



LIFE UNDERWRITING GUIDE

Life Insurance



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WELCOME

Thank you for choosing Illinois Mutual as your life insurance carrier. As a service-driven business partner, Illinois Mutual can be an essential part of your long-term success.

For more than 100 years, we have focused on delivering the best personal service to our policyowners and our distribution partners with respect and integrity. Illinois Mutual helps people achieve and safeguard their financial security by providing competitive life insurance, disability income insurance and workplace insurance solutions.

Illinois Mutual Delivers

Illinois Mutual focuses on financial strength because we know its importance to our customer commitments. Illinois Mutual strives to assure that products are competitive, advances in technology are made, and online resources through our Agent Forum and customer website enhance our interaction with you and our customers.

At Illinois Mutual, we are always interested in better understanding our agents and offering the service and support they need to succeed. That's why you can always contact our underwriting team to assist you with underwriting questions, case status updates and service needs.

See what our agents are saying about Illinois Mutual at www.IllinoisMutualNow.com.

STRENGTH

Our strong capital position is backed by \$1.43 billion in assets, a surplus of \$215.5 million, and a surplus to asset ratio of 15.0%.

As of 6/30/16

STABILITY

We have been in business for over 100 years.



VALUES

We are a family-operated business for five generations.

SUPPORT

We are a mutual insurance company that focuses on the interests of our policyowners. We conduct business with a long-term strategic view.

THE UNDERWRITING PROCESS

The underwriting process allows Illinois Mutual to provide high-quality coverage at affordable rates while providing high quality service to our policyowners.

Effective underwriting requires robust communication between you (the field underwriter), your client, and the Home Office underwriter. Providing complete and accurate information is essential to a timely and fair underwriting decision. Your signature on the application indicates your recommendation of the risk to Illinois Mutual.

10 TIPS FOR GETTING THE POLICY ISSUED

1. Get to know us.

- Reference this guide (Form A5664) for information needed to be a good field underwriter.
- Establish a relationship with your Life sales team, who can provide you with the information you need to make the sale.
- Establish a relationship with your Life underwriting team, who will guide you through the underwriting process. At Illinois Mutual, you have direct access to our professional underwriters.
- Utilize the Agent Forum on Illinois Mutual's website, www.IllinoisMutual.com, where we offer you a wide array of resources to make your experience a favorable one.

2. Get to know your client.

You have established a relationship and are ready to do some fact finding to understand your client's need and sell a solution. Learning about your client's occupational duties, employment history, hobbies, driving record, finances, medical history and other risk factors will help you design the right solution. Using Medical Information Details (Form 9229) can assist you with your field underwriting.

3. Establish realistic expectations.

Be sure your client understands the underwriting process and knows what to expect to ensure a timely and fair underwriting decision. Provide your client with Your Guide to the Underwriting Process (Form C7012), an informative brochure outlining the underwriting process.

4. Complete the application.

(APP105-L and APP105 (Term Life and Whole Life) and 5578 or 5580 (Path Protector® Final Expense); use state-specific version where required)

You have three application processes to choose from to meet your client's needs:

1. Teleunderwriting application (not available for Path Protector® Final Expense)
2. Traditional application
3. Web application (WebApp) (not available for Path Protector® Final Expense)

Good field underwriting assures a complete and accurate application.

- Answer each question with full details as required.
- Applicant must initial any changes or additions.
- All required signatures must be present.
- Clearly indicate the location and date of application completion.



5. Write a cover letter.

When the application does not adequately reflect the extent of your field underwriting efforts, use a cover letter to tell the underwriters what they need to know to render a fair and timely decision. Explain how the amount of coverage was determined, elaborate on your client's need, clarify the situation, describe unusual circumstances or make special requests. You have established a relationship, identified the need and sold a solution. Go beyond the insurance application to help the underwriter understand what you have come to know about your client and his or her insurance needs.

6. Include the Illustration.

Include a copy of the illustration with the application to be sure the underwriter considers the coverage as presented to your client. Explain any discrepancies between the application and illustration for prompt attention at time of underwriting.

7. Submit the application via fax or email.

Use our toll free fax number (800) 884-7607 to fax your applications to Illinois Mutual, or email your applications to Underwriting@IllinoisMutual.com to speed up the underwriting process. Do not delay sending the completed application to Illinois Mutual for any reason. We want to begin the underwriting process as soon as possible to provide you with a timely and fair underwriting decision.

8. Communicate with Underwriting.

Don't be surprised when you get a call from the underwriter assigned to your case! The underwriter will communicate with you at every step of the underwriting process. From new business review to the final underwriting decision, you will receive status updates via email and/or telephone. We invite and encourage you to communicate directly with the underwriter assigned to your case. Your business is important to us, and we will provide you with customer service at its best!

9. Sell the counteroffer.

Good field underwriting will reduce but not entirely eliminate counteroffers of coverage. Not all policies can be issued as applied for. The underwriter may make a counteroffer of coverage that may include benefit modifications or extra premium modifications. Advise your client of the counteroffer as soon as possible. Focus on what is being offered rather than what is not. Some coverage is better than no coverage, and good field underwriting will establish realistic expectations, which will help you sell a counteroffer of coverage. High paid-for and persistency rates are a direct result of good field underwriting.

10. Send us another application.

We look forward to working with you to issue your next application. Let us help you become a leader in life insurance sales.

For more information, contact your Life Underwriting or Sales team at (800) 437-7355, or email us at Underwriting@IllinoisMutual.com or LifeSales@IllinoisMutual.com.



TAKING THE APPLICATION

In addition to the applications themselves, Illinois Mutual's application packets also include the following documents and others as required by individual states. The following applies only to APP105-L and APP105.

- **Payment Receipt** (Form 7015). Complete and leave with the proposed insured if money is collected or premium is paid at the time the application is written.
- **HIPAA Authorization** (Form 9209). Complete and return to the Home Office with the application.
- **Medical Information Bureau (MIB, Inc.) Notice** (Form 2826). Leave with the proposed insured at the time the application is written.
- **Fair Credit Reporting Act Notice** (Form 2825). Leave with the proposed insured at the time the application is written.
- **Proxy Form** (Form 561-L). Complete and return to the Home Office with the application in all states except Iowa, Maryland, Oklahoma, South Carolina and Tennessee.

COMPLETING LIFE INSURANCE APPLICATIONS

1. The state where the applicant completes the application is considered the contract state, and all required forms must be in compliance with that state's requirements. Please refer to Form HO-124 (L), Life Required Forms.
2. All paper applications must be completed in ink. Pre-signed, incomplete applications for subsequent transcription are not acceptable.
3. You can complete Life applications over the phone subject to the proposed insured's verification, signature and dating. For more details, please refer to the Application Completion by Mail or Fax section of this guide.
4. Personally ask all the application questions of the proposed insured and complete the application with full, explicit and accurate answers. "N/A" is not an acceptable answer; "no" or "none" should be used, if that is the correct response.
5. Any corrections or alterations to the application must be made in the presence of and initialed by the proposed insured. Changes made with correction fluid will not be accepted.

6. No application should be altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state or the licensed agent's signature.
7. The proposed insured's primary and secondary phone numbers must be completed on the application to expedite the personal history interview or teleunderwriting interview.
8. Clearly indicate the primary beneficiary designation, including relationship to proposed insured. A contingent beneficiary may also be named, if desired.
9. Complete and accurate medical information on applications is crucial in rendering a fair and timely underwriting decision. The need to obtain some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any health care consultation or hospital admission. The outcome of any exam or check-up should be recorded on the application as "all test results were reported to be within normal limits," or a complete description of any unfavorable or abnormal findings should be provided.

The medical information portion of the application for some products requests details to all affirmative medical history question responses. Details include:

Symptoms, Illness, Injury, or Other. Indicate the disease, disorder, illness, injury, impairment, symptoms or other reason. Include the specific area of body affected when appropriate.

Dates. Indicate the date when symptoms or problems were first experienced and the date or dates health care services were utilized.

Details. Indicate testing performed including results, diagnosis made, treatment prescribed including medications, surgery or therapy, frequency of health care visits, length of disability, degree of recovery and if any residual problems, complications or restrictions.

Complete name of Physician, Hospital or Clinic and Current Address. Indicate the complete name, current address and phone number of the physician(s) or medical facility(s) that were consulted for the symptoms or problems. Include referral physician(s) or medical facility(s).

Example: April, 2012 routine exam revealed high blood pressure (152/96); May, 2012 blood profile, urinalysis and EKG within normal limits, diagnosed as hypertension controlled with Lotensin, quarterly readings by Dr. David Green, 515 West Wind Road, Peoria, IL 61634 (Phone #000-000-0000) average 134/82 with last reading of 136/84 in August, 2013. Medication or dosage unchanged since July, 2012.

10. Clearly indicate the applicant's annual income on the application.
11. Indicate all other life insurance currently in force and/or pending.
12. Check the application for complete and accurate information before sending it to the Home Office. This will help ensure faster processing and issue.
13. Include a copy of the illustration used at the time of sale as confirmation of the benefits requested and premiums quoted.
14. To expedite the underwriting process, fax or email the application to the Home Office at (800) 884-7607 or Underwriting@IllinoisMutual.com.

APPLICATION COMPLETION BY MAIL OR FAX

With the exception of Path Protector® Final Expense, which must be presented face-to-face, you are encouraged, but not required, to meet with the client face-to-face. Personally ask all the application questions of the proposed insured, and complete the application with full, explicit and accurate answers. For products that use application Forms APP105-L and APP105, completion by mail or fax is permitted (except in West Virginia) subject to the following reminders and instructions:

- **Life Underwriting Guide**

Be familiar with and conduct business according to this guide. Pay special attention to sections "10 Tips for Getting the Policy Issued" and "Completing Life Insurance Applications."

- **Licensed/Appointed**

Prior to marketing our products or beginning the sales process, please be familiar with the licensing and appointment requirements that apply in your state. See pages 33 and 34 for details.

- **Contract State**

The state where the proposed insured completes the application is considered the contract state, and all required forms must be in compliance with that state's requirements. Please refer to Form HO-124(L), Life Required Forms.

- **Crossing State Lines**

When crossing state lines, use the state-compliant application and forms for the state where the proposed insured will complete the application. As the writing agent, you must have the proper resident state license and non-resident state license for conducting business across state lines. Applications completed without proper agent licensing or on inappropriate state application forms will not be accepted. Applications completed in a state or location where Illinois Mutual is not licensed to do business will not be accepted.

- **Owner**

If the policy is to have an owner other than the proposed insured, you should complete Section 7, Ownership of the Application (Part A-Page 2), and obtain the owner/applicant signature in the Signature of Owner/Applicant section of the application (Part C-Page 6).

- **By Phone**

Personally ask the proposed insured all application questions and record the answers in full on the application. While on the phone with the proposed insured, explain the underwriting process and include instructions for completing the application upon receipt in the mail or by fax. Obtain the proposed insured's verbal consent to mail or fax the application with recorded answers while confirming the correct mailing address or secure fax number. The envelope used for mailing or the cover letter used for faxing the application should be specifically addressed to the proposed insured and marked "Personal and Confidential."

- **Application Completion**

For completion, send the application and required forms to the proposed insured to obtain verification, signature and dating. Other than signing and dating the application or making corrections to recorded answers, the proposed insured should not have to record answers on any part of the application. Any corrections to the application should be initialed by the proposed insured.

The “Date” portion of the application (Part C-Page 6) should reflect the date the proposed insured signs the application after verifying the information recorded on the application is complete and accurate.

The “Signed at” portion of the application (Part C-Page 6) should reflect the city and state where the proposed insured completes the application.

Follow up regularly with the proposed insured to encourage prompt and accurate application completion and return.

- **Return of Completed Application**

Have the proposed insured return the completed application and necessary forms to you. Remind the proposed insured to retain Page 12 of the application (Notice/Authorization).

- **Agent’s Certification**

After receiving the completed application, promptly complete and sign the “Agent’s Certification” section of the application (Part C-Page 6) and mail or fax the completed application, forms, proposal and any payment to the Illinois Mutual Home Office Underwriting Department for processing.

- **Payment Receipt**

If a personal check for at least one month’s full premium is returned to you with the completed application, promptly complete Page 11 (Payment Receipt) of the application and return to the premium payer.

- **Policy Delivery by Mail**

For best results, you are encouraged but not required to deliver the policy in person. If the policy is to be delivered by mail, make prompt delivery after receiving the policy from the Home Office. Contact the client by phone to advise when the policy is mailed and ask him or her to read the policy carefully upon receipt. Explain any and all delivery requirements and instructions to place the policy in force in the allotted time. Follow up regularly to be sure any and all delivery requirements are promptly and properly completed and returned.

ILLINOIS MUTUAL’S REPLACEMENT POLICY

INTRODUCTION

This section is intended to inform agents of Illinois Mutual’s position on replacements and provide general guidance in making appropriate replacement recommendations. This policy is not intended to replace your responsibility as an agent to know and follow the replacement regulations in the states in which you are licensed. This policy may be revised periodically. It is the agent’s responsibility to make sure the most current version of this policy is referenced when considering recommending a replacement to a client. The most current version can be obtained on our Agent Forum or by contacting our Sales Department at (800) 437-7355.

ILLINOIS MUTUAL’S POSITION ON REPLACEMENTS

Illinois Mutual does not encourage or condone the systematic or deliberate replacement of existing life insurance as a marketing practice or method of doing business. However, we recognize that the replacement of an existing life insurance policy with a new policy may be beneficial to your client. Care must be exercised when recommending the replacement of a life insurance policy to insure that the transaction is in the best interest of the client. Ultimately, it is the client’s decision whether to proceed with the transaction.



To ensure that the replacement transaction is in the best interest of your client, you should:

1. Understand the definition of replacement;
2. Complete an analysis of your client's needs and retain documentation of this analysis within your files;
3. Comply with the responsibilities as stated in this policy and the appropriate state regulations; and
4. Assist the Company when investigating undisclosed replacements.

DEFINITION OF REPLACEMENT

Many states have adopted the National Association of Insurance Commissioners (NAIC) Life Insurance and Annuities Replacement Model Regulation or similar laws. Be sure you understand what is considered a replacement in the states in which you do business. In addition, if the transaction is not considered a replacement under your state regulations, you must still determine whether the sale would be a replacement under Illinois Mutual's definition of replacement.

Illinois Mutual defines a replacement as any purchase of a new life insurance policy where you, as the agent, know or should know that an existing life insurance policy will be in any way:

- Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer, or otherwise terminated;
- Converted to reduced paid-up insurance, continued as extended term insurance or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;
- Amended to reduce benefits or the term of coverage of benefits;
- Reissued with reduction in cash value; or
- Used in a financed purchase. A financed purchase means the purchase of a new policy involving the actual or intended use of funds obtained by the withdrawal or surrender of, or by borrowing from, values of an existing policy to pay all or part of any premium due on a new policy.

In addition, certain states have requirements agents must follow even when no replacement is involved, such as the requirement for signed statements with all applications when the applicant has existing life insurance policies regardless of whether the existing policy is being replaced.

DETERMINING IF A REPLACEMENT IS SUITABLE

Before recommending a replacement, you should be sure that it is in the best interest of your client. You should carefully compare the existing policy and the proposed policy as well as the financial needs and objectives of your client. Below are some of the factors to consider:

- A comparison of the underwriting classification between the existing and proposed policies;
- A comparison of the premiums between the existing and proposed policies (i.e., original issue age vs. current age)
- The effect of the replacement on future premium payment obligations and your client's ability to pay the premiums;
- A comparison of the death benefit between the existing and proposed policies;
- How surrender charges that may be assessed on the surrender of the existing policy and those applicable to the proposed policy will affect policy values (i.e., a comparison of net cash value directly before and after the replacement transaction);
- A comparison of the guaranteed and nonguaranteed elements of the existing and proposed policies and their effect on each policy's cash value build-up, death benefits, lapse dates, etc.;
- The consequences of new incontestability and suicide provisions;
- Whether changes in the insured's health after the date the existing policy was issued will adversely change mortality costs;
- Any differences between the existing and proposed policies' contractual provisions, duration and amount of coverage, or loan interest rates;
- A comparison of all the policy provisions between the existing and proposed policies; and
- Tax implications for your client, including whether the new policy will be a modified endowment contract (MEC).

ALTERNATIVES TO REPLACEMENTS

You should consider whether your client's goals can be better served by keeping or modifying his or her existing policy. Some options may include, but are not limited to:

- Updating the existing policy to provide a better cash value growth;
- Leaving existing coverage in place, and purchasing a new policy to meet your client's additional needs;
- Finding out if your client qualifies for an improved rating classification on his or her existing policy. This may provide lower premiums and increase cash value;
- Exploring whether there are allowable adjustments to values, premiums, etc., on flexible-type policies;
- Reviewing and/or choosing other dividend options, if applicable;
- Using dividends for paid-up additions or to pay off existing loans;
- Partially surrendering a policy to pay off an existing loan; or
- If allowed, changing a current policy to the paid-up option and using the premium saved to purchase a new policy.

Please note that some of these options may still be considered a replacement transaction, but they may represent a more suitable recommendation for your client.

YOUR RESPONSIBILITIES

It is important for you to have a clear understanding of the replacement requirements in each state in which you are licensed to sell life insurance. You should always be in a position to demonstrate that you:

- Conducted a review of your client's needs and objectives;
- Obtained the proper documentation of the existing policy (i.e., in force illustration, annual statements, etc.);
- Made a comparison between the existing and proposed policies;
- Helped your client understand the advantages and disadvantages of the replacement transaction by providing required disclosures;
- Documented and maintained an accurate record of client discussions, including materials reviewed;
- Accurately answered the replacement question on the application and accurately completed any additional required forms;
- Provided your client with a copy of policy illustrations, proposals and other sales materials used in the transaction;
- Recommended that your client keep his or her existing policy in force until the new policy has been issued; and
- Complied with any additional state requirements or regulations.



ILLINOIS MUTUAL'S RESPONSIBILITIES

Replacement activity increasingly has become an area of significant regulatory scrutiny. Illinois Mutual will periodically monitor compliance with this policy. Factors that Illinois Mutual will consider when monitoring replacement activity include, but are not limited to:

- Signs of inappropriate replacements, including twisting and churning;
- The ratio of replacements of an agent's new business;
- The overall number of replacements submitted;
- Customer complaints;
- State investigations and market conduct examination results; and
- The number of undisclosed replacements.

As part of the agent monitoring process, Illinois Mutual's Compliance team may contact you for further review of your replacement activities. As part of the review, you may be required to produce a complete copy of your client's file and provide a further explanation of why the replacement was recommended.

UNDERWRITING THE APPLICATION

NOTICE OF UNDERWRITING ACTION

Notice of Underwriting Action correspondence will be sent to you outlining and confirming the underwriting requirements that are necessary to underwrite the application. This correspondence is sent via the postal service or via email if you are a registered member of the Illinois Mutual Agent Forum.

INCOMPLETE APPLICATIONS

If we are unable to complete our underwriting requirements within 60 days of the application date, we must close the file as incomplete and return any premiums paid. A letter of explanation is sent to you. Seven days later, a copy of the letter is sent to your client to inform him or her that the insurance is not in force as a result of an incomplete application. When any outstanding underwriting requirements are received, we communicate our tentative offer to you, subject to a new application.

DECLINED APPLICATIONS

A letter with a refund check in the amount of any premium paid is sent to you, the agent, to return to your client in all cases where we are unable to issue

insurance and it is necessary to decline the application. A copy of the letter of declination is sent to the proposed insured seven days later; therefore, refund checks should be delivered promptly.

GENERAL GUIDELINES

CITIZENSHIP REQUIREMENTS

Applicants are considered for insurance if they are lawful citizens of the United States or if they are non-citizens who meet the requirements outlined in the Foreign Nationals section.

RESIDENCE REQUIREMENTS

Applicants are considered for insurance if they currently reside full time in the United States. Applicants who anticipate residence in a foreign country, even temporarily, are not eligible for insurance.

SOCIAL SECURITY NUMBER

Applicants are considered for insurance by providing a valid Social Security number issued by the United States Social Security Administration.

FOREIGN NATIONALS

Foreign Nationals with permanent resident status (immigrants) residing continuously in the United States for at least two (2) years immediately preceding completion of our application are considered for insurance subject to the following:

- Current full-time U.S. residency
- Valid Social Security number
- Valid Permanent Resident Card ("Green Card")
- Foreign National Questionnaire (Form #7016)
- Intent to reside permanently in the U.S. (assets, employment, family, etc.)
- Occasional limited trips to native country – also see Foreign Travel section
- Copy of the past two years Federal Income Tax Returns upon request
- Established health care in the U.S. with access to medical records upon request
- Cover letter of explanation, which is recommended and may be required upon request

Applicants applying for face amounts of \$100,000 or greater must provide a copy of their Permanent Resident Card ("Green Card").

FOREIGN TRAVEL

Applicants who travel to foreign countries frequently, those who visit for lengthy periods of time or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities are not eligible for life insurance.

TOBACCO OR NICOTINE USE

Individuals who have used tobacco or nicotine-based products within 12 months of application completion or those with positive nicotine (cotinine) urinalysis test results require tobacco use rates. Tobacco and nicotine-based products include but are not limited to cigarettes, cigars, pipes, pipe tobacco, snuff, chewing tobacco, tobacco substitutes and nicotine delivery systems/devices.

TRIAL INQUIRIES

Although we do not accept trial applications, you may fax or mail all available information to the Underwriting Department, with appropriate authorization where necessary, for a preliminary opinion based on the information provided. Underwriting has final approval authority, and any offer is subject to full underwriting, including confirmation and clarification of the information provided.

AVIATION/AVOCATION

Engaging in personal aviation activity and/or avocations such as mountain or rock climbing, motor-powered racing, scuba or sky diving, hang gliding or any other hazardous activity presents an increased risk and may prompt an extra premium rating.

POLICY LANGUAGE

The actual policy language is the ultimate authority; refer to the policy and riders for complete details, limitations, exceptions and reductions.

BENEFICIARIES

The beneficiary is the person(s) to whom the proceeds of the policy are to be paid and should be designated using the full name and relationship to the proposed insured. All life insurance applications require a primary beneficiary. A contingent beneficiary may also be named, if desired, and is the person(s) to whom the proceeds are to be paid if the primary beneficiary is not living at the time of the insured's death.

If an irrevocable beneficiary is named, any changes to the policy or any loan requests will require the consent of the beneficiary.

We caution against naming a creditor as beneficiary. A collateral assignment should be considered, which would assign benefits to the creditor up to the amount owed at the time proceeds are payable. The balance would be paid to the beneficiary.

If more than one primary beneficiary or more than one contingent beneficiary is listed on the application, proceeds will be divided equally between the beneficiaries still living at time of payment. If the proceeds are to be divided unequally, the correct percentage for each individual should be included on the application.

We will accept the naming of a minor child or children as beneficiary. However, the proceeds of the policy will not be payable until the court has named a guardian for the children. If a specific person is to be given the responsibility for the use of the proceeds for the benefit of the children, the policyowner must contact an attorney to set up such an arrangement.

If a Trustee is being named as beneficiary, provide the name and date of the Trust. An example of this designation is: (Name of Trustee), Trustee under the (name of Trust) dated _____.

INSURABLE INTEREST

The purpose for which life insurance is and should be purchased is best served if the beneficiary is a person who has an insurable interest in the life of the proposed insured.

Typically, one person has an insurable interest in the life of another if the individuals are closely related by blood or marriage, or if they have a business relationship where the policyowner and beneficiary stand to gain economically from the continued life of the insured or would suffer a measurable financial loss upon the insured's untimely death.

Insurable interest is presumed with a close family member such as spouse, parent, child, sibling, grandparent or grandchild. However, an insurable interest is not presumed with a more distant relative or a person who is not related.

Insurable interest exists when the economic interest in the insured's life is lawful and substantial as opposed to an economic interest which would arise only by, or would be enhanced in value by, the insured's death.

When the application does not adequately reflect insurable interest, a cover letter of explanation and supporting documentation will be required.

STRANGER ORIGINATED OR STRANGER-OWNED LIFE INSURANCE (STOLI) INVESTOR OWNED LIFE INSURANCE (IOLI)

Illinois Mutual Life Insurance Company opposes arrangements designed to obtain life insurance for the benefit of a third party (a “stranger”) who has no insurable interest in the insured. We believe this position supports the best interests of our policyowners.

To comply with the Ohio law regarding STOLI, we require that the Addendum to Life Insurance Application, Form APPadd-L (OH), be completed and submitted with life insurance applications from Ohio that meet the following requirements:

- For a Whole Life policy with a face amount greater than \$50,000
- For a Return of Premium Term policy with a face amount greater than \$50,000
- When an existing Whole Life or Return of Premium Term policy is in place and an application for additional coverage would cause the total face amount of all policies to exceed \$50,000

FINANCIAL UNDERWRITING

Financial underwriting is an area of underwriting aimed at ensuring there is no question of over-insurance, speculation or fraud arising out of pure monetary consideration. The single most important consideration for financial underwriting of any face amount is understanding how the amount of insurance was determined. A cover letter from you, the agent, is the perfect way to outline the purpose of the insurance, the method used to establish the requested face amount and any unusual aspects of the case. Other documents, such as estate planning analysis, financial statements or business agreements used in arriving at the face amount should also accompany the application.

Financial underwriting takes into consideration the total face amount in force and applied for on an individual life and the purpose of the insurance.

PERSONAL INSURANCE

The following table can be used as a general guideline to determine the amount of insurance required for replacement of income by using a multiple of annual income based on the proposed insured’s current age.

AGES	MULTIPLE
To Age 30	25-30
31-40	20-25
41-50	15-20
51-60	10-15
61-65	8-10
66-70	5-7
71+	Individual Consideration

Non-wage earning spouse: 50% of amount in force and/or applied for on wage earner up to \$500,000.

Juvenile: 50% of the amount in force and/or applied for on parent up to a maximum of \$100,000. For amounts above this, complete and submit Juvenile Questionnaire (Form 5609).

BUSINESS INSURANCE

Key Person: 5 to 10 times salary of Key Person depending on age, stability of business and unique attributes of the Key Person.

Buy/Sell: Amount of coverage equal to percentage of ownership times the value of the business. All owners must be insured for their share of ownership.

The above examples are only a sampling of the reasons for which life insurance is purchased. A financial portfolio also may include estate planning, charitable giving, and debt protection, to name a few. Whenever an amount of insurance exceeds the general guidelines outlined above, please complete the Financial Questionnaire (Form L/H-2), and submit it along with the application, cover letter and any other documents used to determine the amount of insurance.



MEDICAL UNDERWRITING Age and Amount Requirements

UNDERWRITING REQUIREMENTS*†

Age	Total Amount of Insurance Applied for and In Force with this Company					
	\$5,000 - \$99,999	\$100,000 - \$250,000	\$250,001 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$2,499,999	\$2,500,000+
0-17	A	A	G	G	G	G
18-49	A	B	D	D	F	G
50-59	A	B	D	F	F	G
60-65	A	B	F	F	F	G
66+	C	E	F	F	F	G

A	B	C	D	E	F	G
Nonmedical	Nonmedical	ABRV PMD	ABRV PMD	ABRV PMD	Paramedical	Refer to
	MVR	HOS	HOS	HOS	HOS	Underwriting
		MVR	Blood Profile	Blood Profile	Blood Profile	Department
			MVR	EKG	EKG	
			PHI	MVR	MVR	
					PHI	

* An optional Teleunderwriting process is available for your convenience where completion of an application Part B Interview is required and a full paramedical exam and PHI are not routinely required.

† Prescription history and MIB will be checked. Additional underwriting may be needed if information obtained is not acceptable.

Abbreviated Paramedical Exam (ABRV PMD): Includes measured height, weight, blood pressure, and pulse by a paramedical examiner.

Paramedical Exam: Includes completion of Application Part 2 questions and Part 3 measured height, weight, blood pressure, and pulse - Statements to Medical Examiner Form R202-01 (appropriate state version) by a paramedical examiner.

Home Office Specimen (HOS): Paramedical examiner will obtain a urine specimen.

Blood Profile: Paramedical examiner will draw blood by venipuncture. For optimal results, the client should fast for 12 hours before having the blood profile drawn.

Electrocardiogram (EKG): Paramedical examiner will complete a resting electrocardiogram.

Personal History Interview (PHI): A telephone interview conducted by a representative of the Home Office Underwriting Department. A PHI may be completed at the underwriter's discretion on any amount of insurance.

Motor Vehicle Report (MVR): Home Office will request a Motor Vehicle Report from ExamOne.

LIFE INSURANCE BUILD RATING TABLE – MALE AND FEMALE

This table is a guide for the probable rating of Life insurance based on build. Final underwriting action will be based on all aspects of the risk.

HEIGHT	MORTALITY CREDITS (-) AND DEBITS (+)													
	0	-10	-5	-5	+15	+25	+50	+75	+100	+125	+150	+200	+250	+300
	Std.	Std.	Std.	Std.	Std.	Std.	B	C	D	E	F	H	J	L
	100%	90%	95%	95%	115%	125%	150%	175%	200%	225%	250%	300%	350%	400%
4' 8"	89	97	112	120	138	147	168	183	198	210	222	237	246	256
9	90	99	114	123	145	154	174	190	206	218	228	243	253	263
10	91	101	116	126	150	160	180	196	213	224	234	250	261	271
11	93	103	119	129	155	166	186	203	220	232	242	257	266	276
5' 0"	95	106	122	132	160	172	192	210	227	237	249	264	272	282
1	98	108	125	135	165	177	198	217	235	247	257	273	284	294
2	101	111	128	138	170	184	204	223	242	254	264	279	288	298
3	105	114	131	142	175	190	212	230	249	261	271	286	296	306
4	108	117	134	146	180	195	220	237	256	268	278	293	302	312
5	111	120	138	150	185	202	224	243	261	273	283	300	308	318
6	115	123	142	154	190	207	229	248	267	279	289	307	316	326
7	118	126	145	158	195	214	233	253	271	283	293	312	320	330
8	121	129	149	162	200	219	243	261	277	289	299	320	331	341
9	125	133	153	166	205	225	250	269	287	299	309	328	337	347
10	128	136	157	170	212	232	259	278	298	310	320	335	345	355
11	131	140	161	175	217	238	265	290	310	327	337	344	351	361
6' 0"	135	144	166	180	224	246	273	297	325	339	348	358	368	378
1	138	148	170	184	232	254	279	305	332	345	354	365	375	385
2	141	152	175	189	237	259	289	312	340	352	362	374	383	393
3	145	156	180	195	242	264	295	320	345	357	367	380	388	398
4	148	160	185	200	248	269	300	325	350	362	372	385	394	404
5	151	165	190	206	254	274	305	330	355	367	377	390	398	408
6	155	170	196	212	260	282	310	337	365	377	385	395	405	415
7	160	176	203	219	266	288	317	345	370	382	390	400	410	420

Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

Super Preferred Underwriting Criteria

- Non-user of tobacco products for the past 5 years.
- No treatment for abuse of alcohol or drugs.
- No onset of disease in parents, brothers or sisters under the age of 60 from cancer, diabetes, or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 2 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 5 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 135/85 with no treatment.
- Cholesterol \leq 220, HDL ratio must be less than 5.0 with no treatment.
- Body build not to exceed limits set forth in the following table:

Super Preferred Underwriting Build Table*

Height	Max. Weight (lbs.)		Height	Max. Weight (lbs.)	
	Male	Female		Male	Female
4'8"	123	121	5'8"	179	175
4'9"	128	125	5'9"	184	179
4'10"	132	130	5'10"	189	185
4'11"	138	134	5'11"	194	189
5'0"	142	139	6'0"	199	194
5'1"	147	143	6'1"	204	200
5'2"	151	147	6'2"	211	206
5'3"	156	151	6'3"	216	212
5'4"	160	156	6'4"	221	218
5'5"	165	160	6'5"	228	223
5'6"	169	165	6'6"	234	230
5'7"	174	169	6'7"	239	235

Preferred Underwriting Criteria

- Non-user of tobacco products for the past 3 years.
- No treatment for abuse of alcohol or drugs.
- No death in parents, brothers or sisters under the age of 60 from cancer, diabetes or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 2 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 5 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 140/90 for preferred. Treatment allowed.
- Cholesterol \leq 250, HDL ratio \leq 6.0, treatment allowed.
- Body build not to exceed limits set forth in the following table:

Preferred Underwriting Build Table*

Height	Max. Weight (lbs.)		Height	Max. Weight (lbs.)	
	Male	Female		Male	Female
4'8"	137	134	5'8"	199	194
4'9"	142	139	5'9"	204	199
4'10"	147	144	5'10"	210	205
4'11"	153	149	5'11"	215	210
5'0"	158	154	6'0"	221	216
5'1"	163	159	6'1"	227	222
5'2"	168	163	6'2"	234	229
5'3"	173	168	6'3"	240	235
5'4"	178	173	6'4"	246	242
5'5"	183	178	6'5"	253	248
5'6"	188	183	6'6"	260	255
5'7"	193	188	6'7"	266	261

*Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

Ultra Standard Underwriting Criteria

- Non-user of tobacco products for the past 12 months.
- No treatment for abuse of alcohol or drugs in the past 6 years.
- No more than one death in parents, brothers or sisters under the age of 60 from cancer, diabetes, or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 3 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 3 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 150/92, treatment allowed.
- Cholesterol \leq 280, HDL ratio \leq 7.0, treatment allowed.
- Body build not to exceed limits set forth in the following table:

**Ultra Standard Underwriting
Build Table***

Height	Max. Weight (lbs.)		Height	Max. Weight (lbs.)	
	Male	Female		Male	Female
4'8"	144	141	5'8"	209	204
4'9"	149	146	5'9"	214	209
4'10"	154	151	5'10"	221	215
4'11"	161	156	5'11"	226	221
5'0"	166	162	6'0"	232	227
5'1"	171	167	6'1"	238	233
5'2"	176	171	6'2"	246	240
5'3"	182	176	6'3"	252	247
5'4"	187	182	6'4"	258	254
5'5"	192	187	6'5"	266	260
5'6"	197	192	6'6"	273	268
5'7"	203	197	6'7"	279	274



*Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

ATTENDING PHYSICIAN STATEMENTS (APS)

Attending Physician's Statements are a valuable underwriting tool. Providing the physician, clinic, hospital, or other medical provider's complete name, mailing address, telephone number and prepayment fee will help to expedite the handling of the Attending Physician's Statement.

The need to obtain some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any physician consultation or hospital admission. "Routine physical examinations" or "check-ups" rarely are what these phrases describe. Experience shows that specific reasons prompted a visit to a physician or hospital. The outcome of any exam or check-up should be recorded on the application as "all results were reported to be within normal limits," or a complete description of any unfavorable or abnormal findings should be provided.

VERIFICATION OF INFORMATION

Illinois Mutual uses two methods to verify information:

Personal History Interview (PHI)

A Home Office representative may call the proposed insured to conduct a PHI. You should include the proposed insured's business and home telephone numbers with the best time to call and alert your client that a PHI may be conducted.

Inspection Reports

ExamOne

On occasion, an Inspection Report may be requested from ExamOne.

PARAMEDICAL EXAM REQUIREMENTS

Scheduling

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. In the event a paramedic examiner is not available in the applicant's locality, you should contact the Underwriting Department before arranging the examination with a doctor. If you prefer to have the Home Office schedule these examinations, please indicate this request in the Examination Requirements section of Form APP105-L.

Facilities

Illinois Mutual's approved paramedical facilities are listed below. All blood specimens must be drawn using the ExamOne Blood Kit and its mailing instructions.

1. ExamOne (877) 933-9261
2. APPS (800) 727-2101
3. EMSI (800) 872-3674

Approved paramedical facilities have the ExamOne Blood Kit. Blood kits are not inventoried or supplied from the Home Office.



MEDICAL CONDITIONS

The following list is a sampling of conditions where our life insurance products may be available at standard rates, with premium modifications, or may not be available on any basis. The list highlights commonly encountered conditions but is not all-inclusive. Please contact the Underwriting Department for possible underwriting actions on medical conditions not listed. Also refer to Trial Inquiries section of this guide. The possible underwriting actions indicated are generalized and do not take into account co-morbidity factors. Possible underwriting actions are subject to change without notice. Individual circumstances vary and underwriting review is required for the best possible offer based on the facts.

Offers of coverage typically require:

- Upfront disclosure of medical information
- An established clinical diagnosis of the medical condition
- Prudent medical care, compliance, and follow-up

No offer of coverage is possible with:

- Material and unexplained symptoms, disorders or abnormal diagnostic test results
- Recommended, contemplated or pending surgery
- Pending diagnostic evaluation
- Medical noncompliance or self-treating and medicating

ACUTE VS. CHRONIC MEDICAL CONDITIONS

Acute medical conditions may be viewed more favorably, whereas chronic or recurrent medical conditions may require stricter underwriting action.

TOBACCO OR NICOTINE USE

Depending on the medical condition, tobacco or nicotine use may require stricter underwriting action. Heavy tobacco (e.g. Cigarettes > 2 PPD) use may limit insurability.



LIFE UNDERWRITING GUIDELINE FOR MEDICAL CONDITIONS

Home Office and Agent Use Only

Guide to possible underwriting action abbreviations:

STD = Standard **Excl = Exclusion of Coverage Rider** **DEC = Decline**
PP = Postpone **IC = Individual Consideration** **T = Table rating**

* Indicates an Attending Physician's Statement will probably be needed

**Indicates range of rating will depend on client's age, date of diagnosis, and severity of condition

Medical complications or combined medical conditions may require stricter underwriting action.

This list is not intended to be all-inclusive. Rather it is a place to start. If your applicant has a condition not listed here, please feel free to contact the Home Office.

Condition	Fully Underwritten Products	Preferred Possible
A		
Addison's Disease	IC	N
AIDS/HIV	DEC	N
Alcoholism	IC	N
Allergies, Hay Fever	STD	Y
ALS (Lou Gehrig's)	DEC	N
Alzheimer's Disease	DEC	N
Amputations		N
Limited, traumatic injury	STD	
Otherwise, see specific cause/disease		
Anemia*		N
Fully investigated with no underlying cause identified		
Mild	STD to T-B	
Moderate	T-B to T-D	
Severe	T-F to DEC	
Sickle Cell Anemia	DEC	
Aneurysm,		
Abdominal* **		N
No surgery, aneurysm < 5 cm	IC	
No surgery, aneurysm > 5 cm	DEC	
Treated with Surgery		
0 - 1 year since surgery	PP	
1 year and up since surgery	T-B to T-F	
Cerebral* **		N
No surgery	DEC	
Subarachroid or Intracerebral	see Cerebral Vascular Accident	
Angina	see Coronary Artery Disease	

Condition	Fully Underwritten Products	Preferred Possible
A (cont)		
Anorexia*		N
Current	DEC	
Recovered, normal weight for 0-2 years	T-B to T-D	
2 years and up	STD to T-B	
Anxiety*		
Situational, fully recovered, no longer on medication	STD	Y
Mild (minimal medication, no counseling, no time off work)	STD	N
Moderate (satisfactory response to treatment)	STD to T-D	N
Severe	DEC	
Arthritis		
Osteoarthritis		Y - mild only
Mild or Moderate	STD to T-B	
Advanced	T-C to DEC	
Rheumatoid* **		N
Mild	STD to T-B	
Moderate	T-B to T-D	
Severe	T-D to DEC	
Psoriatic* **		N
Mild	STD	
Moderate	T-B	
Severe	T-D to Dec	
Asperger's Syndrome		N
Under Age 18	DEC	
Age 18 and up	IC	
Asthma		
Non-tobacco use		
Mild, intermittent - no steroid use	STD	Y
Mild, persistent	STD to T-B	N
Moderate	T-B to T-D	
Severe	DEC	
Tobacco use		N
Mild, intermittent	T-B	
Mild, persistent	T-B to T-D	
Moderate	T-D or higher	
Severe	DEC	

Condition	Fully Underwritten Products	Preferred Possible
A (cont)		
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)		
Under Age 18		N
Mild, meeting normal development milestones	STD	
Moderate	T-B to T-D	
Severe	DEC	
Age 18 and up		Y - mild only
Mild	STD	
Moderate, without other psychiatric conditions	STD to T-B	
Moderate, with other psychiatric conditions	T-B or higher	
Severe	DEC	
Autism		N
Under Age 18	DEC	
Age 18 and up	IC	
B		
Barrett's Esophagus*		N
Biopsy with no dysplasia	STD to T-B	
No biopsy or biopsy with dysplasia	T-B to DEC	
Bell's Palsy	STD	Y -if > 3 months & fully recovered
Bronchitis, acute	STD	Y-if fully recovered
Bronchitis, chronic*	see Chronic Obstructive Pulmonary Disease	N
Bulimia*		N
Present	DEC	
Recovered, normal weight for 1 year	T-B to T-D	
Recovered, normal weight over 1 year	STD to T-B	
C		
Cancer,		
Internal organ*	Call Home Office	N
Skin, not melanoma	STD	Y
Cerebral Palsy		N
Under Age 9	PP	
Age 9 and up		
With no intellectual disability	STD	
With intellectual disability	T-D to DEC	

Condition	Fully Underwritten Products	Preferred Possible
C (cont)		
Cerebral Vascular Accident (CVA), Stroke* **		N
Under Age 40	IC	
Age 40 and Up		
No to Minimal Residual Neurological Deficit		
0 - 1 year after event	PP	
1 - 10 years after event	T-C to T-D	
10 years and up after event	T-B	
Mild Residual Neurological Deficit(s)		
0 - 1 year after event	PP	
1 - 5 years after event	T-F	
5 years and up after event	T-D	
Moderately Severe Residual Neurological Deficit(s)	IC to DEC	
Multiple CVAs/-strokes	DEC	
Chronic Fatigue Syndrome		N
Currently under treatment, no depression	STD to T-D	
Resolved	STD	
Chronic Obstructive Pulmonary Disease (COPD)*		N
Under Age 45, non-smoker		
Minimal	STD to T-B	
Mild	T-C to T-D	
Moderate	T-D to T-H	
Severe	DEC	
Age 45 and up, non-smoker		
Minimal	STD	
Mild	T-B	
Moderate	T-D to T-F	
Severe	DEC	
Smokers will have additional debits applied		
Chronic Pain* **		N
Mild	STD to T-B	
Moderate	T-D to T-F	
Severe	usually DEC above ratings based on no benzodiazepine use	
Cirrhosis (liver)	DEC	N
Colitis		
Acute, recovered	STD	Y
Otherwise	see Crohn's Disease	N

Condition	Fully Underwritten Products	Preferred Possible
C (cont)		
Congestive Heart Failure (CHF)* **		N
Acute, recovered	PP 1 Year, then IC	
Chronic	DEC	
Convulsions*	see Epilepsy	N
Coronary Artery Disease (CAD)* **		N
Under Age 40	DEC	
Age 40 and up	Call Home Office	
Crohn's Disease* **		N
Under Age 20	DEC	
Age 20 and up		
0 - 1 year since diagnosis or major attack	DEC	
1 year and up since diagnosis or major attack	T-B to T-H	
Cushing's Syndrome		N
Present	DEC	
Benign, operated and recovered	T-B to T-D	
Cyst, benign	STD	Y
Cystic Fibrosis	DEC	N
D		
Depression		
Single Episode, Short Duration	STD	Y
Chronic or Recurrent		
Mild	STD to T-B	Y
Moderate		N
0 - 1 year since diagnosed or last symptoms	T-D to PP	
1 - 5 years since diagnosed or last symptoms	T-B to T-F	
5 years and up since diagnosed or last symptoms	STD to T-B	
Severe		N
Single Episode		
0 - 2 years since diagnosis or episode	PP	
2 years and up since diagnosis or episode	T-D to T-F	
Recurrent Episodes	DEC	
Diabetes* **		N
Diet Controlled or Oral Medications	T-B or higher	
Insulin Dependent	T-D or higher	

Condition	Fully Underwritten Products	Preferred Possible
D (cont)		
Diverticulitis		
Without Surgery		
Single or infrequent attacks	STD to T-B	Y
Frequent Attacks		N
0 - 1 year since last attack	T-B to T-D	
1 year and up since last attack	STD to T-B	
With Surgery, no further problems		N
0 - 1 year since surgery	T-B to T-D	
1 year and up since surgery	STD to T-B	
Down's Syndrome		N
Under Age 20	DEC	
Age 20 and up	IC	
Drug Abuse	IC	N
E		
Emphysema* **	see Chronic Obstructive Pulmonary Disease	N
Epilepsy, petit mal* **		N
0 - 6 months since diagnosis	PP	
6 months and up since diagnosis	STD to T-C	
Epilepsy, grand mal* **	< 6 months from diagnosis - PP	N
0 - 6 months since diagnosis	PP	
6 months and up since diagnosis	T-B or higher	
F		
Fibromyalgia	usually STD	Y
G		
Gastric Bypass* **	0-6 months - PP	N
0 - 6 months since surgery	PP	
6 months - 2 years since surgery, no complications	T-B	
2 years and up since surgery, no complications	STD	
GERD	STD	Y
Glomerulonephritis, chronic * **	STD to DEC	N
Gout		
Mild or Moderate	STD	Y
Severe	T-B or higher	N
H		
Heart Attack* **	see Coronary Artery Disease	N

Condition	Fully Underwritten Products	Preferred Possible
H (cont)		
Heart Murmur		
Functional, cardiac pathology ruled out	STD	N
Otherwise	IC	
Heart Valve Replacement	IC	N
Hemophilia		N
Under Age 18	DEC	
Age 18 and up	IC	
Hepatitis A		
Active	PP	
Resolved	STD	Y
Hepatitis B* **		N
Acute		
0 - 6 months since resolved	DEC	
6 months and up since resolved	STD	
Chronic		
Untreated	DEC	
Treated	T-B or higher	
Hepatitis C* **		N
Acute		
0 - 6 months since resolved	DEC	
6 months and up since resolved	IC	
Chronic	IC	
High Blood Pressure		
Well controlled, no complications	STD	Y
Uncontrolled or with complications	IC to DEC	N
HIV/AIDS	DEC	N
Hodgkin's Lymphoma* **		N
Current	DEC	
Fully recovered		
0 - 1 year since successful treatment completed	PP	
1 year and up since successful treatment completed	IC	
Huntington's Disease	DEC	N
I		
Irritable Bowel Syndrome		
Mild or Moderate, infrequent episodes	STD	Y
Severe	IC	N
K		
Kidney Failure	DEC	N

Condition	Fully Underwritten Products	Preferred Possible
K (cont)		
Kidney, Polycystic* **	IC	N
Kidney Removal	STD to DEC	Y (depends on reason)
Kidney Transplant* **		N
0 - 2 years since transplant	DEC	
2 years and up since transplant	IC	
L		
Leukemia		N
Current	DEC	
0-5 years remission with full recovery	DEC	
5 years and up of remission with full recovery	IC	
Lou Gehrig's Disease (ALS)	DEC	N
Lupus, Discoid		N
Controlled with topicals	STD to T-B	
Use of other medications, including corticosteroids	T-B to DEC	
Lupus, Systemic Erythematosus (SLE)* **	IC to DEC	N
M		
Marijuana Use	see Drug Abuse	N
Mitral Valve Prolapse* **		N
Trivial or Trace	STD	
All others	IC	
Multiple Sclerosis* **	T-B to DEC	N
Muscular Dystrophy*		N
Ocular	STD to T-B	
Facioscapulohumeral	T-B to DEC	
Limb Girdle	T-D to DEC	
Distal	DEC	
Becker	T-H to DEC	
Duchenne (most common)	DEC	
Infantile/Congenital	DEC	
Myotonic Dystrophy	DEC	
N		
Nephrectomy	see Kidney Removal	Y(depends on reason)
Nephritis		
Acute, 1 episode, fully recovered	STD	Y
Acute, multiple episodes	STD to T-C	N
Chronic	T-D to DEC	N
Non-Hodgkin's Lymphoma*	IC	N

Condition	Fully Underwritten Products	Preferred Possible
O		
Organ Transplant, other than kidney	DEC	N
P		
Pacemaker* **	STD to DEC	N
Pancreatitis* **		N
Acute		
0 - 6 months since resolved	PP	
6 months and up since resolved	usually STD	
Chronic, no surgery, no complications, no alcohol abuse		
0 - 1 year since resolved	PP	
1 year and up since resolved	T-B to T-F	
Parkinson's Disease * *		N
Mild	STD to T-C	
Moderate	T-B to T-D	
Marked	T-D to T-H	
Severe	DEC	
Peripheral Vascular Disease (PVD)		N
Mild	T-B	
Moderate	T-D	
Severe	DEC	
Pituitary Adenoma * **	IC	N
Pyelonephritis		
Acute		Y
1 episode, fully recovered	STD	
Multiple episodes	STD to T-C	N
Chronic	STD to DEC	N
R		
Raynauds Syndrome*	STD to DEC	N
S		
Sarcoidosis* **		N
0 - 6 months since onset	PP	
6 months and up since onset		
Affecting skin only	STD	
Affecting organs	T-B to DEC	
Schizophrenia * **		N
Mild to Moderate Episode, Recovered		
0 - 1 year since episode	PP	
1 - 2 years since episode	T-H and up	
2 - 5 years since episode	T-D to T-H	

Condition	Fully Underwritten Products	Preferred Possible
S (cont)		
Schizophrenia * ** (cont)		N
Mild to Moderate Episode, Recovered (cont)		
5 - 10 years since episode	STD to T-C	
10 years and up since episode	STD	
Recurrent Episodes or under therapy		
0 - 2 years since diagnosed or last symptoms	PP	
2 - 10 years since diagnosed or last symptoms	T-F or higher	
10 years and up since diagnosed or last symptoms	T-D or higher	
Sleep Apnea		N
No Treatment/Poor Compliance		
Mild	STD	
Moderate		
Under Age 26	DEC	
Age 26 and up	T-B to T-D	
Severe	DEC	
With Treatment - CPAP/BPAP, No Surgery		
Moderate	STD to T-B	
Severe		
0 - 1 year since treatment initiated	PP	
1 - 3 years since treatment initiated	T-B to T-D	
3 years and up since treatment initiated	STD	
Suicide Attempt/Ideation		N
One Attempt		
0 - 1 years since attempt	PP	
1 - 5 years since attempt	flat extra rating	
5 years and up since attempt	STD	
More than One Attempt		
0 - 2 years since last attempt	PP	
2 - 5 years since last attempt	T-D plus flat extra rating	
5 years and up since last attempt	T-B	
T		
Thyroid		
Hypothyroidism	Usually STD	Y
Hyperthyroidism		N
Present, Mild, Minimal Symptoms	STD to T-B	
Moderate to Severe Symptoms	T-C or higher	
Tumor	IC-Call the Home Office	N

PREMIUM PAYMENTS

FIRST PREMIUMS

First premiums should be collected at the time the application is taken, and the full premium paid should accompany the application to the Home Office. If money is collected, be sure to give the Payment Receipt. Always ask your applicant to pay the premium when you write the application, except in cases where (a) the medical history indicates a serious health condition, (b) the applicant appears a marginal risk, or (c) if the amount of Life insurance is over \$500,000 (\$200,000 in the state of Kansas).

Illinois Mutual will not accept individually billed monthly business. If an application is submitted on a quarterly, semiannual or annual basis without money or without the full first premium, the application will be underwritten and, when issued, there will be 30 days to pay the premium.

If the full premium on such C.O.D. cases, or the balance of the premium on a partial pay case, is not received in the Home Office within 30 days from the date of issue, the policy is null and void, and the applicant is so advised by letter.

Post-dated checks are not acceptable. A bank may choose to charge the policyowner's account before the date of the check or return the check. The policyowner is responsible for delays, fees or charges resulting from post-dating a check.

ELECTRONIC FUNDS TRANSFER (EFT)

It's easy and convenient to use the EFT plan to pay the premiums on new and existing policies. Have your client complete the Authorization for Electronic Funds Transfer, Form 3176, attached to the application and sign it. Send this form along with the first month's premium*, a voided check and the application for new policies. For in force policies, send the form listing the policies already in force and a voided check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with just one EFT.

*Your client may also select the option to have the initial premium drawn from his or her account by the Home Office.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement. For those clients using banks that do not provide EFT service, an authorized check payment will be noted on their monthly bank statement like any other check.

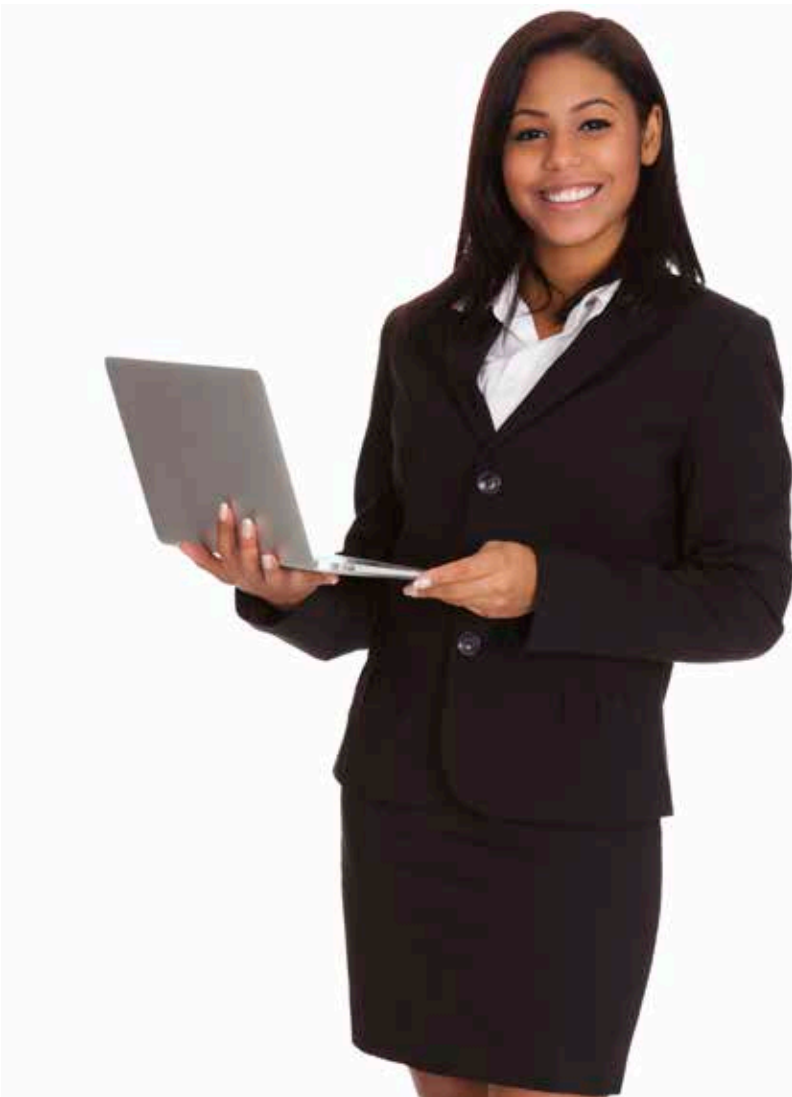
MINIMUM PREMIUMS

For minimum premiums, refer to your POWERPitch® 5G software.

MODAL CALCULATIONS

Multiply the total annual premium, including policy fee, by the following factors:

Monthly EFT	.088
Quarterly	.265
Semi-Annually	.515
Annually	1.0



POLICY ISSUE AND DELIVERY

DELIVERING THE POLICY

Delivering the policy in person is important to building relationships with your clients. It also ensures they receive their policy in a prompt and reliable manner. We encourage all of our agents to deliver policies in person.

CONDITIONAL ISSUES

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated or modified. Conditionally issued policies require acceptance and signatures of the proposed insured or applicant on the Amendment of Application and Statement of Health (or combination thereof) forms as specified in the Policy Transmittal Letter, which is mailed with the policy outlining the Special Issue Instructions.

Any required Amendment of Application outlining the Policy modifications is included in and made a part of the Policy. Written acceptance by the proposed insured/ applicant is necessary before insurance will be placed in force under the Policy. The Agreement is as follows:

I understand that Policy Number _____ is conditionally issued as a counteroffer of insurance. I agree to accept any changes made by Form _____, a copy of which is attached to the Policy.

DELIVERING A CONDITIONAL ISSUE POLICY

1. The policy will become effective only when the specified forms are signed and the first full premium is paid.
2. A copy of the Amendment of Application will be attached to the policy.
3. Witness and secure the signature of the applicant and, if appropriate, the proposed insured on the Agreement.
4. Return the Agreement copy in the envelope provided.
5. A letter will be sent to the applicant five working days after the policy has been mailed to you advising that a counteroffer of insurance has been made and that no insurance is in force until he or she has reviewed and accepted our offer.

6. Delivery and acceptance of conditionally issued policies should be completed promptly and timely. Contact the Underwriting Department if special circumstances require an extension of delivery time.
7. The counteroffer of insurance will expire, be revoked and become void if the signed Agreement is not received in the Home Office within 30 days.
8. Void counteroffers will be explained by letter to the applicant, and any premium paid will be refunded. A copy of this letter will be sent to you. The policy and unsigned forms should be returned to the Home Office.

AGENT RESPONSIBILITY AND LIMIT OF AUTHORITY

The agent's contract provides that you shall observe the instructions set forth in this guide and any additional instructions that may be provided. As an agent, you are not authorized to make either verbal or written statements that might be construed as binding the Company, unless they are actually stated in the Company's contracts.

All circulars or advertisements promoting Illinois Mutual or Illinois Mutual's products which have not been prepared by the Home Office must first have written Home Office approval prior to printing.

Any matters involving legal questions or state insurance departments' actions must be referred to the Home Office Legal Department immediately.

The Company pays its claims as promptly as possible. Unless specifically authorized in writing by the Company, you must not settle a claim or make any promises in reference to a claim.

REBATES AND MISREPRESENTATION

You are prohibited from making or giving any:

- Statements misrepresenting the terms, benefits or advantages of any policy;
- Misleading representations as to the financial condition of any company;
- Misleading or incomplete comparison of the policies of any company;
- Rebate of the premiums as expressed in the policy or;
- Valuable consideration as an inducement for the purchase of the policy.

MARKET CONDUCT

Your long-term success in the insurance industry depends on a reputation for fair dealing and integrity. That's why making sure your clients understand what they are buying is so important.

Here are some tips to help you maintain successful market conduct:

1. Maintain regular contact with your clients.
2. Respond promptly to business inquiries.
3. Keep detailed records specifying what products were recommended and why.
4. Keep copies of all correspondence.
5. Have written acknowledgement of all forms and proposals used.

Insurance Department regulations dictate under what circumstances Illinois Mutual, as an insurer, may accept business. As the agent, you must be licensed in the state in which you are writing the application. Illinois Mutual is unable to accept business from any agent until the proper licensing and appointment requirements are met.

You must submit an Illinois Mutual Agent's Application and Form SD-274, Notification/Release of Information, along with a copy of the resident state license and any non-resident state license in which you intend to conduct business.

The following guidelines are established to comply with Insurance Department regulations and to ensure quality field underwriting:

1. Only properly licensed and appointed agents are permitted to solicit business on behalf of Illinois Mutual.
2. Agents who are not appointed with the Company are not allowed to submit business under a contracted Illinois Mutual agent in order to bypass the licensing and appointment procedure.
3. Contracted agents are not to accept brokerage business which has actually been written by an unlicensed or non-appointed agent.
4. In joint case situations, both agents involved must be licensed and appointed representatives of Illinois Mutual.



ILLINOIS MUTUAL LICENSED STATES

Illinois Mutual is licensed to do business in the states listed below. Applications are not acceptable if the applications are taken in states where Illinois Mutual is not licensed.

Applications from residents of states where Illinois Mutual is not licensed will be considered only if you certify that the application was taken and the policy will be delivered in a state where Illinois Mutual is licensed.

LICENSE AND APPOINTMENT GUIDE

This information is current as of 12/15 and is subject to change.

Please furnish us with a copy of your life and health/disability insurance license in all states.

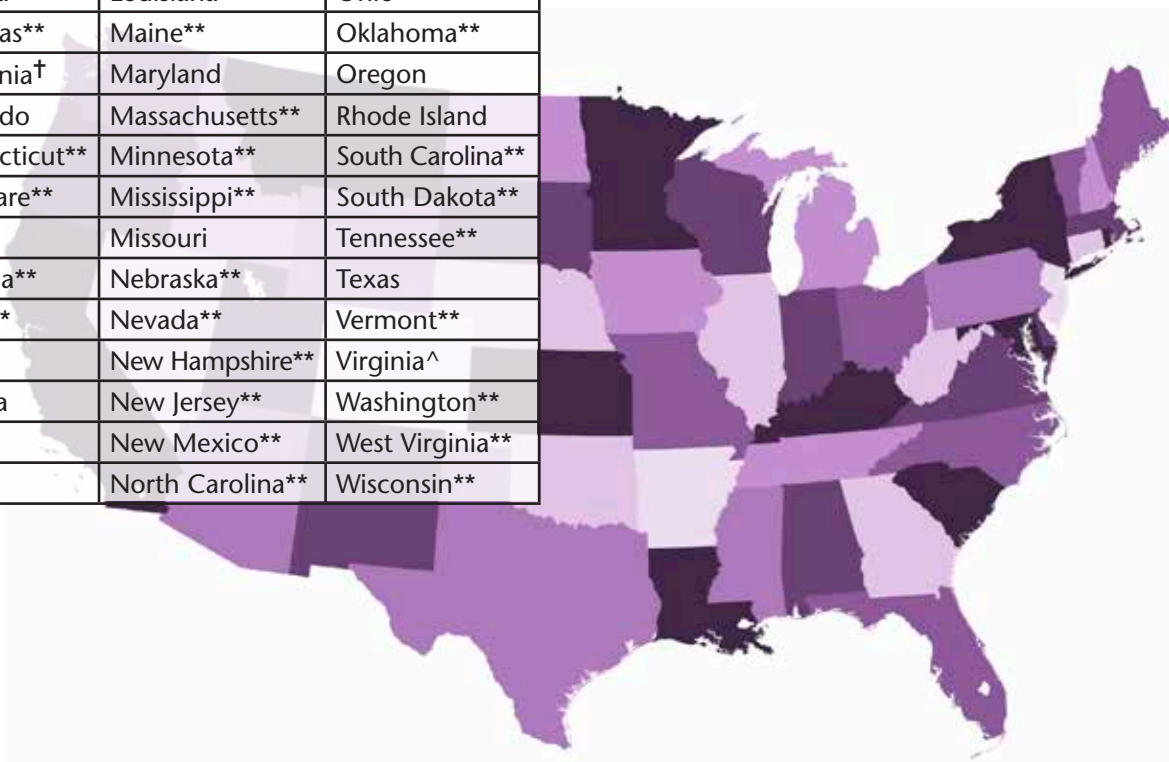
1. The agent application and a copy of current license can be submitted with the first policy application from qualified* agents in the following states:

Alabama**	Kentucky**	North Dakota^
Arizona	Louisiana	Ohio^
Arkansas**	Maine**	Oklahoma**
California†	Maryland	Oregon
Colorado	Massachusetts**	Rhode Island
Connecticut**	Minnesota**	South Carolina**
Delaware**	Mississippi**	South Dakota**
Florida	Missouri	Tennessee**
Georgia**	Nebraska**	Texas
Idaho**	Nevada**	Vermont**
Illinois	New Hampshire**	Virginia^
Indiana	New Jersey**	Washington**
Iowa^	New Mexico**	West Virginia**
Kansas	North Carolina**	Wisconsin**

2. Agents must be appointed prior to taking policy applications in the following states:

Michigan^^	Utah^^
Pennsylvania^^	Wyoming^^

- * Qualified: agent is licensed in the state and the agent application and a copy of current license is on file in the Home Office, or accompanies policy application.
- ** Illinois Mutual must appoint within 15 days of the date the 1st policy application is signed. Policy applications received after 15 days will be declined and must be rewritten.
- ^ Illinois Mutual must appoint within 30 days of the date the 1st policy application is signed. Policy applications received after 30 days will be declined and must be rewritten.
- ^^ Agent can write on the day Illinois Mutual processes the appointment. (Minimum 3 working days from the date agent's paperwork is received in the Home Office.)
- † Illinois Mutual must appoint within 14 days of the date the 1st policy application is signed. Policy applications received after 14 days will be declined and must be rewritten.



Policy Form 614, Renewable Term To Age 95
Policy Form 615, Modified Death Benefit Whole Life Insurance
Policy Form 616, Level Death Benefit Whole Life Insurance
Policy Form 617, Whole Life Insurance To Age 121 Policy

Not available in AK, DC, HI, MT or NY. Coverage and availability may vary in other states.

These policies have exclusions, limitations and terms under which the policies and options may be continued in force or discontinued. For costs and complete details of the coverage, contact Illinois Mutual.

This communication is intended to support the marketing of Illinois Mutual's insurance products. Illinois Mutual, its agents and representatives may not give legal or tax advice. An independent tax advisor should be consulted regarding individual circumstances.

