

# UNDERWRITING GUIDE

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## UNDERWRITING INTRODUCTION

Sagicor’s underwriting team is committed to providing exceptional customer service. We strive to present you with the best underwriting offer we can the first time we contact you.

This guide is based on our Fully Underwritten Program. It will provide you with valuable information regarding our fully underwritten process. If you have any questions regarding the underwriting process, please contact us using one of the methods below:

**Phone:** 888-724-4267

**Email:** [underwriting@sagicorlifeusa.com](mailto:underwriting@sagicorlifeusa.com)

**Mail:** Sagicor Life Insurance Company  
*Underwriting Department*  
 4343 N. Scottsdale Road, Suite 300  
 Scottsdale, AZ 85251-3347

## UNDERWRITING REQUIREMENTS SUBMISSION

All medical requirements must be faxed or uploaded through the agent portal at [sagicoragent.com](http://sagicoragent.com). Under **Sales Tools**, select *Secure Upload Tool*. Please include a cover letter with the policy number and any applicable case and agency contact information.

- Fax underwriting requirements should use the following fax number: **480-425-5143**.
- Any additional correspondence may be sent to [underwriting@sagicorlifeusa.com](mailto:underwriting@sagicorlifeusa.com).

# AGE AND AMOUNT REQUIREMENTS



SAGE TERM 10/15/20				
	18 - 45 years old	46 - 55 years old	56 - 65 years old	66 - 75 years old
<b>\$50,000 - \$99,999</b>	Accelewriting®	Accelewriting®	Accelewriting®	MIB, MVR, Pharm DB, APS
<b>\$100,000 - \$500,000</b>	Accelewriting®	Accelewriting®	Accelewriting®	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$500,001 - \$750,000</b>	Accelewriting® with Pivot	Accelewriting® with Pivot	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$750,001 - \$1,000,000</b>	Accelewriting® with Pivot	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$1,000,001 and over</b>	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI

An EKG is required for the combination of ages over 50 and face amounts above \$5,000,000.

SAGE INDEXED UL				
	0 - 17 years old	18 - 50 years old	51 - 65 years old	66 - 85 years old
<b>\$50,000 - \$99,999</b>	MIB, Pharm DB	Not Available	Not Available	Not Available
<b>\$100,000 - \$500,000</b>	Not Available	Accelewriting® with Pivot	Accelewriting® with Pivot	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$500,001 - \$1,000,000</b>	Not Available	Accelewriting® with Pivot	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$1,000,001 and over</b>	Not Available	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP

An EKG is required for the combination of ages over 50 and face amounts above \$5,000,000.

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SAGE NO LAPSE UL				
	0 - 15 years old	16 - 50 years old	51 - 65 years old	66 - 85 years old
<b>\$25,000 - \$99,999</b>	MIB, Pharm DB	Accelewriting®	Accelewriting®	MIB, MVR, Pharm DB, APS
<b>\$100,000 - \$500,000</b>	Not Available	Accelewriting®	Accelewriting®	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$500,001 - \$999,999</b>	Not Available	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP
<b>\$1,000,000 and over</b>	Not Available	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP, PHI

An EKG is required for the combination of ages over 50 and face amounts above \$5,000,000.

SAGE WHOLE LIFE				
	0 - 15 years old	16 - 50 years old	51 - 65 years old	66 - 85 years old
<b>\$25,000 - \$99,999</b>	MIB, Pharm DB	Accelewriting®	Accelewriting®	MIB, MVR, Pharm DB, APS
<b>\$100,000 - \$250,000</b>	Not Available	Accelewriting®	Accelewriting®	MIB, MVR, Pharm DB, APS, Paramed Exam, HOS/BCP

FIXED INDEXED AND INTEREST SENSITIVE SINGLE PREMIUM WHOLE LIFE REQUIREMENTS BASED ON NET AMOUNT AT RISK (NAAR)				
	18 - 44 <sup>1</sup> years old	45 - 65 years old	66 - 75 years old	76 - 85 years old
<b>\$0 - \$50,000</b>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>
<b>\$50,001 - \$100,000</b>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>
<b>\$100,001 - \$250,000</b>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>	Accelewriting® <sup>2</sup>
<b>\$250,001 and higher</b>	Accelewriting® <sup>3</sup>	Accelewriting® <sup>3</sup>	Accelewriting® <sup>3</sup>	Accelewriting® <sup>3</sup>

<sup>1</sup> Not available on Interest Sensitive Single Premium Whole Life

<sup>2</sup> On Single premium products, medical records may be ordered based on medical history at any NAAR

<sup>3</sup> Additional requirements such as Paramedical exam and HOS/BCP may be ordered at NAAR over \$250,000

### ACRONYMS USED IN THE CHARTS

- APS - Attending Physician's Statement
- BCP - Blood Chemistry Profile
- EKG - Electrocardiogram
- HOS - Home Office Specimen
- PHI - Personal History Telephone Interview (Inspection Report)
- MIB - Medical Information Bureau
- MVR - Motor Vehicle Record
- Pharm DB - Pharmaceutical Database

**PLEASE NOTE:** Underwriting has the discretion to order additional requirements not listed on these charts.

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<b>PREFERRED PLUS NON-TOBACCO*</b>	
<b>Nicotine Use</b>	None in 5 years
<b>Blood Pressure</b>	135/85 up to age 50 (untreated); 140/85 ages 51-85 (untreated)
<b>Total Cholesterol</b>	220 (untreated)
<b>TC/HDL ratio</b>	5.0 (untreated)
<b>Build</b>	see Build Chart on <a href="#">page 6</a>
<b>Personal Medical History</b>	No history of CVA, CAD, cancer, or diabetes. No current ratable medical impairment
<b>Family History</b>	No CVA, CAD, or cancer deaths or diagnosis in parents or siblings prior to age 60
<b>Driving Record</b>	No DUI in last 10 years. No more than 1 moving violations in past 3 years
<b>Hazardous Activities</b>	None
<b>Aviation</b>	No private aviation
<b>Citizenship</b>	U.S. citizen, Canadian citizen and permanent resident with Green Card
<b>Foreign Travel or Residence</b>	No residence or travel to hazardous area
<b>Alcohol/Drugs</b>	No history
<b>Substandard Extras</b>	Not available

\*Only available for Term 10/15/20

	<b>PREFERRED NON-TOBACCO</b>	<b>PREFERRED TOBACCO</b>
<b>Nicotine Use</b>	None in 3 years	Uses Nicotine
<b>Blood Pressure</b>	140/90 (treated or untreated)	140/90 (treated or untreated)
<b>Total Cholesterol</b>	240 (treated or untreated)	240 (treated or untreated)
<b>TC/HDL ratio</b>	6.0 (treated or untreated)	6.0 (treated or untreated)
<b>Build</b>	see Build Chart on <a href="#">page 6</a>	see Build Chart on <a href="#">page 6</a>
<b>Personal Medical History</b>	No history of CVA, CAD, cancer, or diabetes. No current ratable medical impairment	No history of CVA, CAD, cancer, or diabetes. No current ratable medical impairment
<b>Family History</b>	No CVA, CAD, or cancer deaths in parents or siblings prior to age 60	No CVA, CAD, or cancer deaths in parents or siblings prior to age 60
<b>Driving Record</b>	No DUI in last 5 years. No more than 2 moving violations in past 3 years	No DUI in last 5 years. No more than 2 moving violations in past 3 years
<b>Hazardous Activities</b>	No ratable hazardous activities	No ratable hazardous activities
<b>Aviation</b>	No ratable aviation	No ratable aviation
<b>Citizenship</b>	U.S. citizen, Canadian citizen and permanent resident with Green Card	U.S. citizen, Canadian citizen and permanent resident with Green Card
<b>Foreign Travel or Residence</b>	No residence or travel to hazardous area	No residence or travel to hazardous area
<b>Alcohol/Drugs</b>	No history of substance abuse within the last 10 years	No history of substance abuse within the last 10 years
<b>Substandard Extras</b>	Not available	Not available

**PLEASE NOTE:** Tobacco classification includes any use of tobacco products (cigar use, chewing tobacco or snuff, pipe, etc.) or use of nicotine replacement therapy (gum, patch, etc.).

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# FULLY UNDERWRITTEN BUILD CHART



Height	Minimum Weight	Preferred Plus*		Preferred	Standard	T2	T3	T4	T5	T6	T7	T8
		Male	Female									
4'10"	84	135	125	142	150	186	193	203	208	212	217	222
4'11"	88	140	129	147	155	193	200	210	215	220	225	230
5'0"	91	144	133	152	160	199	207	217	222	227	232	238
5'1"	95	148	138	157	165	206	214	224	230	235	240	246
5'2"	99	153	142	162	170	213	221	232	237	243	248	254
5'3"	102	158	147	166	175	220	228	239	245	251	256	262
5'4"	105	165	152	172	180	227	235	247	253	259	265	270
5'5"	109	168	154	177	185	234	243	255	261	267	273	279
5'6"	111	174	162	182	190	241	250	263	269	275	281	288
5'7"	115	179	166	187	195	249	258	271	277	284	290	296
5'8"	118	184	171	193	200	256	266	279	286	292	299	305
5'9"	121	190	176	198	205	264	274	287	294	301	308	314
5'10"	124	195	181	204	212	271	282	296	303	310	317	324
5'11"	128	201	187	209	217	279	290	304	311	319	326	333
6'0"	131	207	192	216	224	287	298	313	320	328	335	342
6'1"	135	212	197	221	232	295	306	322	329	337	344	352
6'2"	139	218	203	228	237	303	315	331	338	346	354	362
6'3"	142	224	208	234	242	312	324	340	348	356	364	372
6'4"	146	230	215	240	248	320	332	349	357	365	373	382
6'5"	149	236	219	247	254	328	341	358	366	375	383	392
6'6"	154	242	225	253	260	337	350	367	376	385	393	402
6'7"	158	249	231	260	266	346	359	377	386	395	403	412

\*Only available for Sage Term 10/15/20

**If height and weight is not listed, please call for a risk assessment. Any weight loss over 10 pounds within one year, add one-half (1/2) of weight loss to current weight. Underweight individuals may require a table rating.**

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Financial underwriting is a key part of the underwriting process. It is an important step when determining the purpose of coverage for a client, the insurable interest and preventing possible anti-selection against the client or Sagacor. Insurable interest must show a financial loss for the owner/beneficiary if the insured dies prematurely (subject to state laws). A cover letter is always welcomed to help explain any details to help financially underwrite an application. You will need to complete a Financial Questionnaire for any face amount over \$1,000,000 (Personal – Form 5073, Business – Form 5074).

**BANKRUPTCY**

We will typically consider an individual for coverage once any type of bankruptcy has been discharged. If bankruptcy has been discharged within two years, a cover letter would be helpful in explaining the circumstances that caused the bankruptcy and help Underwriting determine the insured’s financial status.

**BUY/SELL AGREEMENT**

- Provide the value of the company, the method of valuation, ownership percentages of each owner and net income of business. A copy of the buy/sell agreement may be required.
- Write a cover letter explaining purpose of the coverage and any additional information that would help Underwriting understand the purpose of coverage.
- Complete Financial Questionnaire (Business) Form 5074.

**CHARITABLE GIVING**

- Provide the insured’s average annual giving and any key duties or responsibilities that the insured performs or holds for the charity.

**KEY PERSON**

- Provide the reason the insured is a key person and what the financial impact the insured’s premature death will have on the company.
- Complete Financial Questionnaire (Business) Form 5074.

**INCOME REPLACEMENT**

See income factor table below. Income factors shown can be subject to Underwriting’s discretion. (IC = Individual Consideration)

INCOME FACTOR	
Under 18 years old	(IC)
18 – 39 years old	25x
40 – 50 years old	20x
51 – 60 years old	15x
60 – 65 years old	10x
65 – 70 years old	5x
>70 years old	(IC)

**NON-WORKING SPOUSE/CHILDREN**

We will allow equal coverage of the working spouse up to \$1,000,000. Amounts above \$1,000,000 will be individually considered. Children will be allowed up to one-half (½) of their parents’ coverage. All siblings should have like coverage or like premium payments. If siblings do not have like coverage, please provide an explanation.

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## AVOCATION/HAZARDOUS SPORTS

We will consider clients who participate in various avocations and hazardous sports. Please complete the following questionnaires to properly classify the applicant in a risk class.

- Aerial sports (Form 5076)
- Aviation (Form 5071)
- Motor Sports (Form 5076)
- Rock or Mountain Climbing (Form 5076)
- Underwater Diving (Form 5076)

## CRIMINAL HISTORY

We will typically consider applicants with misdemeanors. Applicants must be off probation or parole for over a year. Please provide all details of the crime including the location and date of the crime. Any applicant with history of a felony will be considered on an individual basis; please contact Underwriting for a risk assessment.

## DRIVING HISTORY

A Motor Vehicle Report (MVR) is ordered on all fully underwritten products.

- Provide a valid driver's license number for the applicant.
- If applicant does not have a valid driver's license, please provide an explanation as to why the client does not have a license.

## FOREIGN TRAVEL (SUBJECT TO STATE LAW)

We will consider applicants traveling to foreign countries (certain restrictions apply).

- Purpose of travel, duration and destination will be required.
- Complete a Foreign Travel and Residence Questionnaire (Form 5070).

## RESIDENCY

We will consider U.S. citizens and U.S. permanent residents for coverage. If the applicant is a permanent resident, the alien registration number (USCIS number, A number) must be provided. A copy of the Resident Alien Card (AKA Green Card) along with a completed Foreign Travel and Residence Questionnaire (Form 5070) will be helpful to expedite underwriting. Canadian citizens can be considered on an individual basis. Please contact Underwriting for a risk assessment.

## TABLE RATINGS

The maximum table rating on all Sagacor fully underwritten products is Table 8 (300%)

## FLAT EXTRAS

Flat extras start at a rate of \$2.50 per thousand. This means that for every \$1,000 in coverage, \$2.50 is added to the annual premium.

- Example: A \$50,000 policy will have an additional premium of \$125.00 annually (50 x \$2.50)

## REINSURANCE LIMITS

- Auto bind limits: \$10,000,000
- Retention: \$500,000



## APPROVED VENDORS

Sagicor will be responsible for ordering all medical requirements unless instructed by the agency or producer. Sagicor will follow up with the paramedical companies, and the status will be provided on our website under pending policies.

## PREFERRED PARAMEDICAL VENDOR

**APPS - American Para Professional Systems, Inc.**

800-727-2101

<https://appllive.com/>

## APPROVED PARAMEDICAL VENDORS

**EMSI - Examination Management Services, Inc.**

800-872-3674

[www.emsinet.com](http://www.emsinet.com)

## ExamOne

877-933-9261

[www.examone.com](http://www.examone.com)

## APS VENDORS

**PARAMEDS.COM, A PDC COMPANY**

718-575-2000

[www.parameds.com](http://www.parameds.com)

## APS REIMBURSEMENTS

We will reimburse up to \$100.00 under the following condition: the invoice must be submitted directly to Sagicor Life Insurance Company Underwriting with a Sagicor Life Insurance Company policy number included on the invoice. Our email address is:

[underwriting@sagicorlifeusa.com](mailto:underwriting@sagicorlifeusa.com).

## ADDITIONAL RESOURCES

- Producer Operation Manual, [Form 4280](#)
- Acelewriting® Process Brochures:
  - Periodic Premium 10/15/20 Year Term Life Insurance, [Form 4992](#)
  - Periodic Premium Indexed Universal Life Insurance, [Form 9148](#)
  - Periodic Premium NLUL and Whole Life Insurance, [Form 4912](#)
  - Single Premium: Fixed Indexed and Interest Sensitive Single Premium Whole Life, [Form 4913](#)

## IMPORTANT REMINDER: UNDERWRITING REQUIREMENTS SUBMISSION

All medical requirements must be faxed or uploaded through the agent portal at [www.sagicoragent.com](http://www.sagicoragent.com). Under **Sales Tools**, select *Secure Upload Tool*. Please include a cover letter with the policy number and any applicable case and agency contact information.

- Fax underwriting requirements should use the following fax number: **480-425-5143**.
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