



Age and amount requirements

Medical requirements for ages 0–90

Based on the proposed insured’s age as of nearest birthday.

Age	Up to \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$3,000,000	\$3,000,001 – \$5,000,000	\$5,000,001 – \$10,000,000	\$10,000,001 and up
0-10	Health Questionnaire ¹	Health Questionnaire plus APS ²	Health Questionnaire plus APS ^{2,4}	Health Questionnaire plus APS ^{2,4}	Health Questionnaire plus APS ^{2,4}	Health Questionnaire plus APS ^{2,4}
11-15	Health Questionnaire ¹	Health Questionnaire plus APS ³	Health Questionnaire plus APS ^{3,4}	Health Questionnaire plus APS ^{3,4}	Health Questionnaire plus APS ^{3,4}	Health Questionnaire plus APS ^{3,4}
16-40	Para ⁵ , BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro
41-50	Para ⁵ , BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro
51-55	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro
56-65	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro
66-70	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro
71-74 ⁶	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro
75-79 ⁶	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro
80-90 ^{6,7} Initial review	APS	APS	APS	APS	APS	APS
80-90 ^{6,7} To finalize	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro	Para, BCP, MAS, Micro

Legend: BCP–Blood Chemistry Profile | MAS–Mature Age Supplement | Micro–Urinalysis | Para–Paramedical | NS–Non-Smoker

See page 2 for non-medical requirements.



Don’t forget!

Before ordering any requirements, check to see if your submission qualifies for any of our accelerated processes:

- John Hancock ExpressTrack®
- Use of electronic health records
- Concierge underwriting

Each of these offers the potential for exam-and lab-free underwriting.

Non-medical requirements

Based on the proposed insured’s age as of nearest birthday and the total face amount of product applied for, both individual and survivorship policies.

Financial Supplement*	
Age	Face amount
Personal	
Up to 65	\$7,500,001 and up
66–79	\$5,000,000 and up
80–90	\$1,000,000 and up
Business	
All ages	All amounts

*Supporting documentation of assets may be required.

Telephone interview⁸

Required for proposed insureds aged 80-90 for values \$1,000,000 and up.

Motor Vehicle Report (MVR)

For licensed proposed insureds aged 16 and older, an MVR is equired at all amounts.

Important notes about ordering your requirements

- **All APSs must be provided in English.** John Hancock does not cover translation fees and the translator should be at arm’s length to the sale.
- We will accept another company’s paramedical form. However, a John Hancock Health Questionnaire must also be included if another company’s paramedical form is submitted.
- **Please note the following:**
 - **If a survivorship policy is applied for:** routine medical **underwriting requirements** for each proposed insured are based on half the amount applied for; non-medical requirements are based on the full face amount.
 - If an individual and survivorship policy are applied for: age and amount requirements are based on the amount applied for under the individual policy plus half the amount applied for under the survivorship policy; non-medical requirements are based on the full face amount, both individual and survivorship policies.
- Requirements are based on the amount applied for and placed with John Hancock within the last 12 months.
- If one life is uninsurable, all requirements for the insurable life are based on the full amount applied for under the survivorship case, and only a Health Questionnaire is required on the uninsurable life.
- The underwriter may request or order additional requirements: e.g., database searches, PFTs, echocardiograms, heart charts or cognitive assessments due to the proposed insured’s medical history, circumstances of a case or facultative reinsurance.

Time limitations in months for underwriting evidence requirements

Age	Application	Paramedical	Blood Chemistry Profile (BCP)	Urinalysis (Micro)	Motor Vehicle Report (MVR)
0–70	6	12 ⁹	12	12	12
71–79	6	6 ¹⁰	12	12	12
80–90	6	6 ¹¹	6	6	6

For more information, contact your John Hancock underwriter.

1. APS requested at the discretion of the underwriter. • 2. For consideration, APS required and it must be from primary physician who was consulted within past 12 months. • 3. For consideration, APS required and it must be from primary physician who was consulted within past 18 months. • 4. Paramedical exam, BCP and Micro may be requested at the discretion of the underwriter. • 5. Health Questionnaire and physical measurements may be substituted for a paramedical. If a paramedical exam is not done for John Hancock, a Health Questionnaire is required. • 6. For clients age 71 and older, we also require a completed John Hancock Mature Age Supplement; if another company’s paramedical form is submitted, we will require an equivalent mature age evaluation. The John Hancock underwriter will determine if any additional requirements are needed. • 7. Whether formal or informal business, do not order paramedical, blood or EKG until Underwriting has assessed APS and advised of initial offer. • 8. A telephone interview may be requested for any age and amount at the underwriter’s discretion. • 9. For ages 0–70, any paramedical must be updated at six months by a Declaration of Insurability; if the paramedical is six months or older at submission, the Health Questionnaire must be submitted with the application. • 10. For ages 71-79, any paramedical must be updated at 90 days by a Declaration of Insurability; if the paramedical is 90 days or older at submission, the Health Questionnaire must be submitted with the application. • 11. For ages 80–90, any paramedical must be updated at 60 days by a Health Questionnaire; if the paramedical is 60 days or older at submission, the Health Questionnaire must be submitted with the application. • ExpressTrack is not available in New York. Consumers, 18-60, submitting an application via JH eApp, and applying for single-life coverage up to \$3 million are eligible for ExpressTrack, with an opportunity for certain applicants to obtain an instant underwriting decision. • **FOR AGENT USE ONLY. THIS MATERIAL MAY NOT BE USED WITH THE PUBLIC.** • Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595. • MLINY022224339-2



**Underwriting
Guidelines**

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



**Impairment
Guide**

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks



Field Underwriting Guide

Underwriting Impairments

A comprehensive reference tool to life insurance underwriting at John Hancock

October 2022



**Underwriting
Guidelines**

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



**Impairment
Guide**

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting Guidelines

Select the topics below to learn details about vendors, as well as insight into John Hancock’s smoking definitions, build ratings and financial underwriting guidelines.

› **Approved Vendors**

- Important Payments
- Frequently Asked Questions
- Reimbursement Fees

› **Ratings Build Chart**

› **Smoking Classifications**

› **Financial Underwriting Requirements and Reviews**

› **Personal and Business Insurance**

› **Foreign Travel and Non-U.S. Residents**

- Country Classifications



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Approved Vendors

The following are John Hancock’s approved vendors for fulfilling medical requirements associated with life insurance applications.



Examination Vendors

APPS

800-727-2101 or appslive.com

ExamOne

800-768-2056 or examone.com

IMS-Insurance Medical Services, Inc.

877-808-5533 or imspamed.com



APS Vendors

ExamOne

800-768-2056 or examone.com

Express Imaging Services, Inc.

1-888-846-8804

Jetstream APS

310-826-3759, ext. 229
or jetstreamaps.com

Parameds.com

parameds.com

ReleasePoint (WFI Inc.)

800-999-9589
or releasepoint.com

Important Payments

- John Hancock will make direct payments only to the medical requirement fulfillment vendors that are contracted with John Hancock (see approved vendors list above).
- Producers or firms choosing to use medical requirement fulfillment vendors not included on the list of John Hancock approved vendors will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of fees associated with medical requirements arranged by a producer or firm from a non-approved vendor, John Hancock will reimburse the producer or firm for such expense, subject to rates and standards deemed acceptable by John Hancock (see below for further details).

Reimbursement Fees

- John Hancock will reimburse the fee charged by the doctor or medical facility to release the APS, up to a maximum of \$100.
- APS fees in excess of \$100 must be pre-approved by the John Hancock Medical Fees Department (Medfees@jhancock.com).
- Reimbursements for any administrative service fees associated with the APS retrieval will be limited to \$17.



**Underwriting
Guidelines**

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



**Impairment
Guide**

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Frequently asked questions

1) Will John Hancock pay for medical requirement fulfillment services arranged by a firm or producer?

Yes, we will pay for such services if the following two conditions are met:

- The requirements are ordered to meet our underwriting guidelines, and
- The requirements have been received in connection with the underwriting of a formal John Hancock life insurance application.

Note: John Hancock will make direct payments only to the medical requirement fulfillment vendors that are contracted with John Hancock and included on the list of approved vendors. See question #4 for more information on reimbursement guidelines.

2) Will an approved vendor share a copy of the APS with the firm or producer ordering the APS?

Yes, an approved vendor will share a copy of the APS as long as the ordering producer or firm supplies the vendor with its own HIPAA authorization form (signed by the proposed insured) that gives the vendor permission to release the medical records to the producer or firm.

3) Will an approved vendor share a copy of the exam with the firm or producer ordering the exam?

Yes, an approved vendor will share a copy of the exam with proper authorization from the client. The copy of the exam will be sent to the original requestor.

4) Will John Hancock reimburse a producer or firm for APS fees?

As noted in question #1, John Hancock will pay for underwriting requirements that are required by us and have been received in connection with the underwriting of a formal John Hancock life insurance application.

However, please note the following:

- Producers or firms that choose to use a medical requirement fulfillment vendor that is not one of our approved vendors will do so pursuant to their own business arrangements.
- Upon receipt of a request for reimbursement of APS fees associated with medical requirements arranged by a producer or firm from a non-approved vendor, we will reimburse the producer or firm for such expense, subject to rates and standards deemed acceptable by John Hancock.

5) Will John Hancock accept a paramedical exam from a non-approved vendor?

Yes, John Hancock will pay for underwriting requirements that are required by us and have been received in connection with the underwriting of a formal John Hancock life insurance application.

6) How should a reimbursement request be submitted?

- ✓ Submit your requests for reimbursements by completing *Request for Reimbursement: Medical Fees*.
- ✓ If this is your first reimbursement request, please also provide a completed W-9 form.
- ✓ Submit reimbursement requests via mail or email:



Mail:

John Hancock Life Insurance Company
Attn: Life New Business
30 Dan Road, Suite 55765
Canton, MA 02021



Email:

Medfees@jhancock.com

Most reimbursement requests are processed within 30 days from the time we receive the request, formal application and medical requirements.

Please note that payments to individual producers (non-incorporated entities) are subject to information reporting under IRS section 6041, and a separate 1099-MISC will be issued for these reimbursed fees.

This 1099-MISC will be in addition to the 1099-MISC a producer receives for other compensation from John Hancock. Although we must report the reimbursements as gross income to the producer, a producer may be able to take a business expense deduction for the fees paid to providers. Producers should consult their own tax professionals..



Underwriting Guidelines

- Approved Vendors
- Ratings Build Chart
- Smoking Classifications
- Financial Underwriting
- Personal and Business Insurance
- Foreign Travel and Non-U.S. Residents



Impairment Guide

- Acronyms and Abbreviations
- Life Medical Impairments
- Underwriting the LTC Rider
- Non-Medical Risks

Ratings Build Chart

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 any build over the chart maximum, an offer is doubtful. To pursue a possible highly rated offer, please contact a John Hancock underwriter.

Height	125%	150%	175%	200%	225%	250%	300%
4' 8"	189	200	208	215	220	227	238
4' 9"	193	204	212	218	225	231	242
4' 10"	197	208	216	223	229	235	247
4' 11"	201	212	220	226	233	239	251
5' 0"	205	216	224	232	238	243	255
5' 1"	210	221	229	237	242	247	259
5' 2"	214	225	232	240	246	252	263
5' 3"	219	230	238	246	252	258	271
5' 4"	225	236	244	252	259	265	278
5' 5"	231	242	250	258	265	272	285
5' 6"	237	248	256	264	271	278	292
5' 7"	243	254	263	271	279	286	300
5' 8"	250	262	271	279	287	294	308
5' 9"	257	270	279	288	295	302	317
5' 10"	264	277	286	295	302	309	324
5' 11"	271	284	293	303	310	317	332
6' 0"	279	292	301	311	318	325	340
6' 1"	287	300	309	319	326	333	348
6' 2"	295	308	317	327	334	341	356
6' 3"	303	316	325	335	342	350	365
6' 4"	311	324	333	343	351	358	374
6' 5"	319	332	341	351	359	367	383
6' 6"	326	340	349	359	367	375	392
6' 7"	334	348	357	367	375	384	401
6' 8"	342	356	366	375	384	393	410
6' 9"	350	364	374	384	393	401	419
6' 10"	358	372	382	392	401	410	428
6' 11"	366	380	390	400	409	418	436



Underwriting Guidelines

- Approved Vendors
- Ratings Build Chart
- Smoking Classifications
- Financial Underwriting
- Personal and Business Insurance
- Foreign Travel and Non-U.S. Residents



Impairment Guide

- Acronyms and Abbreviations
- Life Medical Impairments
- Underwriting the LTC Rider
- Non-Medical Risks

Smoking Classifications

Tobacco and Nicotine Use

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. ¹
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. ¹
Standard Plus Non-Smoker ²	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. ¹
Standard Non-Smoker	No cigarette or e-cigarette/vaping 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/vaping, within the last 12 months.
Standard Smoker	Does not meet the Preferred criteria and has used cigarettes, including e-cigarettes/vaping, within the last 12 months.

*If otherwise qualifies for a Preferred risk class.

1. Occasional cigar smokers who have tested positive for nicotine will be considered Standard Non-Smoker at best. The earliest we will consider an improved rate classification is on or after the first policy anniversary and is subject to full underwriting. Consult with your underwriter for further requirements.

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

Recreational Marijuana Use

Smoked or vaporized	
Super Preferred Nonsmoker	Occasional, once per month or less
Preferred Smoker*	Occasional, up to 2 times per week
Standard Smoker	Regular use, up to 4 times per week
Individual Consideration	Regular use, more than 4 times per week
Individual Consideration/Decline	Daily use
Ingested	
Super Preferred Nonsmoker	Occasional, once per month or less
Preferred Nonsmoker	Occasional, up to 2 times per week
Standard Non-Smoker	Regular use up to 4 times per week
Individual Consideration	Regular use, more than 4 times per week
Individual Consideration/Decline	Daily use

Medicinal Marijuana Use

With prescription card	
Preferred Smoker	Smoked or vaporized
Preferred Non-Smoker*	Ingested



Underwriting Guidelines

- Approved Vendors
- Ratings Build Chart
- Smoking Classifications
- Financial Underwriting
- Personal and Business Insurance
- Foreign Travel and Non-U.S. Residents



Impairment Guide

- Acronyms and Abbreviations
- Life Medical Impairments
- Underwriting the LTC Rider
- Non-Medical Risks

Financial Underwriting Requirements and Reviews

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 consider the insurable interest at the time of the application.

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 approaches — among others — during the underwriting process to consider the purpose of the coverage and insurable interest. In all instances, our underwriters have the discretion to request 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?

Age	Face Amount
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.

Please note: A telephone interview may be requested at any age and amount at the underwriter’s discretion.

2) Financial Verification Supplements

What is it?

The *Financial Supplement* is a form required by John Hancock that asks for 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?

Personal

Age	Face Amount
Up to 65	\$7,500,001 and up
66–79	\$5,000,000 and up
80–90	\$1,000,000 and up

Business

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

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



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Financial Underwriting Requirements and Reviews, continued

3) Request for Tax Transcript – *IRS Form 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.

IRS 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 Reviews

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

1) Insurable Interest/Insurable Loss

The first consideration in financial underwriting is to establish that an insurable interest exists. The concept of insurable interest is fundamental to ensuring that the insurance applied for makes economic sense. We consider insurable interest as existing when the owner (if other than the insured) and the designated beneficiary have a financial interest in the continued life of the insured and are able to demonstrate a measurable financial loss should the insured die prematurely. The loss should equal or exceed the requested insurance amount.

The underwriter will examine the amount of potential loss suffered by an owner/beneficiary in the context of the requested death benefit, purpose of coverage and financial profile (including the ability to pay ongoing premiums). It is the risk of loss that helps the underwriter quantify the amount of insurable interest and ultimately justify the requested death benefit.

2) 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 policies. 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 generally are not expected to 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 is required. Additional details regarding the third-party source may be requested at the discretion of the underwriter.



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Financial Underwriting Requirements and Reviews, continued

3) Inforce and Settled Policies

Understanding the complete picture of the inforce and applied for coverage on the proposed insured 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 there are existing settled policies on the life of the proposed insured:

- The overall financial status of the proposed insured.
- The duration of the policies at the time they were 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. For these purposes, “early duration” is defined as less than five years from policy issue date.

4) Trust Documents

Reviewing trust documentation can assist us in determining the presence of insurable interest.

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*, regardless of whether a properly executed trust agreement has been submitted or not.
- In addition, for all applications on proposed insureds age 70 and older², 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 do not require a copy of the executed trust, but will require a completed *Trust Certification Form*.
- Prior to policy issue, our underwriters also review documents on certain policies including – but not limited to – trust, family partnership and LLC agreements.

2. Please note that John Hancock reserves the right to request a fully executed copy of the trust regardless of the proposed insured’s age.



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.
-  **See Important Notes to determine 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.



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Personal and Business Insurance

The guidelines that follow provide an outline of some of the financial purposes and methods used by our underwriters in arriving at acceptable amounts of insurance. Please note that these are general guidelines; if you have questions about a specific case, contact your John Hancock underwriter.

Personal Life Insurance

Please note: all formulas and calculators provided are to be considered solely as a guide and are non-binding.

Purpose of Insurance	Underwriting Formula		Important Notes				
Annuity Maximization	Coverage should not significantly exceed income and estate conservation guidelines		<ul style="list-style-type: none">• Require details of annuity or other asset being replaced.• Amounts to be considered must fit within guidelines for overall total line.				
Bequest to Charity (Charitable Contribution)	<p>If the proposed insured has a historical pattern of monetary gifts to the charity, then the maximum death benefit considered will be:</p> <ul style="list-style-type: none">• 25x any regular, recurring annual historical charitable gifts (i.e., a demonstrated pattern of giving)• Up to a maximum of 40% of existing personal coverage — an extension of the donor’s personal insurance planning	<p>If the proposed insured does not have a historical pattern of gifting to the charity, the maximum death benefit considered will be:</p> <ul style="list-style-type: none">• Individual consideration based on the strength of the connection to charity• Up to a maximum of 40% of existing personal coverage	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.				
Dependent Spouse	Individual consideration		Each case will have to stand on it's own merits. Require details of current in-force coverage amount on employed spouse and household income, net worth.				
Employee Benefits — Deferred Compensation	<p>Insurable value = amount required to fund the benefits for each executive</p> <ul style="list-style-type: none">• Must correlate with insured's profile		Provide rules for participation, formulas used to determine individual amounts of coverage.				
Estate Conservation	<p>Usually based on Projected Net Worth x Estate Tax Rate (55%)</p> <p>Maximum Projections: Based on a growth rate of 5–7% based on historical growth – higher or lower growth rates subject to individual consideration</p> <p>General Guidelines</p> <table><tr><td>Individual:</td><td>Survivorship:</td></tr><tr><td><ul style="list-style-type: none">• Up to 75% of life expectancy to a maximum of 20 years</td><td><ul style="list-style-type: none">• Based on the younger or healthier life• Up to 75% of life expectancy up to a maximum of 20 years</td></tr></table>		Individual:	Survivorship:	<ul style="list-style-type: none">• Up to 75% of life expectancy to a maximum of 20 years	<ul style="list-style-type: none">• Based on the younger or healthier life• Up to 75% of life expectancy up to a maximum of 20 years	N/A
Individual:	Survivorship:						
<ul style="list-style-type: none">• Up to 75% of life expectancy to a maximum of 20 years	<ul style="list-style-type: none">• Based on the younger or healthier life• Up to 75% of life expectancy up to a maximum of 20 years						



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Personal Life Insurance, continued

Please note: all formulas and calculators provided are to be considered solely as a guide and are non-binding.

Purpose of Insurance	Underwriting Formula	Important Notes
Estate Equalization	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Value of total estate and value of asset transferred is required.• For retroactive cases, proof of asset transfer and current value is required.
Future Inheritance (Adult)	<ul style="list-style-type: none">• Value of inheritance including a growth rate of up to 5% per year for a maximum of 10 years, subject to the insured’s ability to pay• Underwriters consider the insured’s ability-to-pay requirements to be satisfied by many intra-family or loan scenarios³	<ul style="list-style-type: none">• 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 and information to support the insured’s ability to pay and source of premiums.
Income Replacement	Age Factor x Earned Income 18–30: 30x 41–50: 20x 61–65: 10x 75+: individual consideration 31–40: 25x 51–60: 15x 66–74: 5x	<ul style="list-style-type: none">• 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.
Juvenile Insurance	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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) effectuating the insurance, i.e., parent/guardian, then the maximum amount that can be written is:<ul style="list-style-type: none">– Ages Under 4.5 – maximum \$50,000 or 25% of the amount inforce on the parent effectuating the insurance, whichever is greater– Ages 4.5 to 14.5 – maximum \$50,000 or 50% of the amount inforce 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.
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.

3. A detailed cover letter must be provided, and growth rates/factors are applied at the underwriter’s discretion.



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Business Insurance

Please note: all formulas and calculators provided are to be considered solely as a guide and are non-binding.

Purpose of Insurance	Underwriting Formula	Important Notes
Buy-Sell	Underwriters will consider the percentage ownership x fair market value of the business, plus a growth factor as high as 5% over 10 years. ³	Require percent ownership, fair market value of business, information as to whether other partners are insured.
Creditor — Business	Usually cover a percentage of outstanding debt equal to non-collateralized portion of debt up to 70%	<ul style="list-style-type: none">• Insured must be a key person.• Require loan details: source, amount, purpose, duration, repayment terms.
Key Person	Generally, underwriters will consider a death benefit of 5-10 x income, but for key employees of well-established businesses, underwriters may consider 15-20 x total compensation. ³	<ul style="list-style-type: none">• 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.
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.
Sole Proprietor	Fair market value of the business plus a modest growth factor	Require confirmation of ownership, fair market value of business, copy of buyout agreement for some cases.
Venture Capital and Start Up Companies	Individual Consideration Generally, face amount should not exceed key person limits when key person is the primary purpose. If loan, use creditor guidelines	Each case will stand on it's own merits. Requires confirmation that capital has been obtained. May also require, profitability projections, product/service descriptions, product cost/pricing, salability, and experience/skills of management team.

3. A detailed cover letter must be provided, and growth rates/factors are applied at the underwriter’s discretion.



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Underwriting 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 Residency.

- 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. Military deployment to a war zone will not be considered
- Occupations such as foreign correspondent, diplomat, missionary, security personnel, and foreign aid worker will not be considered
- Underwriter will factor in all travel alerts posted by U.S. Department of State

Foreign Travel	<ul style="list-style-type: none">• 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	<p>Requirement: Foreign Travel Questionnaire</p> <p>Information to include:</p> <p>Travel questionnaire outlining destination(s), frequency and duration of visits must be submitted with the initial documents</p>	<p>Travel to A and B countries*: Up to 6 months, could be eligible for Super Preferred</p> <p>Travel to C countries*: Up to 3 months could be eligible for Super Preferred. Travel from 3-6 months, Standard is best available risk class.</p> <p>Decline: Any travel to Afghanistan or Iraq</p> <p>Travel to other E countries¹ for up to four weeks – individual consideration will apply</p>
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*Must otherwise qualify for Super Preferred.



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Underwriting for Non-U.S. Residents

John Hancock is a leader in offering life insurance to high-net-worth (\$5MM+) foreign nationals with strong US connections. To establish a US connection, clients must demonstrate to **John Hancock’s satisfaction one or more of the US Nexus criteria, along with each of the other factors listed below.** Underwriting reserves the right to request evidence supporting qualification of foreign national candidates.

1) U.S. Nexus	<p>The client must present U.S. interests that would be protected by the purchase of the insurance. The extent of the client’s U.S interests must be substantial relative to the amount of insurance applied for. Evidence of insurance need may include the following:</p> <ul style="list-style-type: none">• U.S. real estate ownership• U.S business interests/employment• Presence of immediate family members in the US• US investment holdings with a minimum deposit of \$200,000 directly titled to the proposed insured (where a separate financial presence exists — see section 3 below)
2) Physical U.S. presence	<p>The client must demonstrate a regular and recurring physical presence within the US, related to the US insurance need. The length and purpose of the client’s U.S. stays will be taken into consideration. Presence in the U.S. of under 15 days per year on a recurring basis will not be considered.</p>
3) Financial U.S. presence	<p>The client must demonstrate a substantial US financial presence. The extent and nature of the client’s U.S. assets will be taken into consideration. The client must have a minimum of \$200k or 25% of the coverage amount applied for in US assets that are directly titled to the client or to a US entity connected to the client.</p>
4) U.S. source of funds/ policy ownership	<p>Premiums must be paid from a U.S. account directly connected and titled to the client. Designating foreign entities (e.g., trusts, holding companies) or individuals other than immediate family members as owner or beneficiary of the contract will not be considered. All designations are subject to underwriting review.</p>

Solicitation requirements

- Solicitation must take place in the US, including completion of:
 - Application
 - Illustration
 - Exams¹
 - Labs
- John Hancock does not accept a Power of Attorney



Policy e-Delivery availability

- Electronic delivery may be available if all other solicitation activities take place in the US
- Consult your underwriter for more details

1. Exams performed in Hong Kong may be considered with pre-approval from your Underwriter.



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting for Non-U.S. Residents, continued

Foreign National Parameters

Before submitting an application, please check to ensure your case falls within the following parameters. Additional guidelines and tips can be found [here](#).

Minimum Issue Age	20		
Maximum Issue Age	75 ^{1,3}		
Minimum Net Worth ²	\$5 million U.S. or equivalent		
Minimum Face Amount	\$1 million		
Best Class Available ^{3,4,5}	A and B: Super Preferred; C: Preferred		
Maximum Mortality Rating	200%		
Maximum Capacity ⁶	\$40 million for A and B countries ¹	\$24 million for C countries ¹	\$25 million for Canada
Jumbo Limit ⁷	\$65 million for A and B countries	\$45 million for C countries ⁸	
Ownership Structure	<ul style="list-style-type: none">• The owner must have a U.S. Tax ID or SSN, or must complete W-8BEN• Two-party ownership (i.e., personal ownership) is allowed• Offshore trusts or entities are not allowed		
Solicitation	All solicitation must take place in the U.S, regardless of the country of residence. Solicitation is defined as the entire new business process, e.g., illustration, application, and completion of underwriting requirements, including examinations and policy delivery. Please note that the applicable law and state version of an application should be the state where there is an independent connection with the policy owner and where the owner signs the application. For example, if the foreign national has a home in Florida and was solicited and will be signing the application in Florida, a Florida state version of the John Hancock application should be submitted.		
Products	All John Hancock permanent fully underwritten products are available. The same capacity is used for both individual and survivorship coverage. ⁹ For foreign nationals who are not U.S. citizens, Term coverage is available only for key person U.S. business purposes.		

1. Applicable country code and maximum capacity is based on where the proposed insured resides for more than six months per year. • 2. Individual consideration for lower net-worth amounts. • 3. Best Class will be reduced for U.S. citizens living abroad who do not have a net worth equivalent to \$5 million U.S. dollars or more. Automatic capacity for C countries is limited to issue age 70. • 4. Eligibility for HealthyEdge credits may be considered for Country A risks. • 5. Non-HNW applicants of C countries must reside in an approved major city and require a flat extra rating. Please consult with your underwriter. • 6. Capacity may vary in the following scenarios: for ages 71-75 (where applicable); for residents of Singapore, China, Hong Kong, and Macau; for Term products; for M-proprietary products. Further details on capacity and country codes can be found in the Field Underwriting Guide on John Hancock's producer website. • 7. The Jumbo Limit is the sum of all inforce coverage plus pending formal applications with all companies including John Hancock. Existing insurance that is being replaced will be deducted, providing we receive a fully executed absolute assignment replacement form transferring ownership to John Hancock. For Term coverage, if total amount inforce and applied for, exceeds \$30M, please contact your Underwriting team leader for further consideration. • 8. For M-proprietary products, please confirm Capacity with your John Hancock M-dedicated underwriter. • 9. Please note that for survivorship coverage, both lives must meet issue age and maximum mortality rating requirements.



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Underwriting for Non-U.S. Residents, continued

Scenarios where coverage is not available	<p>Please note the following scenarios where John Hancock does not offer coverage to foreign nationals:</p> <ul style="list-style-type: none">• Term products: Foreign nationals are not eligible for Term coverage except when a U.S. business is insuring them for key-person or business purposes. (Foreign residents who are U.S. citizens may qualify for Term insurance to be used for any purpose.)• Certain occupations: Clients in certain occupations, and in some cases their family members, are uninsurable – for example, politically exposed persons (PEPs) or their family members, government or military personnel, missionaries, journalists, diplomats, members of the judiciary, security personnel, and 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: Your foreign national clients may not include underwritten riders in their life insurance coverage, e.g., Waiver of Monthly Deductions, Chronic Illness, Disability Payment of Specified Premium, Return of Premium, Increasing Supplemental Face Amount and Long-Term Care. In addition, currently the John Hancock Vitality Program (Healthy Engagement Rider) and John Hancock Term with Vitality are not available to foreign national clients.• Travel advisories: Coverage may not be available in any country with a travel warning or alert in effect.
Underwriting requirements	<p>Avoid delays in the underwriting process. The following checklist details what to include in an “in good order” submission.</p>
Financial underwriting requirements	<p>Financial underwriting is a critical part of the underwriting process that examines the economic feasibility of the case at hand, and allows the underwriters to consider the insurable interest at the time of the application. Please submit the following requirements:</p> <ul style="list-style-type: none">✓ <i>Foreign Resident Inquiry form</i> — required as initial review✓ A broker’s cover letter of introduction, to include detailed travel information. (See “Tips to Packaging Your Case” here.)✓ A completed <i>Financial Supplement for Personal Insurance</i> OR <i>Financial Supplement for Business Insurance</i>✓ Proof of identity (e.g., copy of passport or visa)✓ Letter of reference from financial institution with all account values and duration of relationship. If not provided, detailed account statements must be submitted to support the declarations on the <i>Financial Supplement for Personal Insurance</i> or <i>Financial Supplement for Business Insurance</i>



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Underwriting for Non-U.S. Residents, continued

Additional considerations	<p>In addition to these requirements, the underwriter also takes into account insurable interest/insurable loss, and the net worth and assets required to justify the requested coverage.</p> <ul style="list-style-type: none">• Insurable interest/insurable loss The first consideration in financial underwriting is to establish that an insurable interest exists. The concept of insurable interest is fundamental to ensuring that the insurance applied for makes economic sense. We consider insurable interest as existing when the owner (if other than the insured) and the designated beneficiary have a financial interest in the continued life of the insured and are able to demonstrate a measurable financial loss should the insured die prematurely. The loss should equal or exceed the requested insurance amount. The underwriter will examine the amount of potential loss suffered by an owner/beneficiary in the context of the requested death benefit, purpose of coverage and financial profile (including the ability to pay ongoing premiums). It is the risk of loss that helps the underwriter quantify the amount of insurable interest and ultimately justify the requested death benefit.• Justifying the coverage John Hancock underwriters also consider a client’s global net worth when determining capacity and justification for the coverage requested. <div><div></div><div><p>Example</p><p>Application</p><ul style="list-style-type: none">• 55-year-old male, citizen of the U.K.• Applying for \$10 million (typically would require net worth of \$7-8 million to qualify); no coverage inforce with John Hancock• Net worth — \$12 million (\$3 million U.S.; \$9 million foreign)• \$3 million U.S. brokerage account, and• Three week-long trips per year to Miami for business• \$10 million applied for</div><div><p>Financial Presence and Nexus guideline</p><ul style="list-style-type: none">• The lesser of \$700K or 25% of requested death benefit in US assets• Business trips to Miami<p>CONCLUSION: The client is eligible for the \$10M he applied for</p></div></div>
Medical underwriting requirements	<ul style="list-style-type: none">✓ John Hancock’s routine underwriting requirements✓ Medical records (five-year history) from all the appropriate physicians and medical facilities✓ 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✓ In some instances, consideration for exams completed in Hong Kong or the United Kingdom may be available. Please contact your underwriting team lead for case-specific approval. <p>Please note that ExamOne is the approved vendor for this market: InternationalServices@questdiagnostics.com.</p>



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Underwriting for Non-U.S. Residents, continued

Risk class available by country code

Risk Classes ¹	Country Code Classification		
	A	B	C ²
Non-Smoker			
Super Preferred	✓	✓	
Preferred	✓	✓	✓
Standard Plus ³	✓	✓	✓
Standard	✓	✓	✓
Preferred Smoker	✓	✓	✓
Standard Smoker	✓	✓	✓

Permanent coverage capacity: High net worth individuals

The following is a summary of available amounts for Non-U.S. residents applying for Permanent coverage, providing there is no additional coverage in force with John Hancock:

Country	Code	Best class	Capacity*	Retention	Jumbo
Dubai/UAE	A	Super Preferred	\$40,000,000	\$20,000,000	\$65,000,000
Panama	B	Super Preferred	\$40,000,000	\$20,000,000	\$65,000,000
Dominican Republic	B	Super Preferred	\$40,000,000	\$20,000,000	\$65,000,000
Canada	A	Super Preferred	\$25,000,000	\$10,000,000	\$65,000,000
China	A	Super Preferred	\$40,000,000	\$17,000,000	\$65,000,000

*Capacity subject to change. Capacity grades over age 70
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. Non-HNW applicants of C countries must reside in an approved major city and require a flat extra rating. Please consult with your underwriter.
3. Standard Plus is available depending on product selection.



Tips to packaging your case

Take advantage of the following tips to help streamline the application process.



- Identify your client:**
- Determine if your client meets the guidelines and requirements outlined [here](#).
 - Check that your case falls within the parameters and scenarios [here](#).



- Submit an informal application:**
- Include the *Foreign Resident Inquiry Form*
 - Include a broker’s cover letter of introduction with the following information:
 - Details of residences and travel outside country of residence
 - Source of your referral to the proposed insured
 - Proposed insured’s background information and mention of any other publicly available information
 - Source of insurance premium: at John Hancock we require premium to be paid from a pre-existing U.S. bank account and billing address. It is important to note the account history and how long it has been in place
 - Time spent in the U.S.



Underwriting Guidelines

- Approved Vendors
- Ratings Build Chart
- Smoking Classifications
- Financial Underwriting
- Personal and Business Insurance
- Foreign Travel and Non-U.S. Residents



Impairment Guide

- Acronyms and Abbreviations
- Life Medical Impairments
- Underwriting the LTC Rider
- Non-Medical Risks

Country Classifications for Foreign Travel and Non-U.S. Residents^{1,2}

Countries								
A	Andorra	British Virgin Islands	Czech Republic	Hong Kong, China (SAR)	Latvia	Monaco	Portugal	Sweden
	Anguilla	Brunei Darussalam	Denmark	Hungary	Liechtenstein	Netherlands	Qatar	Taiwan
	Aruba	Canada	Dominica	Iceland	Lithuania	New Zealand	San Marino	Turks & Caicos
	Australia	Canary Islands	Estonia	Ireland	Luxembourg	Norway	Saudi Arabia*	United Arab Emirates
	Austria	Cayman Islands	Finland	Israel*	Macau	Oman	Seychelles	United Kingdom
	Bahrain	Chile	France	Italy	Malta	Palau	Slovakia	United States
	Barbados	China*	Germany	Korea (Republic of)	Martinique	Poland	Slovenia	Uruguay
	Belgium	Costa Rica	Gibraltar	Kuwait			Spain	
	Bermuda	Cyprus	Greece					
B	Albania	Brazil	Grenada	Macedonia (former Republic of Yugoslav)	Morocco	Panama*	Saint Vincent and the Grenadines	Thailand*
	Antigua and Barbuda	Bulgaria	Guadeloupe	Malaysia	Netherland Antilles (Bonaire, Saba, Sint Eustatius)	Peru	Samoa	The former Yugoslav Republic of Macedonia
	Argentina	Croatia	Indonesia	Maldives	New Caledonia	Romania	Serbia	Trinidad and Tobago
	Armenia*	Curacao	Jamaica	Mauritius	Northern Mariana Islands	Saint Kitts and Nevis	Saint Marteen	Turkey*
	Bahamas	Dominican Republic	Jordan	Mexico*		Saint Lucia	Suriname	Viet Nam
	Bosnia and Herzegovina	Ecuador*	Kazakhstan	Montenegro				
	Botswana	French Polynesia						
C ³	Algeria	Cambodia	El Salvador	Ghana	Micronesia (Federated States of)	Namibia	Sao Tome and Principe	Tonga
	Bangladesh	Cape Verde	Fiji	Guatemala	Moldova (Republic of)	Paraguay	Senegal	Tunisia
	Belize	Colombia	French Guiana	Guyana	Mongolia	Philippines	Solomon Islands	Uzbekistan
	Bhutan	Cook Islands	Gabon	India	Montserrat	Rwanda	South Africa	Zambia
	Bolivia (Plurinational State of)	Egypt	Georgia	Kenya			Sri Lanka	

1. Country classifications and rates are subject to change at any time. Further restrictions may apply to any country based on specific travel advisories posted by the State Department. For confirmation, please contact a John Hancock Underwriter

2. For certain C countries as well as any A or B countries marked with an * there may be residency restrictions and / or exclusions for some areas. Please contact a John Hancock Underwriter for details.

3. For foreign residents, a residency extra of \$1 applies for non-HNW countries.

Note: If you do not see a country listed here, there would be no consideration.



**Underwriting
Guidelines**

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



**Impairment
Guide**

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Impairment Guide

Select the topics below to access information about specific medical and non-medical risks, plus factors that will impact a decision.

- › **About this Guide**
- › **Acronyms and Abbreviations**
- › **Life Medical Impairments**
- › **Underwriting the Long-Term Care Rider**
- › **Non-Medical Risks**
 - Aviation
 - Avocation
 - Driving
 - Professional Athletes





Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

About This Guide

The following pages highlight some of the more common impairments we see at John Hancock. They are organized into these sections: Medical Impairments, Long-Term Care Rider, Non-Medical Risks (Aviation, Avocations, Professional Athletes, Foreign Travel and Non-U.S. Residents).

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.

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

Each chart identifies the following information:

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>The name of the impairment, including a short description.</p> <p>Conditions are listed alphabetically (types of cancer categories listed alphabetically under “Cancer”).</p> <p>See navigation bar on far right of the page to search for the name of the impairment.</p>	<p>The criteria the underwriter uses to classify the risk.</p>	<p>These are the specific details and requirements (in addition to routine underwriting requirements) to include in your application package 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, while also allowing the underwriter to make the most competitive decision from the outset.</p>	<p>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.</p> <p>Note: Standard Plus is available depending on product selection.</p>



Underwriting Guidelines

- Approved Vendors
- Ratings Build Chart
- Smoking Classifications
- Financial Underwriting
- Personal and Business Insurance
- Foreign Travel and Non-U.S. Residents



Impairment Guide

- Acronyms and Abbreviations
- Life Medical Impairments
- Underwriting the LTC Rider
- Non-Medical Risks

Acronyms and Abbreviations

AAA	Abdominal aortic aneurysm
ABI	Ankle-brachial index
ADLs	Activities of daily living (e.g., feeding, bathing, dressing)
APS	Attending physician’s statement
ASD	Atrial septal defect (congenital heart disorder)
ATP	Airline transportation pilot certificate
BP	Blood pressure
BUN	Blood urine nitrogen
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CFS	Chronic fatigue syndrome
CHOL	Cholesterol
CKD	Chronic kidney disease
CLL	Chronic lymphocytic leukemia
COPD	Chronic obstructive pulmonary disease
CT	Computed tomography
CTA	Computed tomography angiogram
CVD	Cerebrovascular disease

CXR	Chest x-ray
DWI	Driving while impaired
DVT	Deep vein thrombosis
EBCT	Electron-beam computed tomography
ECHO	Echocardiogram
EEG	Electroencephalogram
EF	Ejection fraction
EKG	Electrocardiogram
ER	Emergency room
FEV1	Forced expiratory volume during first second
FH	Family history
GI	Gastrointestinal
GXT	Graded exercise test
HBsAg	Hepatitis b surface antigen
HIV	Human immunodeficiency virus
HTN	Hypertension
IADLs	Instrumental activities of daily living (e.g., banking, shopping)
IC	Individual consideration
IDDM	Insulin dependent diabetes mellitus

IFR	Instrument flight rating
LFT	Liver function test
LIPIDS	Fats in the blood (e.g., cholesterol)
LTC	Long-term care
MRI	Magnetic resonance imaging
MVR	Motor vehicle report
NIDDM	Non-insulin dependent diabetes mellitus
OSA	Obstructive sleep apnea
PFT	Pulmonary function test
PP	Postpone
PAF	Paroxysmal atrial fibrillation
PSA	Prostate specific antigen
PTCA	Percutaneous transluminal coronary angioplasty
PVD	Peripheral vascular disease
Rx	Medication
TEE	Transesophageal echocardiography
TIA	Transient ischemic attack
TST	Treadmill stress test
VSD	Ventral septal defect (congenital heart disorder)



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life

Search for a medical impairment →

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Alcohol Excess Alcohol consumption considered as alcohol abuse, dependence, at risk, and heavy use.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 applicant’s age, time since last use, and any co-morbid factors Best Case: Over age 30 and >5 years since last consumption: Standard Plus possible Typical Case: 150 to 200% Worst Case: Decline
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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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
Aneurysm Abnormal dilation of an artery.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Unoperated – small, stable x2 years: 150 to 200%. Better rating if stable for longer periods. Large (>5 cm): Decline• Operated – typical rating: 150% Cerebral: <ul style="list-style-type: none">• 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

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 - M
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 - R
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 - U
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 - W
 - X
 - Y
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Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
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.	<ul style="list-style-type: none">• 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	Requirements: APS or Asthma Questionnaire Information to include: <ul style="list-style-type: none">• Pulmonary function tests, hospital reports• Details of lifestyle modification (such as non-smoking)• Level of activity• Type of medication and frequency of use	Minimal: Super Preferred possible Mild: Preferred to 150% Moderate: 150 to 250% Severe: 250% to decline
Atrial Fibrillation Arrhythmia of the atria where it contracts chaotically.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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%



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H
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X
Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Bariatric Surgery Surgery for morbid obesity, most commonly known as “stomach stapling.”	<ul style="list-style-type: none">• 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)	Requirement: APS Information to include: <ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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: Standard to 150% Worst Case: Decline (if history of high-grade dysplasia and treated with medication only)
Blood Pressure	Refer to Hypertension		
Bypass 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.	<ul style="list-style-type: none">• 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) Information to include: <ul style="list-style-type: none">• Pathology report including post-operative report• Details of ongoing follow-up• Details of lifestyle modification (sunscreen, stop smoking)	Complete excision: Standard or better immediately on removal; may qualify for Preferred <ul style="list-style-type: none">• Eyelid - potentially ratable



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- W
- X
- Y
- Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
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%).	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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.)	<p>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</p> <p>Preferred may be available on very remote histories (i.e., >25 years)</p> <p>Best Case: Depending on the pathology report, therapy and follow up, if the client’s age is 45 or older, some localized, in-situ, low grade breast cancers, can be considered for Standard after the client’s first post-operative checkup or completion of other therapies</p> <p>Typical Case: Unable to consider for 1-2 years after completion of treatment (chemo or radiation), then \$10x3 to \$15x4 range, depending on age</p>
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.	<ul style="list-style-type: none">• 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	Requirement: APS Information to include: <ul style="list-style-type: none">• Pathology report• Details and date(s) of treatment• Hospital reports• Details of follow-up (colonoscopy and tumor markers)	<p>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 >8-10 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</p> <p>Best Case: Stage 0 tumor – Standard or better</p> <p>Typical Case: Stage 1 tumor, 2 full years after treatment – \$5/1000 x 2 years</p>



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Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Cancer: Leukemia A progressive, malignant disease of the blood cells and blood forming organs (i.e., bone marrow and spleen).	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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
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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 Stage II/III/IV: Decline



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Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Cancer: Prostate This is the most common internal malignancy found in American males.	<ul style="list-style-type: none">• Current age• Age at diagnosis• 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 Information to include: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Age at diagnosis 50–59: If localized tumor (stage T1 or T2 with the Gleason Grade 2–4), surgical treatment, PSA undetectable post-op then consider Standard• Age at diagnosis 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• Age at diagnosis 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• Age at diagnosis 50–90: Favorable cases, surgically treated, stage T1 or T2 with Gleason Grade 7, may qualify for Standard years Typical Case: (watchful waiting) Age at diagnosis 70–90: PSA <10, then consider 200% to Standard depending on the age
Cancer: Skin Borderline Malignancy Paget’s disease, Bowen’s disease (not genital), dysplastic nevus, Lentigo Maligna, Hutchinson’s melanotic freckle.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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: Standard to 150%



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G
H
I
J
K
L
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Q
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S
T
U
V
W
X
Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Date of diagnosis• Type and stage of testicular cancer (seminoma, embryonal, yolk sac, etc.)• Any recurrence	Requirement: APS Information to include: <ul style="list-style-type: none">• 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
Cancer: Thyroid The most common malignancy of the endocrine system, generally more common in women.	<ul style="list-style-type: none">• 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	Requirement: APS Information to include: <ul style="list-style-type: none">• 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 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



A
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H
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J
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U
V
W
X
Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Cancer: Uterine The most common gynecological malignancy.	<ul style="list-style-type: none">• Date of diagnosis• Type, stage and grade of uterine cancer (endometrioid, papillary, serous, etc.)• Any recurrence	Requirement: APS Information to include: <ul style="list-style-type: none">• 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 endometrioid or mucinous carcinoma – Standard following completion of successful treatment Typical Case: Stage IB endometrial carcinoma – PP x 1 year then \$10/1000 x 4 years Worst Case: Stage IV decline
Chronic Obstructive Pulmonary Disease (COPD) A variety of diseases that cause chronic progressive irreversible airway obstruction.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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
Cognitive Impairment A chronic progressive disorder characterized by losses of cognition, personality, and behavior that are severe enough to interfere with the quality of daily life.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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, Vascular Dementia, Pick’s Disease, Lewy Body Dementia and Creutzfeldt-Jakob Disease: Decline



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G
H
I
J
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Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Congenital Heart Disease A variety of malformations of the heart that vary significantly in severity.	<ul style="list-style-type: none">• 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	Requirement: APS Information to include: <ul style="list-style-type: none">• 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
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.	<ul style="list-style-type: none">• 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) Information to include: <ul style="list-style-type: none">• 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: 150% to 200%



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Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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: 150 to 200%, depending on time since last attack 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.	Not applicable	Not applicable	Most cases will be a decline



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H
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Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
<p>Diabetes</p> <p>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.</p>	<ul style="list-style-type: none">• 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	<p>Requirements: APS, blood (if not already required or current results not available)</p> <p>Information to include:</p> <ul style="list-style-type: none">• 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 (including Hemoglobin A1c and microalbumin where possible)• Details of risk factor modification• Active lifestyle• Medications	<p>The younger the age at application and the more severe the course of the disease, the higher the ratings</p> <p>Preferred may be available</p> <p>>age 60, Type 2 diabetes treated with diet or oral medication only, no complications, and excellent control</p> <p>Gestational diabetes requires individual consideration but offer may be available, generally if insulin is not required and there are no pregnancy complications</p> <p>Type 1 (also known as IDDM)</p> <ul style="list-style-type: none">• 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 <p>Type 2 (also known as NIDDM or adult-onset diabetes) –</p> <ul style="list-style-type: none">• 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



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	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.	<ul style="list-style-type: none">• Age at onset• Compliance with medication• Control of seizures• Reason for the seizure activity• Any alcohol use• Any other significant medical conditions	Requirement: APS Information to include: <ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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	Requirements: APS, Cognitive and Mobility Assessment (such as Nation’s CareLink assessment) may be necessary Information to include: 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 John Hancock 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.	<ul style="list-style-type: none">• 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) Information to include: 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		



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Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Hepatitis B Hepatitis B is a disease caused by the Hepatitis B virus (HBV).	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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), normal LFTs, mild to moderate: Standard to 200% 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).	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 having 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
HIV Human immunodeficiency virus is a chronic viral infection that can weaken the body’s immune system and may lead to significant infections, cancer, and premature death.	<ul style="list-style-type: none">• Current age• Date of diagnosis• Documented favorable and stable clinical course, strict adherence and response to antiretroviral therapy (ART) (Minimum of 5 years of favorable treatment)• Absence of significant immuno-suppression or co-morbid conditions (e.g. diabetes or coronary artery disease)• Tobacco use	Requirements: APS, lab results, including special blood testing if current results are not provided in APS (plus routine underwriting requirements; for details, visit the Field Underwriting Guide on John Hancock’s producer website) Information to include: APS to include evidence of continuous care and details related to treatment	Offers will be limited to applicants ages 30 to 65, applying for a maximum of \$2,000,000 If eligible for coverage, ratings range from 250% to 400% with a \$2 flat extra for younger ages



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G
H
I
J
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Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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. When results are out of normal range, it can indicate the possibility of a disease process.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 abnormal 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



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	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.	<ul style="list-style-type: none">• 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?	Requirements: APS, Hepatitis screens, all markers selectively Information to include: <ul style="list-style-type: none">• 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
Myocardial Infarction	Refer to Coronary Artery Disease		
Parkinson's Disease A syndrome characterized by involuntary tremor, rigidity of the muscles and slowness of body movements.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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



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G
H
I
J
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Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Pulmonary Nodule A small shadow found on chest x-ray that may be caused by a benign cyst, infection or abscess, or granuloma.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Size of nodule <_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
Rheumatoid Arthritis This is an autoimmune disease which can affect not only the joints but also skin, eyes, lung, heart, blood, or nerves. This disease can affect everyone differently.	<ul style="list-style-type: none">• Severity of symptoms• Medications being taken• Any limitations of daily activities• No other significant medical condition(s)	Requirement: APS Information to include: <ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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 may be required for severe cases Information to include: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Treated and compliant with therapy: Standard• Untreated and no complications: Standard to 150 Severe disease: <ul style="list-style-type: none">• Untreated and no complications: 200% to decline• Treated and compliant with therapy: Standard to 150% Use higher ratings if applicant <age 50



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H
I
J
K
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X
Y
Z



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Medical Impairments, Life, continued

Condition and description	Factors affecting the decision	For smoother processing	Likely underwriting decision
Stroke Permanent (>24 hours) damage to the brain caused by a vascular event, thrombosis, or hemorrhage resulting in permanent neurological deficit.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 mild 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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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).	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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, >5 years since last attack: Preferred is possible Moderate (including steroid treatment): Standard possible at older ages if more than 5 years since last attack. Up to 350% for recent attacks and at younger ages Severe: May not be insurable until stabilized for 1 year



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- O
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- Y
- Z



**Underwriting
Guidelines**

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



**Impairment
Guide**

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting the Long-Term Care Rider¹

The Long-Term Care (LTC) rider is underwritten based on morbidity risk rather than mortality risk and as a result, some proposed life insureds may not qualify for this rider even if they are Standard or better mortality risks.

Also, some combinations of Standard impairments may require this rider to be declined.

- The Long-Term Care rider cannot be issued at better ratings/rate classes than the life base policy assessment
- Risks with multiple impairments will be reviewed on an individual consideration basis

The Long-Term Care rider is available only if the life coverage is approved. It is NOT available:

- When the mortality rating on the base policy is >175% for LTCR ‘14 or >200% for LTCR ‘18
- With a flat extra
- To residents of foreign countries and also U.S. citizens traveling outside the U.S. for greater than six months per year (183 days)
- With any increasing rider (Return of Premium, Increasing Supplemental Face Amount)
- Post issue (i.e., the rider must be applied for with the life insurance application)
- Third Party Ownership designation is at the underwriter's discretion

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.

1. The Long-Term Care (LTC) rider is an accelerated death benefit rider and may not be considered long-term care insurance in some states. There are additional costs associated with this rider. The Maximum Monthly Benefit Amount is \$50,000. When the death benefit is accelerated for long-term care expenses it is reduced dollar for dollar, and the cash value is reduced proportionately. Please verify state availability.



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting the LTC Rider, continued

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	May be insurable with life ratings up to 150% ²
Assistive Devices (including mobility aids)	Decline (examples include: cane, crutches, walker, wheelchair, scooter, hospital bed, stairlift, permanent catheter, respirator or oxygen)
Asthma	<ul style="list-style-type: none">• Non-Smokers: 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)	<ul style="list-style-type: none">• Disease diagnosed as severe or new onset, or treated with anti-psychotic medications: Decline• Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings
Build	<ul style="list-style-type: none">• Individuals who have a BMI of ≤18.0 or ≥40.0 will not be considered• Overweight individuals with arthritis, CAD or other risk factors, and underweight individuals with depression, osteoporosis, and other risk factors may not be considered within BMI of 18.0–40.0
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.	<ul style="list-style-type: none">• Unilateral or with favorable investigations: May be insurable based on life rating¹• Uninvestigated cases with bilateral bruits: Decline
Chronic Fatigue Syndrome Severe fatigue generally lasting six months or longer where all other causes have been eliminated.	<ul style="list-style-type: none">• Diagnosed over six months ago, not disabled, treated, asymptomatic, without limitations: May be insurable based on life ratings¹• Diagnosed within the past six months, receiving disability payments, with limited activity or treated with steroids or narcotics: Decline
Chronic Obstructive Pulmonary Disease (Bronchiectasis, COPD, Chronic Bronchitis)	Non-Smokers may be insurable based on life rating ¹
Chronic Pain	<ul style="list-style-type: none">• Fully active, no ongoing treatment with narcotics or narcotic injections, no assistive devices: May be insurable based on life rating¹• With co-existing depression: Decline

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.

2. Best rate class available for LTC rider will be Standard.



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting the LTC Rider, continued

Condition and description	Likely underwriting decision
Coronary Artery Disease (CAD)	<ul style="list-style-type: none">• Ages 50 and under: Decline• Ages 50-75 and Non-Smoker: Long-Term Care rider may be insurable based on life ratings¹• In combination with co-morbid diseases (TIA, diabetes, PVD, valvular heart disease): Decline
Crohn’s Disease	<ul style="list-style-type: none">• Mild or moderate stable disease: Long-Term Care rider may be insurable based on life ratings¹• Disease diagnosed as severe: Decline• Use of steroids 7.5 mg or more daily, or treatment with Remicade, Cimzia, Purinethol or similar type medications: Decline• Any ongoing weight loss or evidence of osteoporosis: Decline
Deep Vein Thrombosis (DVT)	<ul style="list-style-type: none">• One episode over six months ago, Non-Smoker: Long-Term Care rider may be insurable based on life ratings• In combination with hypercoagulable state: Decline
Dementia	Decline
Depression	<ul style="list-style-type: none">• Stable, mild and moderate with no limitations: May be insurable based on life ratings• New onset or severe: Decline• History of alcohol abuse, psychotic symptoms, requiring hospitalization, suicide attempt, or treatment with anti-psychotic medications: Decline
Diabetes	<ul style="list-style-type: none">• Type 2 at ages 40 and older, Non-Smoker, blood sugars are well controlled and no complications: Long-Term Care rider may be insurable based on life ratings¹• Type 1: Decline• 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.	<ul style="list-style-type: none">• Diagnosed over six 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• Diagnosed within the past six months: Decline
Frailty	Decline
Handicap sticker or placard	Decline
Kidney Failure	Decline

1. Best rate class available for LTC will be Standard.



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting the LTC Rider, continued

Condition and description	Likely underwriting decision
Kyphoscoliosis A disorder characterized by progressive deformity of the spine.	Mild or moderate deformity, no osteoporosis and asymptomatic for at least six months: Long-Term Care rider may be insurable on a Standard basis
Multiple Sclerosis	Decline
Musculoskeletal Impairment Includes Degenerative Disc Disease (DDD), Joint Replacement, Radiculopathy, Spinal Stenosis.	<ul style="list-style-type: none">• Must be: fully active, no assistive devices, asymptomatic, minimal physiotherapy, and no occupational therapy or surgeries within the past six 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)	<ul style="list-style-type: none">• Non-Smoker, compliant with treatment, no rateable build: Long-Term Care rider may be insurable based on life ratings¹• In combination with any co-morbidities such as CAD, diabetes, obesity, PVD, TIA, valvular heart disease, or alcohol abuse: Decline
Optic Neuritis	Unknown cause (i.e., idiopathic, and multiple sclerosis clearly ruled out as the cause), fully recovered, only one episode over two years ago: Long-Term Care rider may be insurable on a Standard basis
Osteoarthritis	<ul style="list-style-type: none">• Mild to moderate disease, active lifestyle, no assistive devices, asymptomatic, no limitations: May be insurable at Standard or better• Severe disease, symptomatic, limitations, obesity, ongoing physiotherapy, narcotic use, steroid injections, or pending/recommended surgery: Decline
Osteoporosis and Osteopenia	<ul style="list-style-type: none">• Best cases, Non-Smoker, under treatment, active lifestyle, and favorable risk factors: May be considered for Preferred. Cases with mild risk factors may be limited to Standard. Mild or moderate osteoporosis, not compliant with medication, with fracture history, co-morbid conditions, or other risk factors could be +50 to decline• With multiple fractures, T-score >-4.0, Smoker: Decline
Parkinson’s Disease	Decline
Peripheral Arterial Disease (PAD, PVD)	<ul style="list-style-type: none">• 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• In combination with any co-morbidities such as CAD, diabetes, obesity, TIA, valvular heart disease, or alcohol abuse: Decline, Smoker: Decline
Pneumonia	Proposed life insured over age 70 with more than one episode of pneumonia or any history of aspiration pneumonia within one year: May result in a decline
Pulmonary Hypertension	Decline

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Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Underwriting the LTC Rider, continued

Condition and description	Likely underwriting decision
Rheumatoid Arthritis (including Psoriatic Arthritis)	<ul style="list-style-type: none">• Mild, stable for over two years, no assistive devices, no limitations to any activities of daily living: Asymptomatic cases may be insurable based on life rating¹• Treatment with Humira, Enbrel, Arava, or similar medications: A rating will be applied• Severe, multiple joint deformities, currently treated with physiotherapy or occupational therapy, or multiple joint replacements: Decline• Treatment with Remicade, Ridaura, or Kineret: Decline
Supportive Services	<ul style="list-style-type: none">• Residence in an assisted living facility: Usually decline• Residence in a nursing home: Decline• Receiving adult day care, disability benefits, worker’s compensation, home health care, or Medicaid: Decline
Stroke (including lacunar infarct)	Decline
Systemic Lupus Erythematosus	Decline
Transient Ischemic Attack (TIA)	<ul style="list-style-type: none">• Age 61 and up, Non-Smokers only, single episode more than 24 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	<ul style="list-style-type: none">• Temporary catheter: May be insurable based on all factors of the case• Permanent catheter: Decline
Ulcerative Colitis	<ul style="list-style-type: none">• Mild to moderate disease with no complications and last flare up more than 12 months ago: Long-Term Care rider may be insurable based on life ratings¹• Severe disease or any co-morbid history such as hepatitis, cholangitis, amyloidosis: Decline• Treatment with Remicade, Cimzia, Purinethol: Decline
Valvular Heart Disease	<ul style="list-style-type: none">• Mild to moderate aortic and mitral valve disease, age 50 and older: May be insurable based on life rating• Severe disease, valve replacement or co-morbid conditions such as CAD, PVD or TIA: Decline

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**Underwriting
Guidelines**

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



**Impairment
Guide**

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Non-Medical Risks

Aviation

General Guidelines

- Retention and reinsurance are reduced for aviation without an exclusion rider
- Minimum issue age: 21
- Maximum issue age: 74 (age 70 for student pilots)
- Aviation exclusion will apply when maximum mortality or age is exceeded on Individual policies
- Maximum rating considered insurable with aviation: 200%
- 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)
 - If aviator is uninsurable, verification is required that the spouse does not fly as a passenger with the aviator
- Aviation exclusion cannot be applied if aviation is the means of the insured’s livelihood
- Aviation must occur in United States or Canada (excluding Alaska) and locations must have tower support (i.e., non-remote areas)
- Significant medical, accident, or drug/alcohol history, and/or motor vehicle violations may affect the availability of coverage



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Aviation, continued

Activity	Factors affecting the decision	For smoother processing	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.	<ul style="list-style-type: none">• Current age• Commercial carrier• Where they fly• Type of aircraft flown• Type of flying	Requirement: Aviation Questionnaire Information to include: <ul style="list-style-type: none">• 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, e.g.: <ul style="list-style-type: none">• Crop dusting, bush pilots, air ambulance: \$5/1000• Power line inspection, traffic control, sightseeing: \$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.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• Overall experience• Hours/year• Flight ratings• Aircraft• Details of specialized flying	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
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 who are flying for business purposes (but not flying for pay).	<ul style="list-style-type: none">• Current age• Pilot experience including ratings• Medical history• Lifestyle• Where they fly• Type of aircraft flown• Type of flying	Requirement: Aviation Questionnaire Information to include: <ul style="list-style-type: none">• Overall experience• Hours/year• Flight ratings• Aircraft• Details of specialized flying	Risk is based on annual hours flown, age, and instrument ratings With IFR or ATP certification (up to age 70, with at least 300 total hours’ experience) – <ul style="list-style-type: none">• Flying 25–200 hours/year: Preferred• Flying 200–300 hours/year: Standard Plus• Flying >300 hours/year: \$2.50/1000 Without IFR or ATP certification – <ul style="list-style-type: none">• Flying <200 hours/year: Possible Standard Plus• Flying >200 hours/year: \$3.50/1000 Other flying conditions may impact final rate
Aviation: Student	<ul style="list-style-type: none">• Current age• Medical history• Lifestyle• Where they fly• Type of aircraft flown• Type of flying• Pilot experience including any ratings	Requirement: Aviation Questionnaire Information to include: <ul style="list-style-type: none">• Overall experience• Hours/year• Flight ratings• Aircraft• Details of specialized flying	Student pilots or pilots with less than 100 total hours in command: \$3.00/1000 Exclusion would apply for student pilots over age 70



Underwriting Guidelines

- › Approved Vendors
- › Ratings Build Chart
- › Smoking Classifications
- › Financial Underwriting
- › Personal and Business Insurance
- › Foreign Travel and Non-U.S. Residents



Impairment Guide

- › Acronyms and Abbreviations
- › Life Medical Impairments
- › Underwriting the LTC Rider
- › Non-Medical Risks

Aviation, continued

Activity	Factors affecting the decision	For smoother processing	Likely underwriting decision
Aviation: Sport This covers a number of types of recreational flight activities, which include the use of non-conventional aircraft, competition, or performances.	<ul style="list-style-type: none">• 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 Information to include: <ul style="list-style-type: none">• 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 may be \$2.50/1000

Avocations

Activity	Factors affecting the decision	For smoother processing	Likely underwriting decision
Mountain Climbing (including cliffs, ice and/or snow, rock, and trail/trekking)	<ul style="list-style-type: none">• 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) Information to include: <ul style="list-style-type: none">• 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): <ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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) Information to include: <ul style="list-style-type: none">• Type of diving (location, site, activities)• Experience• Frequency• Depth	Most average, recreational divers are Standard or better risks Rating \$2.50/1000 to 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



Underwriting Guidelines

- > Approved Vendors
- > Ratings Build Chart
- > Smoking Classifications
- > Financial Underwriting
- > Personal and Business Insurance
- > Foreign Travel and Non-U.S. Residents



Impairment Guide

- > Acronyms and Abbreviations
- > Life Medical Impairments
- > Underwriting the LTC Rider
- > Non-Medical Risks

Driving

Activity	Factors affecting the decision	For smoother processing	Likely underwriting decision
Driving Motor vehicle accidents are the primary cause of death at younger ages, and the sixth leading cause of deaths overall. Contributing factors to fatal accidents include alcohol and excessive speed. At older ages (>65), it can be a flag for underlying cognitive degeneration.	<ul style="list-style-type: none">• Current age• Types of infractions• Frequency of infractions• DWI (multiple)• Other suspensions and number of suspensions• Accident (at fault)• Risk-taking avocations	Requirement: MVR Information to include: <ul style="list-style-type: none">• 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 DWIs)
Motor Vehicle Racing	<ul style="list-style-type: none">• 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) Information to include: <ul style="list-style-type: none">• Type of racing and frequency• Speeds attained	Typical Case: \$5/1000 Worst Case: \$10–\$15/1000 to decline

Professional Athletes

	Professional Athletes on Sports Teams (includes Coaches and General Managers)	Professional Athletes not on Sports Teams
Automatic Binding Limit¹	\$25,000,000 ²	\$65,000,000
Jumbo Limit	\$65,000,000	\$65,000,000
Retention¹	\$10,000,000 (per player) ²	\$30,000,000
Team Cap	\$55,000,000	N/A



General Guidelines

- ✓ Professional athletes on sports teams (including coaches and general managers) are eligible for permanent products only. Athletes such as professional golfers and tennis players may be eligible for Term products
- ✓ 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

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



► Ratings Build Chart

- Financial Underwriting

- Personal and Business Insurance

➤ Foreign Travel and Non-U.S. Residents



➤ Acronyms and Abbreviations

- Life Medical Impairments

► Underwriting the LTC Rider

➤ Non-Medical Risks

For further guidance in field underwriting, please also look for the following flyers on your John Hancock producer website:

Routine Underwriting Requirements

Best Class Criteria

Our Automatic Reinsurance Capacity and Retention Limits

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