

Underwriting requirements and preferred guidelines

For BGA use only

Requirements for all Symetra Life Insurance Products

Face Amount	Ages 0-17	Ages 18-40	Ages 41-50	Ages 51-69	Ages 70+
less than \$100,000	Tele-Interview	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood Senior Supplement
\$100,000– \$250,000	Tele-Interview	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood EKG Senior Supplement
\$250,001– \$1,000,000	Tele-Interview	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood EKG Senior Supplement
\$1,000,001– \$5,000,000	Contact underwriter	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood	Paramed Exam Urinalysis Full Blood EKG Senior Supplement Financial Supplement/ Electronic IR
\$5,000,001– \$10,000,000	Contact underwriter	Paramed Exam Urinalysis Full Blood Financial Supplement	Paramed Exam Urinalysis Full Blood Financial Supplement	Paramed Exam Urinalysis Full Blood EKG Financial Supplement	Paramed Exam Urinalysis Full Blood EKG Senior Supplement Financial Supplement/ Electronic IR
\$10,000,001 and above	Contact underwriter	Paramed Exam Urinalysis Full Blood EKG Financial Supplement/IR	Paramed Exam Urinalysis Full Blood EKG Financial Supplement/IR	Paramed Exam Urinalysis Full Blood EKG Financial Supplement/IR	Paramed Exam Urinalysis Full Blood EKG Senior Supplement Financial Supplement/IR

See next page for full requirement definitions.

Additional tests may be required for some applicants.

Motor Vehicle Records (MVR) required on all applicants.

Rx Check ordered for all applicants.

For ages 69 and under, the Paramed Exam, Full Blood, Urinalysis and EKG are all valid for up to 12 months after being performed; for ages 70 and above, they are valid for up to 6 months.

All applicants ages 70 and over are required to have a paramed administered Senior Supplement.

For death benefit option C, order requirements for 1.5 times the face amount.

To complete the Financial Supplement, please use the state-specific Symetra form.

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Requirement Definitions

Tele-Interview

A part 2 interview about health history and nicotine use.

Paramed Exam

This exam is completed by a paramedical company and includes a medical history interview and physical measurements.

Full Blood

A blood sample drawn by a paramedical company from a vein in the arm and tested for a variety of body system functions—kidney, liver, lipids, sugars, as well as HIV. NT proBNP is ordered on most blood profiles over age 50.

Urinalysis

A urine sample taken by a paramedical company and used to test for protein, sugar, nicotine, and drugs of abuse, and may include HIV.

EKG (Electrocardiogram)

Recorded by a paramedical company and is used to study and record the electrical activity of the heart.

Rx Check

A prescription database check.

Senior Supplement

An exam completed by a paramedical company where cognitive questions are asked and mobility tests are performed. Cognitive questions may involve word recall, clock drawings and questions around activities of daily living.

Financial Supplement

Required for \$5 million face amounts and above. This may include tax returns covering the past two years, brokerage statements, bank accounts, or real estate assessments. Financial statements may be required on business cases at lower face amounts or other applications with complex financial arrangements. To complete the financial supplement, please submit Symetra form LUC-32 or any supporting financial documentation by a third party.

IR (Inspection Report)

A telephone interview with the applicant that includes the verification of their medical, employment and financial history.

Electronic IR (Inspection Report)

An internal automated search completed by one of our vendors, whereby no contact is made to the proposed insured.

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Exceptions to Above Underwriting Requirements

In some instances, the face amount used to determine underwriting requirements will be larger than the amount on the application. These instances include:

- 1 In-force life coverage with Symetra that was applied for within the last 12 months:**
Take the total of all face amounts.
- 2 Guaranteed Insurability Option (GIO):**
Add the applied-for GIO amount to the face amount.
- 3 Death Benefit Option C:**
Multiply 1.5 times the face amount.

Ordering Medical Requirements

Here are some things to keep in mind when scheduling the exam:

1. Call a Symetra-appointed paramedical service company.

Preferred Paramed Provider	
ExamOne	1-877-933-9261

Other Approved Paramed Providers	
APPS	1-800-635-1677
EMSI	1-800-872-3674

These companies will help you locate an office for the city where you want to schedule the exam.

2. Confirm the specific exam and tests required with the examiner.
3. Follow up on your appointments with the examiner. Mention that you would like to be notified when scheduling is confirmed, or when the exam is completed.

For the customer-facing piece titled "Important information about your life insurance exam" (form number LU-521), please contact the Symetra Life Sales Desk at 1-877-737-3611 or lifesales@symetra.com between the hours of 8 a.m. and 6 p.m., Eastern Time.

Lab results are available to the applicant upon request.

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Preferred Underwriting Guidelines

	Super Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Plus Non-Nicotine/Preferred Nicotine
Medical History	Standard insurance risk and no history of type I diabetes, cancer or cardiovascular disease		
Family History (Disregard family history if the insured is age 70 and over)	No death of parent or sibling prior to age 65 from heart disease, coronary artery disease or cancer	No death of parent or sibling prior to age 60 from heart disease or coronary artery disease	
Nicotine Use	No use of nicotine products within 60 months	No use of nicotine products within 36 months	No use of nicotine products within 12 months Preferred Nicotine: Nicotine use OK
Current Exam Results			
Blood Profile	Normal Cholesterol/HDL ratio 4.5 or less TC < 300	Normal Cholesterol/HDL ratio 5.5 or less TC < 300	Normal Cholesterol/HDL ratio 6.5 or less TC < 300
Blood Pressure	135/85 max for ages 20-50 and 140/90 max for ages 51+	135/85 max for ages 20-50 and 140/90 max for ages 51+	140/90 max for all ages
Weight	See Height/Weight Chart		
Aviation	No private aviation	Available if over 100 solo hours, 750 hours of total flight time, IFR, averages 25-250 hours per year, flies in US and Canada only, ages 70 and under, clean MVR	
Alcohol and/or Drug Use	No counseling or treatment ever	No counseling or treatment in past 10 years	No ratable history
Driving	No more than two moving violations in past three years No DWI in ten years		No more than three moving violations No DWI in five years
Other	No motor vehicle racing		N/A

Refer to the product fact sheet for issue ages and minimum face amounts.

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Height/Weight Charts

Symetra's Permanent Life Insurance Products

	Super Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Plus Non-Nicotine/Preferred Nicotine
Height	Unisex Weight	Unisex Weight	Unisex Weight
4.8	124	135	143
4.9	129	139	148
4.10	133	142	153
4.11	138	147	159
5 feet	144	153	164
5.1	151	159	170
5.2	157	165	176
5.3	162	171	183
5.4	167	177	188
5.5	172	182	193
5.6	176	187	198
5.7	182	193	205
5.8	187	198	211
5.9	193	205	217
5.10	198	210	221
5.11	203	216	228
6 feet	209	222	236
6.1	214	227	241
6.2	219	233	248
6.3	223	240	254
6.4	229	246	261
6.5	234	252	267
6.6	240	259	275
6.7	245	266	282

All Other Symetra Life Insurance Products

	Super Preferred Non-Nicotine		Preferred Non-Nicotine		Standard Plus Non-Nicotine/Preferred Nicotine	
Height	Male Weight	Female Weight	Male Weight	Female Weight	Male Weight	Female Weight
4.8	117	116	125	118	133	132
4.9	123	120	129	126	139	136
4.10	127	125	133	131	143	141
4.11	130	130	137	137	148	146
5 feet	136	134	142	141	153	151
5.1	143	138	149	145	159	154
5.2	149	143	156	151	166	158
5.3	154	146	162	155	172	161
5.4	159	151	167	159	177	165
5.5	164	155	172	163	183	170
5.6	168	159	177	167	187	173
5.7	174	162	183	170	194	178
5.8	179	166	188	175	199	183
5.9	185	170	193	179	206	188
5.10	190	175	198	184	210	192
5.11	194	180	203	189	216	198
6 feet	199	184	209	193	223	203
6.1	203	188	214	198	228	207
6.2	208	193	219	202	235	213
6.3	213	198	224	207	241	219
6.4	219	202	230	211	248	224
6.5	223	207	234	216	253	229
6.6	229	211	241	221	261	235
6.7	235	215	245	226	268	240



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