, including examinations and delivery of the policy
Minimum Issue Age	20	20
Maximum Issue Age	75 for A, B and C countries 70 for D countries	75 for A, B and C countries 70 for C countries if net worth less than \$5 million 70 for D countries
Minimum Net Worth	\$5 million U.S. or equivalent	N/A
Minimum Face Amount	\$1 million	Minimum face amount for product
Maximum Mortality Rating	200%	200%
Maximum Capacity for Permanent Products²	\$35 million for A and B countries \$12 million for C and D countries \$40 million for Canada	\$35 million for A and B countries \$12 million for C and D countries \$40 million for Canada
Maximum Capacity for Term Products	Available only for U.S. business needs: \$31 million for A and B countries \$12 million for C and D countries \$22 million for Canada	\$31 million for A and B countries \$12 million for C and D countries \$22 million for Canada
Jumbo Limit³	\$35 million ⁴	\$35 million ⁴
Premium Payment	Premium must be paid from a pre-existing U.S. bank account and billing address. The account and address must exist for more than just this insurance	
Ownership Structure	- The owner must have a U.S. Tax ID, SSN or must complete W-8BEN (www.irs.gov/pub/irs-pdf/fw8ben.pdf) - Offshore trusts or other type of foreign ownership are not allowed - Two-party ownership (i.e., personal ownership) is allowed	
Purpose of Insurance	Purpose of insurance must be clearly outlined, and a reasonable, demonstrable insurable loss must exist	

- A foreign resident for life insurance purposes must be either:
 - A U.S. citizen who resides outside the U.S. for more than six months per year (183 days) OR
 - A foreign national – a non-U.S. citizen who resides outside the U.S. for more than six months per year (183 days), has a meaningful tie to the U.S., and has a net worth of \$5 million U.S. or more
- Capacity may vary in the following scenarios:
 - For ages 71–75 (where applicable)
 - For U.S. citizens, if net worth is less than \$5 million U.S. or equivalent
 - For residents of China, Hong Kong, Macau and Singapore
 - For M-proprietary products
- The Jumbo Limit is the sum of all inforce coverage plus pending formal applications including ultimate amounts on John Hancock policies. Existing insurance that is being replaced will be deducted, providing we receive a fully executed absolute assignment transferring ownership to John Hancock.
- The Jumbo Limit for Canada is \$65 million for permanent and term products; does not apply to M-proprietary products.

Underwriting Guidelines for Foreign Residents

U.S. Connections Guidelines

Foreign nationals have several options to satisfy U.S. connections needed for John Hancock coverage. The proposed insured must meet one of the following criteria:

1. Owning real estate in the U.S.
2. Owning a business in the U.S. or working for a U.S. company
3. U.S. tax liability
4. Immediate family relation(s) residing in the U.S., **and**
 - 25% of assets required to justify the amount applied for must be U.S. assets that have been held in the U.S. for at least six months prior to application
5. Having financial assets in the U.S.
 - 25% of assets required to justify the amount applied for must be U.S. assets that have been held in the U.S. for at least six months prior to application, **and**
 - Minimum 15 days presence in the U.S. annually

Example	
Application	• 55-year-old male, citizen of Argentina • Applying for \$10 million (typically would require net worth of \$5–6 million to qualify); no coverage in force with John Hancock • Net worth – \$8 million (\$2 million U.S.; \$6 million foreign)
U.S. Connection	• \$2 million U.S. brokerage account (i.e., more than 25% of the \$5–6 million required to justify face amount), and • 3 week-long trips per year to Miami for business
Amount Offered	\$10 million as applied for

Coverage Parameters (all countries A–D)

- **Permanent products** — All John Hancock permanent fully underwritten life insurance products are available. The same capacity is used for both Individual and Survivorship policies. Please note that for Survivorship coverage, both lives must meet issue age requirements and available capacity will be based on the age of the younger life (provided both lives are insurable)
- **Term products** —
 - Foreign nationals may purchase Term coverage for U. S. business purposes (e.g., a U.S. Corporation insuring a keyman in a foreign Subsidiary)
 - U.S. citizens may qualify for Term insurance to be used for any purpose
- **Occupations** — Proposed insureds in certain occupations, and in some cases their family members, are uninsurable, for example, government or military personnel, missionaries, journalists, diplomats, members of the judiciary, security personnel, trade union officials
- **Aviation** — Individual policies may be offered to private pilots only, with an aviation exclusion; Survivorship policies not available with aviation risk
- **Riders** — Underwritten riders are not available, e.g., Waiver of Monthly Deductions, Disability Payment of Specified Premium, Return of Premium, Increasing Supplemental Face Amount and Long-Term Care

Underwriting Guidelines for Foreign Residents

- **Travel advisory** — Coverage may not be available in any country with a travel warning or alert in effect
- **C and D countries** — Coverage available only for individuals residing in major cities; ask your underwriter for more information

Underwriting Requirements

The following requirements are in addition to the routine U.S. age and amount requirements:

- *Foreign Resident Inquiry Form* (NB5158) — must be completed and submitted prior to submitting a formal submission
- A completed *Financial Supplement for Personal Insurance* (NB5125) or *Financial Supplement for Business Insurance* (NB5124)
- Five-year medical history
- The APS must be provided in English. John Hancock does not cover translation fees and the translator should be at arm's length to the sale
- For foreign nationals only, also submit the following:
 - Broker's Cover Letter of Introduction outlining the need for insurance, source of referral, background information and other publicly available information
 - Proof of identity (e.g., copy of passport or Visa)
 - Letter of reference from financial institution with account value and duration of relationship. If not provided, detailed account statements must be submitted to support the declarations on the *Financial Supplement for Personal Insurance* (NB5125) or *Financial Supplement for Business Insurance* (NB5124)

Additional requirements may be requested at the discretion of the underwriter.

Risk Class Available by Country Code

Risk Classes ¹	Country Code Classification			
<i>Non-Smoker</i>	A ²	B	C ³	D ³
Super Preferred	✓	✓		
Preferred	✓	✓	✓	✓
Standard Plus ⁴	✓	✓	✓	✓
Standard	✓	✓	✓	✓
<i>Smoker</i>	A ²	B	C	D
Preferred	✓	✓	✓	✓
Standard	✓	✓	✓	✓

1. Best Class will be reduced for U.S. citizens living abroad who do not have the net worth equivalent to \$5 million U.S. or more.

2. Eligibility for HealthStyles credits may be considered for Country A risks.

3. For C and D countries, applicants must live in approved major cities; please consult with your underwriter. Also note that flat extra ratings apply for C and D countries.

4. Standard Plus is available depending on product selection.

Underwriting Guidelines for Foreign Residents

Capacity for Permanent Products – High Net Worth Individuals

The following is a summary of available amounts for foreign residents if there is no additional coverage in force with John Hancock:

Country of Residence	Residency Code	Capacity	
		Ages 20–70	71–75
Hong Kong & Macau	A	\$30,000,000	\$30,000,000
Singapore	A	\$32,000,000	\$30,000,000
All other A	A	\$35,000,000	\$30,000,000
China – B Cities	B	\$21,000,000	\$21,000,000
All other B	B	\$35,000,000	\$30,000,000
China –C Cities	C	\$6,000,000	\$6,000,000
All other C	C	\$12,000,000	\$6,000,000
All D	D	\$12,000,000	\$0

Important Note: Survivorship capacity and grading is based on the younger life, unless that life is uninsurable.

Capacity for Term Products – High Net Worth Individuals

The following is a summary of available amounts for foreign residents if there is no additional coverage in force with John Hancock:

Country of Residence	Residency Code	High Net Worth	
		Ages 20–70	71–75
Hong Kong & Macau	A	\$26,000,000	\$26,000,000
Singapore	A	\$28,000,000	\$26,000,000
All other A	A	\$31,000,000	\$26,000,000
China – B Cities	B	\$13,250,000	\$13,250,000
All other B	B	\$31,000,000	\$26,000,000
China – C Cities	C	\$ 6,000,000	\$6,000,000
All other C	C	\$12,000,000	\$6,000,000
All D	D	\$12,000,000	\$0

Country Classification for Foreign Travel and Foreign Residents^{1, 2}

A Countries				
Andorra Australia Austria Barbados Belgium Bermuda British Virgin Islands Canada Cayman Islands Cyprus	Czech Republic Denmark Finland France Germany Greece Hong Kong Hungary Iceland Ireland	Israel – excluding West Bank, Gaza and Golan Heights Italy Japan Liechtenstein Luxembourg Macau Malta Monaco	Netherlands New Zealand Norway Poland Portugal Qatar San Marino Singapore Slovak Republic (Slovakia) Slovenia	South Korea Spain Sweden Switzerland Taiwan United Kingdom
B Countries				
Albania Anguilla Antigua & Barbuda Argentina Bahamas Bosnia and Herzegovina Brazil	Brunei Bulgaria Canary Islands Chile China ³ Costa Rica Croatia	Dominica Estonia French Polynesia Guadeloupe Kuwait Latvia Lithuania	Macedonia Malaysia Martinique Mauritius Mexico Montenegro Oman	Panama Romania Seychelles Turks and Caicos United Arab Emirates Uruguay
C Countries ⁴				
Armenia Belarus Belize China Cook Islands Dominican Republic Ecuador	El Salvador Grenada Jamaica Kazakhstan Maldives Micronesia New Caledonia	Northern Mariana Islands (Saipan, Rotai, Tinan) Palau Paraguay Peru Russia Samoa	Saudi Arabia Serbia Sri Lanka St. Kitts and Nevis St. Lucia St. Vincent & The Grenadines	Tonga Trinidad & Tobago Turkey Ukraine Vietnam
D Countries ⁵				
Bhutan Bolivia Botswana Cape Verde Islands	Fiji French Guyana Gabon Guatemala	Honduras Indonesia India Moldova	Mongolia Namibia Nicaragua Philippines	South Africa Suriname Thailand Venezuela
E Countries				
Afghanistan Algeria Angola Azerbaijan Bahrain Bangladesh Benin Burkina Faso Burundi Cambodia Cameroon Central African Republic Chad Colombia Comoros Congo Congo, Dem People's Rep (formerly Zaire)	Côte d'Ivoire (Ivory Coast) Cuba Djibouti Egypt Equatorial Guinea Eritrea Ethiopia Gaza Gambia Georgia Ghana Golan Heights Guinea Guinea Bissau Guyana Haiti Iran Iraq	Jordan Kenya Kiribati Kyrgyzstan Laos Lebanon Lesotho Liberia Lybia Madagascar Malawi Mali Marshall Islands Mauritania Morocco Mozambique Myanmar Nauru	Nepal Niger Nigeria Niue North Korea Pakistan Palestine Papua New Guinea Rwanda Sao Tome & Principe Senegal Sierra Leone Solomon Islands Somalia Sudan Swaziland Syria Tajikistan	Tanzania Tibet Timor-Leste Togo Tunisia Turkmenistan Tuvalu Uganda Uzbekistan Vanuatu West Bank Western Sahara Yemen Zambia Zimbabwe

1. Country Classifications and rates are subject to change at any time. For confirmation, please contact a John Hancock Underwriter

2. High-risk areas within some countries may be uninsurable. Contact your underwriter for details

3. Certain cities in China qualify as Country Code B. Please ask your underwriter for more information

4. For foreign residents, a residency extra of \$1 applies for "C" countries

5. For foreign residents, a residency extra of \$2 applies for "D" countries

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Insurance policies and/or associated riders and features may not be available in all states. Some riders may have additional fees and expenses associated with them.

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02116 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

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