



UNDERWRITING GUIDE

Simplified Issue Underwriting and Medical Impairment Guide

SagicorLifeUSA.com

Sagicor Life 

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THE SIMPLIFIED ISSUE APPLICATION SUBMISSION PROCESS

OUR SIMPLIFIED ISSUE ELECTRONIC APPLICATION

Our eApp process is quick and easy and it ensures that your application is submitted in good order.

1. Log on to the Producer portal of the website and launch our Illustration Software.
2. Click on the bar that says “Run Sagicor Life Illustration Software Online”.
3. Click on “New Illustration” under Activities.
4. You must select “Jurisdiction, Product Type, and Product Name” and “Save Illustration” for the Application option to appear.
5. Click on “Application” and then “Create Application”.
6. Complete the 4 steps for the eApp
 - A. Form Entry
 - B. Signatures
 - C. Review
 - D. Finalize
7. Submit the application electronically.

Please note that the eApp process does not require a tele-interview. Your underwriting decision is returned to you within minutes after you submit the eApp.

This process is available for the Sage NLUL and Sage Term products.

OUR SIMPLIFIED ISSUE PAPER APPLICATION

1. Complete the application along with any related forms. All forms are available on the producer section of Sagicor’s website at SagicorLifeUSA.com, or are also available through iPipeline.
2. Verify the personal information provided by the applicant by viewing a state issued driver’s license, state issued ID card, military ID card, passport, permanent US resident (Green card) or other government issued picture ID card. Applicants must be US citizens or legal residents.
3. Call 1-866-664-0083 to conduct the tele-interview through Management Research Systems, Inc (MRS). If the applicant does not speak English, Spanish speaking interviewers are available. For other languages, please contact the home office for instructions.

MRS hours of operation

Monday – Friday: 8:00 AM - 9:00 PM Central time

Saturday: 8:00 AM - 3:00 PM Central time

Sunday: closed

4. Upon completing the tele-interview, if the applicant is approved, you will be advised of one of the following five risk class decisions:
 - Preferred Non-Tobacco
 - Preferred Tobacco
 - Standard Non-Tobacco
 - Standard Tobacco
 - Rated Non-TobaccoIf the applicant is not approved, the file will be referred to the home office for review.
5. You will be given a reference number by MRS to record at the top of the application
6. Producers must submit the application, **whether accepted or declined**, to Sagicor within 48 hours of the completion of the tele-interview, along with all related forms. Underwriting will not be able to review the file until the application is received. Paper applications may be submitted by fax: (1-800-324 8943), or by mail: Sagicor Life Insurance Company, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251. Payment by check must be sent by mail.

**THE SIMPLIFIED ISSUE
TELEPHONE INTERVIEW PROCESS
'APPLIES TO PAPER APPLICATIONS ONLY'**

In order to comply with Anti-Money Laundering rules, if the applicant is new or unknown to the producer, we require the producer and applicant to be together during the tele-interview. The producer will initiate the telephone call with the tele-interview company, Management Research Systems, Inc. (MRS).

MRS will facilitate the telephone interview on behalf of Sagicor with you and the applicant. The tele-interview will take approximately 15 minutes with the initial questions directed to you, the producer, and all additional questions to the applicant. To assist with the decision process, the tele-underwriter will access the Medical Information Bureau (MIB), a prescription drug profile called IntelliScript, and a motor vehicle report at the time of the interview. These tools are used to help ensure a prompt and accurate decision. We reserve the right to require an examination or any other evidence of insurability deemed necessary to evaluate an application.

CONSUMER REPORTING AGENCIES

Because our underwriting decision will be based, in whole or in part, on one or more consumer reports regarding the applicant, we are required to inform the applicant of where we obtain this information. The consumer reporting agencies do not make the underwriting decision for the applicant's policy.

The Disclosure Notice to Proposed Insured is included in the application. Sagicor or its reinsurers may also release information to other insurance companies to whom the applicant may apply for life or health insurance or to whom a claim for benefits may be submitted.

The applicant may obtain a free consumer report by requesting it directly from that agency within 60 days of the interview. Further, the applicant has the right to dispute, directly with the consumer reporting agency, the accuracy or completeness of any information provided by that consumer reporting agency.

THE MEDICAL INFORMATION BUREAU (MIB)

MIB, Inc.
50 Braintree Hill, Suite 400
Braintree, MA 02184-8734
(866) 692-6901 or TTY (866) 346-3642
www.mib.com

MOTOR VEHICLE RECORDS

First Advantage ADR
Attn: Consumer Request
2860 Gold Tailings Court
Rancho Cordova, CA 95670



SAGICOR GUIDELINES FOR SIMPLIFIED ISSUE

If you have questions regarding our guidelines, please call Producer Resource Center (PRC) at 1-888-724-4267, ext. 4680

	Preferred Non-Tobacco	Preferred Tobacco	Standard Non-Tobacco	Standard Tobacco	Rated Non-Tobacco
Alcohol/Substance Abuse	Not Available	Not Available	Not Available	Not Available	No History in over 5 years
Aviation	No past or future piloting within 24 months	No past or future piloting within 24 months	Aviation allowed	Aviation allowed	Aviation allowed
Avocations	No ratable avocations	No ratable avocations	Avocation allowed	Avocation allowed	Avocation allowed
Blood Pressure	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments
Driving History	No history of DWI, DUI, Reckless Driving within 5 years and, no more than 2 minor violations within last 12 months	No history of DWI, DUI, Reckless Driving within 5 years, and, no more than 2 minor violations within last 12 months	No history of DWI, DUI, Reckless Driving within 3 years and, no major violations within 12 months	No history of DWI, DUI, Reckless Driving within 3 years and, no major violations within 12 months	No history of DWI, DUI, Reckless Driving within 2 years
Family History	No death of either parent prior to age 60 for Heart Attack, Stroke, Cancer or Unknown No death of any siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	No death of either parent prior to age 60 for Heart Attack, Stroke, Cancer or Unknown No death of any siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	Family history allowed	Family history allowed	Family history allowed
Medical History ¹	All medical and personal history questions answered no	All medical and personal history questions answered no	See Medical Impairments starting on page 7	See Medical Impairments starting on page 7	See Medical Impairments starting on page 7
Tobacco or Nicotine Products ²	No use over 24 months	Use within 24 months	No use over 24 months	Use within 24 months	No use over 24 months

SAGICOR SIMPLIFIED ISSUE UNISEX BUILD TABLE

Minimum, Preferred, Standard and Rated risk class weights are listed in pounds. Weights listed for Preferred, Standard and Rated are maximum weights.

Height	Minimum	Preferred	Standard	Rated
4'8	75	139	147	186
4'9	77	144	151	192
4'10"	79	149	155	199
4'11"	82	154	161	206
5'0"	85	159	166	213
5'1"	88	164	172	220
5'2"	91	169	178	227
5'3"	94	174	184	235
5'4"	97	179	190	242
5'5"	100	184	196	250
5'6"	103	189	202	258
5'7"	106	194	208	265
5'8"	109	200	215	273
5'9"	112	205	221	282
5'10"	115	211	228	290
5'11"	118	216	235	298
6'0"	123	223	242	306
6'1"	128	228	248	315
6'2"	132	235	255	324
6'3"	137	241	263	333
6'4"	142	247	270	341
6'5"	146	254	277	350
6'6"	150	261	284	360
6'7"	154	268	292	369
6'8"	158	275	299	378
6'9"	162	282	307	388

Preferred and Standard risk classes apply to both Tobacco and Non Tobacco. Rated risk class applies only for Non-Tobacco use.

SAGICOR SIMPLIFIED ISSUE INELIGIBLE PRESCRIPTION DRUG LIST

Advair	Copaxone	Evista	Lanoxin	Risperdal	Zidovudine (AZT)
Aggrenox	Coumadin	Exelon	Lasix	Sinemet	Zofran
Amiodarone	Crixivan	Femara	Lupron	Spiriva	Zyprexa
Aricept	Depakote	Furosemide	Morphine	Sustiva	
Avonex	Digitek	Haldol	Nitroglycerin	Tamoxifen	
Baclofen	Digoxin	Heparin	Plavix	Tarceva	
Cognex	Eldepryl	Infergen	Requip	Warfarin	
Combivent	Epivir	Isosorbide dinitrate	Ribavirin	Xeloda	

SAGICOR SIMPLIFIED ISSUE MEDICAL IMPAIRMENTS

This is not an all inclusive list. Rate class shown is not guaranteed. If you have questions regarding conditions, please call Underwriting at 1-888-724-4267, ext. 3304.

Condition	Criteria	Possible Rate Class
AIDS	<ul style="list-style-type: none"> Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) 	Decline
Alcoholism	<ul style="list-style-type: none"> Diagnosis of alcohol abuse within the last 5 years Treatment for alcohol abuse within the last 5 years 	Decline
Alzheimer's	<ul style="list-style-type: none"> Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease 	Decline
Amputation	<ul style="list-style-type: none"> Caused by disease 	Decline
Anemia	<ul style="list-style-type: none"> Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female Diagnosis of Thalassemia, Sideroblastic anemia or sickle cell 	Decline
Aneurysm	<ul style="list-style-type: none"> Not treated 	Decline
	<ul style="list-style-type: none"> Treated 	Rated ³
Angina	<ul style="list-style-type: none"> All cases 	See Heart Disease
Angioplasty	<ul style="list-style-type: none"> All cases 	See Heart Disease
Arthritis	<ul style="list-style-type: none"> Rheumatoid, slight to moderate impairment and no medications 	Rated
	<ul style="list-style-type: none"> Rheumatoid, severe, deformity, unable to perform activities of daily living 	Decline
Asthma	<ul style="list-style-type: none"> Hospitalized or seen in ER 2 or more times, Used steroid medication or required oxygen in the past 12 months Combined with Tobacco Use, Smoker 	Decline
Bladder	<ul style="list-style-type: none"> History of neurogenic bladder Bladder paralysis Tumors, cysts or hospitalizations 	Decline
Blindness	<ul style="list-style-type: none"> Caused by diabetes, circulatory disorder, or other illness 	Decline
	<ul style="list-style-type: none"> Other causes 	Rated ³
By-pass Surgery	<ul style="list-style-type: none"> All cases 	See Heart Disease

Cancer	<ul style="list-style-type: none"> Basal or Squamous cell skin carcinoma 	Standard ³
	<ul style="list-style-type: none"> 6 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence 	Rated ³
	<ul style="list-style-type: none"> All others 	Rated ⁴
Cerebral Palsy	<ul style="list-style-type: none"> If not self-supporting and/or mental impairment 	Decline
Chest Pains	<ul style="list-style-type: none"> If tests were done and the results were not normal 	Decline
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> All cases 	Decline
Cirrhosis of the Liver	<ul style="list-style-type: none"> History of cirrhosis of fibrosis History of elevated liver function tests Cysts or tumors Diagnosis of excessive alcohol use within the past 5 years 	Decline
Congestive Heart Failure	<ul style="list-style-type: none"> All cases 	Decline
Cystic Fibrosis	<ul style="list-style-type: none"> All cases 	Decline
Diabetes	<ul style="list-style-type: none"> Diagnosis under age 40 Blood sugar not checked in the past 6 months Insulin dependent Advised of uncontrolled blood sugars in the past 12 months Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss 	Decline
	<ul style="list-style-type: none"> If controlled on oral medication only or diet 	Rated ³
Down's Syndrome	<ul style="list-style-type: none"> All cases 	Decline
Driving Record	<ul style="list-style-type: none"> DWI/DUI is within 24 months 3 or more driving violations within 24 months License suspended/revoked within 24 months 	Decline
Drug Abuse	<ul style="list-style-type: none"> Diagnosis of substance abuse within the last 5 years Treatment for drug abuse Relapses or abuse of another substance after initial treatment 	Decline
Epilepsy	<ul style="list-style-type: none"> Convulsions within the last 12 months 	Decline
Felony	<ul style="list-style-type: none"> Convicted of felony within the past 5 years or awaiting trial for a felony Currently on parole or probation 	Decline

Gallstones	<ul style="list-style-type: none"> • More than one episode in the past 12 months other than the removal of the gallbladder 	Decline
Headaches	<ul style="list-style-type: none"> • Headaches that have increased in frequency or severity • Headaches that have required hospitalization • Abnormal tests results within the past 2 years • Currently under evaluation or been advised to have further evaluation or testing done for headaches 	Decline
Heart Disease	<ul style="list-style-type: none"> • Includes heart attack, angina and angioplasty or stents • Any other disease/disorder of the heart or blood vessels 	Rated ⁵
	<ul style="list-style-type: none"> • Cardiomyopathy • Ventricular Fibrillation • Heart Transplants 	Decline
Heart Murmur	<ul style="list-style-type: none"> • History of surgery 	Rated ³
Hepatitis	<ul style="list-style-type: none"> • Diagnosed with Hepatitis A in the past 12 months and did not make a complete recovery • Diagnosed with Hepatitis B or C, chronic Hepatitis or any other form Hepatitis (besides A) 	Decline
High Blood Pressure	<ul style="list-style-type: none"> • Controlled with medication. 	Rated ⁶
	<ul style="list-style-type: none"> • Uncontrolled 	Decline
Hodgkin's Disease	<ul style="list-style-type: none"> • All cases 	Decline
Hypothyroidism or Hyperthyroidism	<ul style="list-style-type: none"> • If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment 	Decline
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> • Positive test results for Human Immunodeficiency Virus (HIV) 	Decline
Kidney Disease	<ul style="list-style-type: none"> • Kidney Failure • Insufficiency or any other disease or disorder of the kidneys • Nephrectomy • Polycystic Kidney Disease • Transplant recipient 	Decline
Leukemia	<ul style="list-style-type: none"> • All cases 	Decline
Liver Impairments	<ul style="list-style-type: none"> • Any associated history of liver disease/disorder 	Decline
Lupus Erythematosus (SLE)	<ul style="list-style-type: none"> • Systemic 	Decline

Melanoma	• Treatment or Surgery: Completed 6 years or more, no recurrence or additional occurrence	Rated ³
	• Treatment or Surgery: Completed 5 years or less, any recurrence	Decline
Mental or Nervous Disorder	• History of hospitalization, use of Lithium, Haldol, or Thorazine or continuing psychotherapy	Decline
	• Anxiety or situational depression	Rated ³
Multiple Sclerosis	• If applicant does not require assistance with Activities of Daily Living such as bathing, dressing, feeding, taking medications, use of toilet	Rated ³
Muscular Dystrophy	• All cases	Decline
Pacemaker	• See Heart Disease for criteria	Rated ⁵
Pancreatitis	• If more than a single attack within a year	Decline
	• If history of a pancreatic cyst, tumor or unresolved abscess	
Paralysis	• Includes paraplegia and quadriplegia	Decline
Parkinson's Disease	• If Mild - If applicant does not require assistance with Activities of Daily Living such as bathing, dressing, feeding, taking medications, use of toilet	Rated ³
	• Severe, Progressive	Decline
Peripheral Vascular Disease (PVD)	• All cases • Includes Peripheral Arterial Disease (PAD)	Decline
Probation	• If currently on probation	Decline
Prostate	• History of elevated PSA test results within the past 2 years • History of prostate tumors other than BPH (benign prostatic hypertrophy)	Decline
Pulmonary Embolism	• Single Episode over 6 months ago	Rated
	• Multiple Episodes	Decline
Rectum or Intestines	• History of Crohn's Disease - If within 3 years • More than 1 episode of polyps or tumors in the past 3 years and was not benign • History of bleeding, obstructions, or unintended weight loss in the past 12 months	Decline
	• Ulcerative Colitis or surgical resection over 1 year	Rated

Reproductive Organs	<ul style="list-style-type: none"> • Disease/disorder of reproductive system • History of abnormal bleeding or abnormal test results within the past two years • History of tumors, polyps, cysts, or fibroids in the past 2 years • Evaluated or advised to have further evaluation or surgery 	Decline
Seizures	<ul style="list-style-type: none"> • History of seizures lasting 30 minutes or concurrent seizures without recovery in between episodes • Seizures within last 12 months 	Decline
Stomach	<ul style="list-style-type: none"> • History of bleeding, coughing up blood, or unintended weight loss in the last 12 months. • Any history of strictures, obstructions, duping or erosion of stomach lining or hospitalizations in the past 12 months 	Decline
Stroke, CVA/ Subarachnoid Hemorrhage, Transient Ischemic Attack (TIA)	• Stroke within 5 years, 2 or more TIAs	Decline
	• 1 TIA	Rated
Suicide Attempt	• Any history of suicide attempts or thoughts within the last 10 years	Decline
Transplant, Organ or Bone Marrow	• History of transfusion, stem cell or bone marrow treatment	Decline
Tuberculosis	• Less than 1 year	Decline
	• Over 1 year ago and no complications	Rated
Urinary	<ul style="list-style-type: none"> • Urinary obstruction within the last 12 months other than UTI • history of blood or protein in urine 	Decline
Weight Reduction Surgery	• Within 2 years no complication weight stabilized.	Rated

- ¹ In order to qualify for a Preferred rating, insured must be able to answer no to all medical and personal history questions.
- ² Tobacco classification includes any use of tobacco products (cigar use, chewing tobacco or snuff, pipe, e-cigarettes, etc.) or use of nicotine replacement therapy (gum, patch, etc.).
- ³ Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.
- ⁴ Most cancers accepted Rated if the insured meets all other rated criteria and has no other ratable impairments. Some cancers will be declined, depending on severity.
- ⁵ Consider Rated if 2 years since diagnosis, surgery or last treatment if application has no other ratable impairments and meets all other rated or better criteria.
- ⁶ High blood pressure may qualify for Preferred. Rate class determination will be made during telephone interview.

SAGICOR LIFE INSURANCE COMPANY

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Scottsdale, AZ 85251
www.SagicorLifeUSA.com

PRODUCER RESOURCE CENTER

(888) 724-4267
Fax (800) 497-7461

UNDERWRITING DEPARTMENT

(888) 724-4267 Ext. 3304
Fax (480) 425-5143

